Quality ID #501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients with a diagnosis of acute posterior vitreous detachment (PVD) and acute vitreous hemorrhage in either eye who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of acute posterior vitreous detachment (PVD) with acute vitreous hemorrhage. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Patients with a diagnosis of acute PVD and acute vitreous hemorrhage in either eye and eligible encounter during performance period.

Definition:
Acute PVD – For the purposes of this measure, acute PVD and acute vitreous hemorrhage is defined as recent onset of 30 days or less. For PVD, acute can be documented as new onset vitreous separation or vitreous detachment. Acute vitreous hemorrhage should occur at the same time as PVD and/or have an onset of 30 days or less to ensure vitreous hemorrhage is acute and not chronic.

DENOMINATOR NOTE:
The measure includes any degree of vitreous hemorrhage rather than "meaningful" vitreous hemorrhage since it is difficult to quantify and no criteria exist. If a patient is diagnosed with vitreous hemorrhage, it is assumed that it is meaningful. A new diagnosis code, that meets the definition of acute PVD, indicates a new occurrence of PVD. If there are multiple occurrences of acute PVD, then the most recent occurrence should be utilized as denominator eligible for the purposes of submitting this measure.

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
All patients regardless of age
AND
Diagnosis for PVD (ICD-10-CM): H43.811, H43.812, H43.813, H43.819
AND
Acute PVD: M1337
AND
Diagnosis for vitreous hemorrhage (ICD-10-CM): H43.10, H43.11, H43.12, H43.13
AND
Acute vitreous hemorrhage: M1333
AND
Patient encounters during the performance period (CPT): 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*
WITHOUT
Encounters conducted via telehealth: M1426
AND NOT
DENOMINATOR EXCLUSION:
Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter: M1334

NUMERATOR:
Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks.

Definitions:
Initial exam – To meet performance of the measure, an initial exam must include a vitreous examination AND peripheral dilated examination with documentation of scleral depression of the affected eye or contact lens (e.g., 3-mirror Goldmann) that provides visualization to the ora for 360 degrees OR if the retina cannot be adequately visualized, then ultrasound was performed OR referred to another provider for additional examination (e.g., if retina cannot be visualized and ultrasound is not available).
Re-evaluation exam – To meet performance of the measure, a re-evaluation must occur no later than 2 weeks from initial examination and must include a vitreous examination AND an adequate dilated examination to evaluate the peripheral retina for tears or detachment OR if the retina cannot be adequately visualized, then ultrasound was performed OR referred to another provider for additional examination (e.g., if retina cannot be

visualized and ultrasound is not available).

NUMERATOR NOTE:
If the initial exam occurs from December 17th – December 31st of the performance period and the patient is not able to be seen for follow-up within the performance period, it would be appropriate to report the denominator exception for inadequate time for follow-up.

Numerator Options:

Performance Met:	Patients who were appropriately evaluated during the initial exam AND were re-evaluated no later than 2 weeks (M1336)
OR	
Denominator Exception:	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up) (M1335)
OR	
Performance Not Met:	Patients who were not appropriately evaluated during the initial exam AND/OR who were not re-evaluated within 2 weeks (M1332)

RATIONALE:
Retinal tears, if treated promptly, are less likely to result in detachment (AAO, 2019, ASRS, 2016). Pigmented cells and hemorrhage in the setting of an acute PVD are associated with an increased risk of retinal tears, and these findings necessitate close follow-up examination to identify and treat any associated retinal tears. Prompt treatment will minimize the potential for complications such as retinal detachment and improve a patient's quality of life (AAO, 2014).

CLINICAL RECOMMENDATION STATEMENTS:
This measure is based on clinical recommendations adapted from the AAO Preferred Practice Guidelines (AAO, 2019), which are excerpted below.
The eye examination should include the following elements:
Examination of the vitreous for hemorrhage, detachment, and pigmented cells
Careful examination of the peripheral fundus using scleral depression
There are no symptoms that can reliably distinguish between a PVD with or without an associated retinal break; therefore, a peripheral retinal examination is required. The preferred method of evaluating patients for peripheral vitreoretinal pathology is to use an indirect ophthalmoscope combined with scleral depression. Many patients with retinal tears have blood and pigmented cells in the anterior vitreous. In fully dilated eyes, slit-lamp biomicroscopy with a mirrored contact lens or a condensing lens is an alternative method in fully dilated eyes instead of a scleral depressed indirect examination of the peripheral retina.
A spontaneous vitreous hemorrhage can be the presenting sign of PVD or may occur during the evolution of the PVD. Two-thirds of patients who present with associated vitreous hemorrhage were found to have at least one break. In this subgroup, one-third had more than one break and approximately 88% of the breaks occurred in the superior quadrants. If media opacity or patient cooperation precludes an adequate examination of the peripheral retina, B- scan ultrasonography should be performed to search for retinal tears, RRD, mass lesions, or other causes of vitreous hemorrhage. Bilateral patching and/or elevation of the head while sleeping may be used when attempting to clear the vitreous hemorrhage. If no abnormalities are found, frequent follow-up examinations are recommended (i.e., every 1–2 weeks initially). Wide-field color photography can detect some peripheral retinal breaks but does not replace careful ophthalmoscopy and may be useful in patients not able to tolerate the exam.
Even if the vitreous hemorrhage is sufficiently dense to obscure the posterior pole, the peripheral retina frequently can be examined using indirect ophthalmoscopy and scleral depression. Patients who present with vitreous hemorrhage sufficient to obscure all retinal details and have a negative B-scan ultrasonographic evaluation should be followed closely. When a retinal tear is suspected, repeat ultrasonographic examination should be performed within 1 to 2 weeks of the initial evaluation.

REFERENCES:

American Academy of Ophthalmology Retina/Vitreous Preferred Practice Pattern Panel. Preferred Practice Pattern® Guidelines. Posterior Vitreous Detachment, Retinal Breaks, and Lattice Degeneration PPP 2019. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: www.aao.org/ppp.

American Society of Retina Specialists. Retina health series: Posterior vitreous detachment. Available at: https://www.asrs.org/content/documents/fact_sheet_1_posterior_vitreous_detachment_new.pdf .

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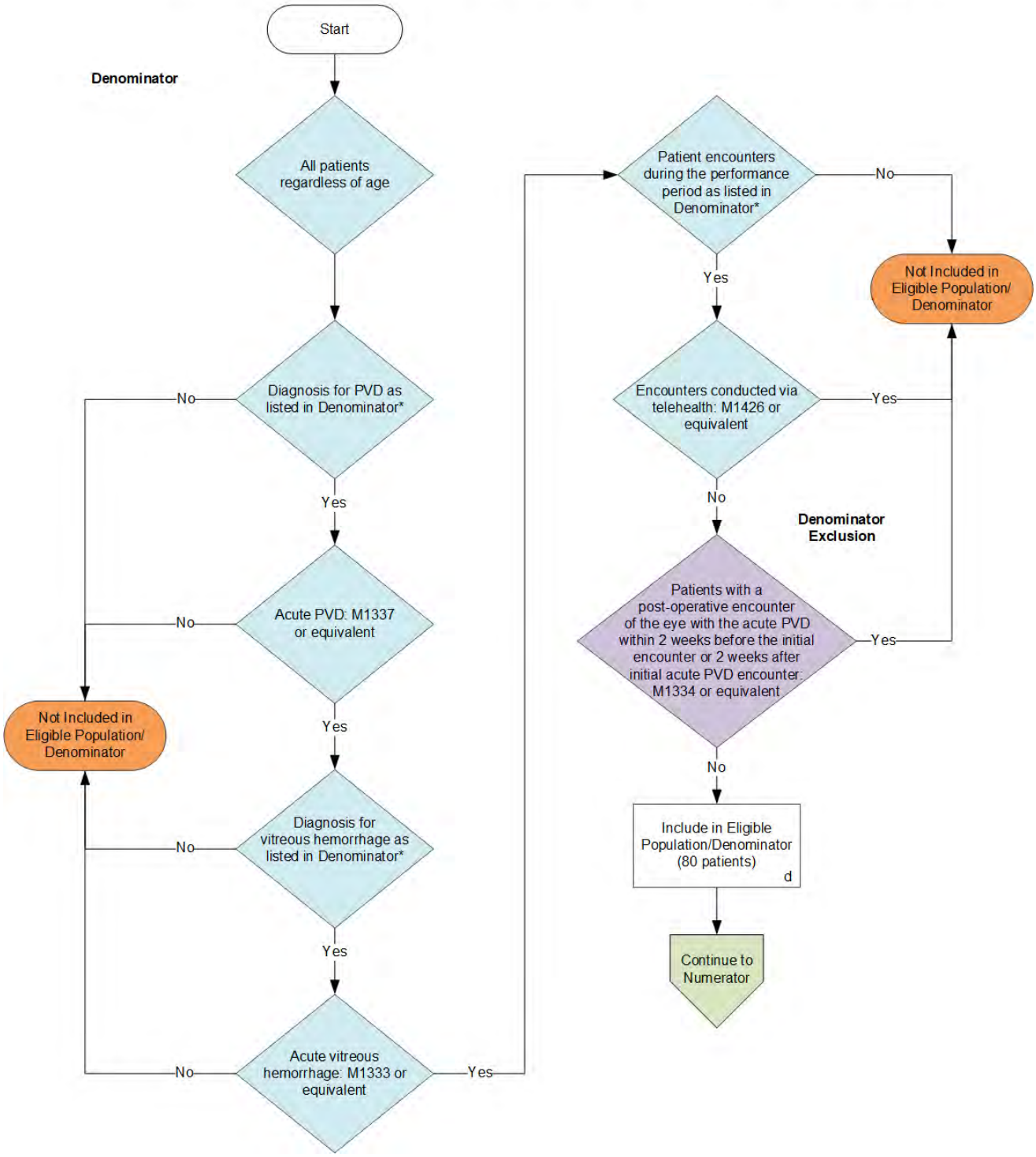
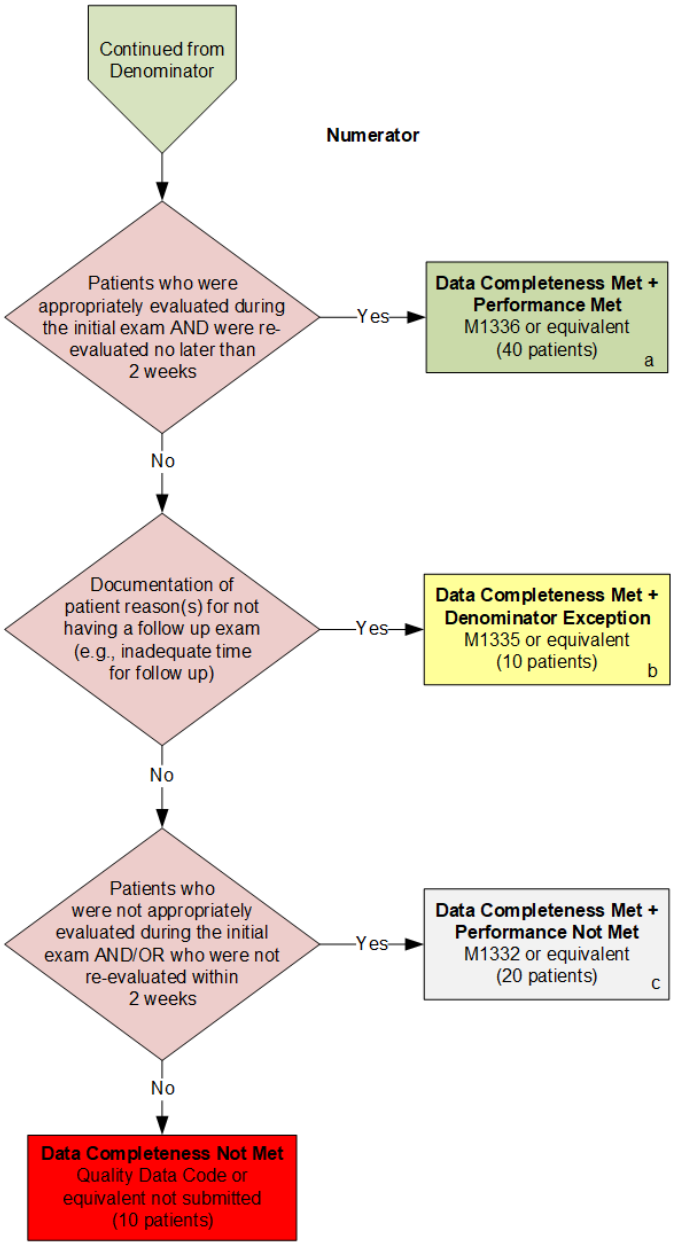
2026 Clinical Quality Measure Flow for Quality ID #501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*





SAMPLE CALCULATIONS

Data Completeness =

Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

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2026 Clinical Quality Measure Flow Narrative for Quality ID #501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *All patients regardless of age.*
3. Check *Diagnosis for PVD as listed in Denominator*:*
    a. If *Diagnosis for PVD as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for PVD as listed in Denominator** equals Yes, proceed to check *Acute PVD.*
4. Check *Acute PVD:*
    a. If *Acute PVD* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Acute PVD* equals Yes, proceed to check *Diagnosis for vitreous hemorrhage as listed in Denominator*.*
5. Check *Diagnosis for vitreous hemorrhage as listed in Denominator*:*
    a. If *Diagnosis for vitreous hemorrhage as listed in Denominator** equals No, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Diagnosis for vitreous hemorrhage as listed in Denominator** equals Yes, proceed to check *Acute vitreous hemorrhage.*
6. Check *Acute vitreous hemorrhage:*
    a. If *Acute vitreous hemorrhage* equals No, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Acute vitreous hemorrhage* equals Yes, proceed to check *Patient encounters during the performance period as listed in Denominator*.*
7. Check *Patient encounters during the performance period as listed in Denominator*:*
    a. If *Patient encounters during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Encounters conducted via telehealth as listed in Denominator*.*
8. Check *Encounters conducted via telehealth as listed in Denominator*:*
    a. If *Encounters conducted via telehealth as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Encounters conducted via telehealth as listed in Denominator** equals No, proceed to check

Patients with a post- operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter.

9. Check *Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter:*

    a. If *Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.

    b. If *Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter* equals No, include in *Eligible Population/Denominator*.

10. Denominator Population:

    - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.

11. Start Numerator

12. Check *Patients who were appropriately evaluated during the initial exam AND were re-evaluated no later than 2 weeks.*

    a. If *Patients who were appropriately evaluated during the initial exam AND were re-evaluated no later than 2 weeks* equals Yes, include in *Data Completeness Met and Performance Met*.

    - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

    b. If *Patients who were appropriately evaluated during the initial exam AND were re-evaluated no later than 2 weeks* equals No, proceed to check *Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up).*

13. Check *Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up):*

    a. If *Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)* equals Yes, include in *Data Completeness Met and Denominator Exception*.

    - *Data Completeness Met and Denominator Exception* is represented as Denominator Exception in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

    b. If *Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)* equals No, proceed to check *Patients who were not appropriately evaluated during the initial exam AND/OR who were not re-evaluated within 2 weeks.*

14. Check *Patients who were not appropriately evaluated during the initial exam AND/OR who were not re- evaluated within 2 weeks:*

    a. If Patients who were not appropriately evaluated during the initial exam AND/OR who were not re-

evaluated within 2 weeks equals Yes, include in Data Completeness Met and Performance Not Met.

- *Data Completeness Met and Performance Not Met* is represented as Performance Not Met in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

b. If *Patients who were not appropriately evaluated during the initial exam AND/OR who were not re- evaluated within 2 weeks* equals No, proceed to check *Data Completeness Not Met*.

15. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.