#	Measure Title	Measure Description	Denominator	Numerator	Denominator Exceptions	Denominator Exclusions	Measure Type	Rationale	Supporting Evidence
1	Corneal Graft: 20/40 or Better Visual Acuity within 90 Days following Corneal Graft Surgery	Percentage of corneal graft surgery patients with a visual acuity of 20/40 or greater at 90 days after surgery	Patients aged 18 years or older who underwent a corneal graft procedure	Patients with a visual acuity of 20/40 or greater within 90 days of surgery	N/A	N/A	Outcome	Improved visual acuity is a desired surgical goal to improve patient's daily activities of daily living and quality of life	Mendes F, Schaumberg DA, Navon S et al. Assessment of visual function after corneal transplantation: the quality of life and psychometric assessment after corneal transplantation (Q-PACT) study. Am J Ophthalmol 2003; 135:785-93.
2	Open-Angle Glaucoma: Intraocular Pressure Reduction	Percentage of glaucoma patient visits where their IOP was below a threshold level based on the severity of their diagnosis	Patients aged between 40 and 85 years, with a minimum of 4 office visits during the prior 2 years, with a glaucoma diagnosis and documentation of the severity of their glaucoma	Visits where the eye(s) IOP was below a specified threshold based on the severity of their glaucoma: Mild state: IOP < 22 mmHg, Moderate stage: IOP < 18 mmHg, and Severe Stage: IOP < 15 mmHg	N/A	Patients with a diagnosis of low tension glaucoma (ICD-9: 365.12; ICD-10: H40.12); Eyes with a documented severity of indeterminate stage (ICD-9: 365.74; ICD-10: H40.10X4, H40.11X4, H40.1314, H40.1324, H40.1334, H40.1394, H40.1414, H40.1424, H40.1434, H40.1494); Eyes with absolute glaucoma blindness (ICD-9: 360.42, ICD-10: H44.511, H44.512, H44.513, H44.519); Eyes with a glaucoma incisional surgery performed within the last 90 days (CPT: 66170, 66172, 66174, 66175, 0191T, 6618X, 66180, 66185, 66250, 65850, 66711, 66984, 66982); Visual acuity findings: Count fingers (CF or FC), Hand motion (HM),	Outcome	Intraocular pressure is the only modifiable risk factor so control of IOP is relevant to clinical outcome	AGIS Investigators. The Advanced Glaucoma Intervention Study (AGIS): 13. Comparison of treatment outcomes within race: 10-year results. Ophthalmology 2004; 111:651-4.

						Light perception (LP), No light perception (NLP)			
3	Open-Angle Glaucoma: Visual Field Progression	Percentage of eyes, in patients with a diagnosis of glaucoma, with a mean deviation loss of more than 3dB from their baseline value	Patients aged between 40 and 85 years, with a minimum of 4 visual field tests during the prior 3 years, with a glaucoma diagnosis	Eyes with a mean deviation loss of 3dB or more from 'baseline' VFs to the most recent test	N/A	Eyes with absolute glaucoma blindness (ICD-9: 360.42, ICD-10: H44.511, H44.512, H44.513, H44.519); Eyes with a glaucoma incisional surgery performed within the last 90 days (CPT: 66170, 66172, 66174, 66175, 0191T, 6618X, 66180, 66185, 66250, 65850, 66711, 66984, 66982); Conditions that may results in visual field worsening independent of glaucoma (ICD-9: 362.35, 362.36, 362.37, 362.52, 377.41; ICD-10: H34.811, H34.812, H34.813, H34.819, H34.821, H34.822, H34.823, H34.829, H34.831, H34.832, H34.833, H34.839, H32.32, H47.011, H47.012, H47.013, H47.019); Visual acuity findings: Count fingers (CF or FC), Hand motion (HM), Light perception (LP), No light perception (NLP)	Outcome	Progression of visual field loss indicates worsening of disease outcome so this indicates the % of eyes with worsened clinical outcome	Forchheimer I, De Moraes CG, Teng CC et al. Baseline mean deviation and rates of visual field change in treated glaucoma patients. Eye 2011; 24:626-32.
4	Open-Angle Glaucoma: Intraocular Pressure Reduction Following Laser Trabeculoplasty	Percentage of patients underwent laser trabeculoplasty who had IOP reduced by 20% from their pretreatment level	Patients aged between 40 and 85 years who underwent laser trabeculoplasty	Eye(s) with a reduction in IOP 20% or greater from the pretreatment level	N/A	Eyes with absolute glaucoma blindness (ICD-9: 360.42, ICD-10: H44.511, H44.512, H44.513, H44.519); Visual acuity findings: Count fingers (CF or FC), Hand motion (HM), Light perception (LP), No light perception (NLP)	Outcome	Intraocular pressure is the only modifiable risk factor so control of IOP is relevant to clinical outcome	Lee JW, Gangwani RA, Chan JC, Lai JS. Prospective study on the efficacy of treating normal tension glaucoma with a single session of selective laser trabeculoplasty. J Glaucoma 2015; 24:77-80.

5	Acquired Involutional Ptosis: Improvement of Marginal Reflex Distance within 90 Days Following Surgery for Acquired Involutional Ptosis	Percentage of surgical ptosis patients with an improvement of MRD postoperatively	All patients aged 18 years or older with a diagnosis of acquired involutional ptosis who underwent a surgical procedure for the condition	Patients with an improvement of MRD postoperatively compared to preoperative level	N/A	N/A	Outcome	Improved marginal reflex distance is the desired goal of surgery to improve clinical and functional outcomes	Tucker Sm, Verhulst SJ. Stabilization of Eyelid Height after Aponeurotic Ptosis Repair. Opthhalmology 1999; 106:517-22.
6	Acquired Involutional Entropion: Normalization of Eyelid Position within 90 Days Following Surgery for Acquired Involutional Entropion	Percentage of surgical entropion patients with a postoperative normalized lid position	All patients aged 18 years or older with a diagnosis of involutional entropion who underwent a surgical procedure for the condition	Patients with normalized lid position postoperatively	N/A	N/A	Outcome	Normalized lid position is the deisred goal of surgery to improve clinical and functional outcomes for the patient	Scheepers MA, Singh R, Ng J et al. A Randomized Controlled Trial Comparing Everting Sutures with Everting Sutures and a Lateral Tarsal Strip for Involutional Entropion. Ophthalmology 2010; 117:352-5.
7	Amblyopia: Improvement of Corrected Interocular Visual Acuity Difference to 2 or fewer Lines	Percentage of newly diagnosed amblyopic patients with a corrected interocular VA difference of 2 or fewer lines (< 0.23 logMAR) within 6 months of first diagnosis	All patients aged 3 to 7 years at diagnosis of amblyopia with recognized visual acuity difference of 2 or fewer lines	Patients with interocular visual acuity difference of 2 or fewer lines (< 0.23 logMar) after first use of amblyopia diagnosis code	N/A	Patients with diagnosis of deprivation amblyopia, cataract or pseudophakia	Outcome	Improved interocular visual acuity difference is a desired treatment goal for the patient's quality of life and binocular visual function.	Cotter SA, Pediatric Eye Disease investigator Group et al. Treatment of Anisometropic Amblyopia in Children with Refractive Correction. Opthhalmology 2005; 113:895-903.
8	Surgical Esotropia: Patients with Postoperative	Percentage of surgical esotropia patients with a	All patients aged 18 years or less who underwent a surgical	Patients with horizontal alignment demonstratin	N/A	Patients with diagnosis codes of diplopia (368.2), CN 6 palsy (378.54), and Duane syndrome (378.71).	Outcome	Alignment of 15 Prism Diopters or less is the	Chaudhuri Z, Demer J> Surgical Outcomes Following Rectus Muscle Plication: A

	Alignment of 15 PD or less	postoperative alignment of 15 PD or less	procedure for esotropia	g orthotropia, or constant or intermittent heterotropia less than or equal to 15 PD, at the latest postoperativ e visit that occurs at least 4 and not more than 12 weeks after surgery				desired goal of surgery to improve clinical and functional outcomes	Potentially Reversible, Vessel-Sparing Altenrative to Resection. JAMA Ophthalmol 2014; 132:579-85.
9	Diabetic Retinopathy: Dilated Eye Exam	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of diabetic retinopathy	Patients who had a dilated macular or fundus exam performed which included documentati on of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months	N/A	Documentation of medical reason for not performing a dilated or fundus examination and documentation of patient reason for not performing a dilated macular or fundus examination	Process	The documented level of severity of retinopathy and the documented presence or absence of macular edema assists with the ongoing plan of care for the patient with diabetic retinopathy, directly tying the disease severity and presence of edema to evidence-based, randomized	McGlynn EA, Asch SM, Adams J et al. The quality of health care delivered to adults in the United States. N Engl J Med 2003; 348:2635-45.

								controlled trial linkage to appropriate treatments	
10	Exudative Age-Related Macular Degeneration: Loss of Visual Acuity	Percentage of patients with a diagnosis of exudative age-related macular degeneration, being treated with anti-VEGF agents, with of loss of less than 0.3 logMar of visual acuity within the past 12 months	All patients aged 18 years of older with a diagnosis of exudative age-related macular degeneration and documentation of laterality (OD, OS, OU)	Patients with two or more recorded visual acuity values within the past 12 months;, and with loss of visual acuity less than 0.3 logMar	N/A	N/A	Outcome	Maintenance of visual acuity is a desired treatment goal to continue the level of the patient's daily activities of daily living and quality of life	Martin DF, Maguire MG, Ying GS et al. Comparison of Age-related Macular Degeneration Treatments Traisl (CATT) Research Group. Ranibizumab and bevacizumab for neovascular age-related macular degeneration. N Engl J Med 2011; 364:1897-908.
11	Nonexudative Age-Related Macular Degeneration: Loss of Visual Acuity	Percentage of patients with a diagnosis of nonexudative age-related macular degeneration and taking AREDS supplements with of loss of less than 0.3 logMar of visual acuity within the past 12 months	All patients aged 18 years of older with a diagnosis of nonexudative AMD and documentation of laterality (OD, OS, OU)	Patients with two or more recorded visual acuity values within the past 12 months and loss of visual acuity less than 0.3 logMar	N/A	N/A	Outcome	Maintenance of visual acuity is a desired treatment goal to continue the level of the patient's daily activities of daily living and quality of life	Age-Related Eye Disease Study 2 Research Group. Lutein + Zeaxanthin and omega-3 fatty acids for age-related macular degeneration: the Age-Related Eye Disease Study (AREDS2) randomized clinical trial. JAMA 2013; 309:2005-15.
12	Age-Related Macular Degeneration: Disease Progression	Percentage of patients with nonexudative age-related macular degeneration progressing to	All patients aged 18 years of older with an active diagnosis of exudative age-related macular degeneration	Patients who had an active diagnosis of nonexudative age-related macular degeneration	N/A	N/A	Outcome	Progression to exudative AMD is worsening of disease severity and indicates a	Age-Related Eye Disease Study 2 Research Group. Lutein + Zeaxanthin and omega-3 fatty acids for age-related macular

		exudative age-related macular degeneration over the past 12 months	including documentation of the laterality (OD, OS, OU)	in the past 12 months including documentation of the laterality (OD, OS, OU) and a history of taking AREDS supplements				poorer treatment outcome	degeneration: the Age-Related Eye Disease Study (AREDS2) randomized clinical trial. JAMA 2013; 309:2005-15.
13	Diabetic Macular Edema: Loss of Visual Acuity	Percentage of patients with a diagnosis of diabetic macular edema with of loss of less than 0.3 logMar of visual acuity within the past 12 months	All patients aged 18 years or older with a diagnosis of diabetic macular edema including documentation of the laterality (OD, OS, OU) who have received anti-VEGF injections, intravitreal injections or laser photocoagulation therapy	Patients with two or more recorded visual acuity values within the past 12 months; loss of visual acuity less than 0.3 logMar	N/A	Patients with ophthalmic complications of diabetic retinopathy including neovascular glaucoma, traction retinal detachment, vitreous hemorrhage, history of vitreous surgery, history of retinal surgery, development of retinopathy in fellow eye; Ophthalmic complications of diabetic retinopathy (ICD-9-CM): 365.63, 361.81, 379.23; ; Ophthalmic complications of diabetic retinopathy (ICD-10-CM) [for use in 2015]: H40.89, H33.40, H33.41, H33.42, H33.43, H43.10, H43.11, H43.12, H43.13	Outcome	Maintenance of visual acuity is a desired treatment goal to continue the level of the patient's daily activities of daily living and quality of life	Virgili G, Parravano M, Menchini F, Brunetti M. Antiangiogenic therapy with anti-vascular endothelial grwoth factor modalities for diabetic macular oedema. Cochrane Database Syst Rev 2012, Issue 12. Art No: CD007419.
14	Rhegmatogenous Retinal Detachment Surgery: Visual acuity improvement within 90 days of surgery	Percentage of patients who underwent rhegmatogenous retinal detachment surgery and achieved an improvement in their visual	All patients aged 18 years or older undergoing rhegmatogenous retinal detachment surgery, including documentation of the eye being	Patients who achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the	N/A	Patients who underwent a surgical procedure that included the use of silicon oil	Outcome	Improved visual acuity is a desired surgical goal to improve patient's daily activities of daily living and quality of life	Girard P, Karpouzas I. Visual acuity after scleral buckling surgery. Ophthalmologica 1994; 209:323-8.

		acuity from their preoperative level within 90 days of surgery in the treated eye.	treated (OD, OS, OU)	treated eye					
15	Rhegmatogenous Retinal Detachment Surgery: Return to the operating room within 90 days of surgery	Percentage of patients who underwent rhegmatogenous retinal detachment surgery and had a return to the operating room within 90 days	All patients aged 18 years or older undergoing rhegmatogenous retinal detachment surgery, including documentation of the eye being treated (OD, OS, OU)	Percentage of patients who had a return to the operating room within 90 days of surgery	N/A	Patients whose initial surgical intervention included the use of silicon oil	Outcome	An unplanned return to the operating room within 90 days usually reflects a complication or re-operation, which reflects on the performance of the initial surgery	Thelen U, Amler S, Osada N, Gerding H. Outcome of surgery after macula-off retinal detachment - results from MUSTARD, one of the largest databases on buckling surgery in Europe. Acta Ophthalmol 2012; 90L:481-6.
16	Acute Anterior Uveitis: Post-treatment visual acuity	Percentage of acute anterior uveitis patients with a post-treatment best corrected visual acuity of 20/40 or greater OR patients whose visual acuity had returned to their baseline value prior to onset of uveitis	Patients aged 18 years or older who underwent treatment for acute anterior uveitis	Patients with a best corrected visual acuity of 20/40 or greater within 90 days of treatment initiation or Patients whose visual acuity had returned to their baseline value prior to onset of acute uveitis within 90 days of	N/A	N/A	Outcome	Improvement of visual acuity is a desired treatment goal to continue the level of the patient's daily activities of daily living and quality of life	Artornsombudh P, Pistilli M, Foster CS e tal. Factors predictive of remission of new-onset anterior uveitis. Ophthalmology 2014; 121:778-84.

				treatment initiation					
17	Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells	Percentage of patients with acute anterior uveitis post-treatment with Grade 0 anterior chamber cells	Patients aged 18 years or older who underwent treatment for acute anterior uveitis	Patients with Grade 0 anterior chamber cells after treatment at 30 days after onset of treatment and not on topical corticosteroids at 60 days after treatment	N/A	N/A	Outcome	Reduction of inflammation is a desired treatment goal for improved clinical and functional outcome	Artornsombudh P, Pistilli M, Foster CS e tal. Factors predictive of remission of new-onset anterior uveitis. Ophthalmology 2014; 121:778-84.
18	Chronic Anterior Uveitis: Post-treatment visual acuity	Percentage of chronic anterior uveitis patients with a post-treatment best corrected visual acuity of 20/40 or greater OR patients whose visual acuity had returned to their baseline value prior to onset of uveitis	All patients aged 18 years or greater who underwent treatment for chronic anterior uveitis	Patients with a best corrected visual acuity of 20/40 or greater within 90 days of treatment initiation or Patients whose visual acuity had returned to their baseline value prior to onset of acute uveitis within 90 days of treatment initiation	N/A	N/A	Outcome	Improvement or maintenance of visual acuity is a desired treatment goal to continue the level of the patient's daily activities of daily living and quality of life	Frick KD, Drye LT, Kempen JH and the Multicenter Uveitis Steroid Treatment - MUST Trial Research Group. Associations among Visual Acuity and Vision- and Health-realted Quality of Life Among Patients in the Multicenter Uveitis Steroid Treatment Trial. Invest Ophhalmol Vis Sci 2012; 53:1169-76.
19	Chronic Anterior	Percentage of patients with	All patients aged 18 years or	Patients with Grade 0	N/A	N/A	Outcome	Reduction of inflammation	Multicenter Uveitis Steroid Treatment

	Uveitis: Post-treatment Grade 0 anterior chamber cells	chronic anterior uveitis post-treatment with Grade 0 anterior chamber cells	greater who underwent treatment for chronic anterior uveitis	anterior chamber cells at 30 days after treatment or Patients managed at 60 days with dose of topical corticosteroids of prednisolone acetate 1% 3X/day or less (or equivalent)				is a desired treatment goal for improved clinical and functional outcome	(MUST) Trial Research Group, Kempen JH, Altaweel MM et al. Randomized comparison of systemic anti-inflammatory therapy versus fluocinolone acetonide implant for intermediate, posterior and panuveitis: the multicenter uveitis steroid treatment trial. Ophthalmology 2011; 118:1916-26.