

Measure 141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% or Documentation of a Plan of Care

Reporting Options: Claims or Registry

Quality Domain: Communication and Care Coordination

Description: Percentages of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) or if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months.

Instructions: This measure is to be reported a minimum of once per reporting period for glaucoma patients seen during the reporting period. It is anticipated that clinicians who provide the primary management of patients with POAG will submit this measure.

Definitions:

Plan of Care – May include: recheck of IOP at specified time, change in therapy, perform additional diagnostic evaluations, monitoring per patient decisions or health system reasons, and/or referral to a specialist.

Plan to Recheck – In the event certain factors do not allow for the IOP to be measured (e.g., patient has an eye infection) but the physician has a plan to measure the IOP at the next visit, the plan of care code should be reported.

Glaucoma Treatment Not Failed – The most recent IOP was reduced by at least 15% in the affected eye or if both eyes were affected, the reduction of at least 15% occurred in both eyes.

Category II Codes:

There are four options for reporting this measure.

One Category II code required on the CMS 1500 form.

3284F Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level

or

Two Category II codes 0517F and 3285F are required on the CMS 1500 form.

0517F Glaucoma plan of care documented; and

3285F Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level

or

Two Category II codes 0517F 8P and 3285F are required on the CMS 1500 form.

0517F 8P Glaucoma plan of care not documented, reason not otherwise specified; and

3285F Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level

or

One Category II code required on the CMS 1500 form.

3284F 8P IOP measurement not documented, reason not otherwise specified.

CPT Codes: 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

Diagnosis Codes:

Diagnosis for primary open-angle glaucoma (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 365.10, 365.11, 365.12, 365.15

Diagnosis for primary open-angle glaucoma (ICD-10-CM) [for use 10/01/2015-12/31/2015]: H40.10X0, H40.10X1, H40.10X2, H40.10X3, H40.10X4, H40.11X0, H40.11X1, H40.11X2, H40.11X3, H40.11X4, H40.1210, H40.1211, H40.1212, H40.1213, H40.1214, H40.1220, H40.1221, H40.1222, H40.1223, H40.1224, H40.1230, H40.1231, H40.1232, H40.1233, H40.1234, H40.1290, H40.1291, H40.1292, H40.1293, H40.1294, H40.151, H40.152, H40.153, H40.159

Clinical Recommendation Statements: When initiating therapy, the ophthalmologist assumes that the measured pretreatment pressure range contributed to optic nerve damage and is likely to cause additional damage in the future. Lowering the pretreatment IOP by 25% or more has been shown to inhibit progression of POAG. (A:II) (AAO, 2010)

Choosing an even lower target IOP can be justified if there is more severe optic nerve damage, if the damage is progressing rapidly, or if other risk factors such as family history, age, or disc hemorrhages are present.

Please note that the American Optometric Association's (AOA) 2002 guideline on Open-angle Glaucoma was not reviewed during the development of this measure prior to the public comment period and therefore is not presented here verbatim. Review of the AOA guideline subsequent to initial measure development indicates that the recommendations in the AOA guideline are consistent with the intent of the measure. This also applies to the 2010 guidelines. As such, the intent of this measure is to have this indicator apply to both optometrists and ophthalmologists (and any other physician who provides glaucoma care); the use of "ophthalmologists" only in the preceding verbatim section reflects the wording in the American Academy of Ophthalmology Preferred Practice pattern.