



## 2016 PQRS Changes

Measure	2016 Change
19	<p>Like a legal document, old language has a <del>strike through</del> and new language is <u>underlined</u>.</p> <p><b>Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care</b></p> <p>Quality Domain is now <u>Communication and Care Coordination</u>. In 2015 the Quality Domain was Effective Clinical Care</p>
384	<p><b>Adult Primary Rhegmatogenous Retinal Detachment <del>Repair Success Rate</del> <u>No Return to the Operating Room Within 90 Days of Surgery</u></b></p> <p>Description: Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment <u>who did not require a return to the operating room within 90 days of surgery</u>, <del>where the retina remains attached after only one surgery</del>.</p> <p>For patients who receive the surgical procedures specified in the denominator coding in the sample, it should be reported whether or not the patient <u>had to return to the operating room within 90 days of surgery</u> continued to have the retina attached after 6 months following only one surgery.</p> <p>Include only procedures performed through <del>June 30</del> <u>September 30</u> of the reporting period.</p> <p>CPT codes: <u>67107, 67108, 67110</u> <del>67113</del>. And no surgical procedures that included the use of silicone oil.</p> <p>Submit:</p> <p><u>G9515 Patient did not require a return to the operating room within 90 days of surgery</u></p> <p><u>Or</u></p> <p><u>G9514 Patient required a return to the operating room within 90 days of surgery</u></p> <p><del>G9376 Patient continued to have the retina attached at the 6 months follow up visit (+/- 1 month following only one surgery</del></p> <p><del>G9377 Patient did not have the retina attached after 6 months following only one surgery</del></p>
385	<p><b>Adult Primary Rhegmatogenous Retinal Detachment Surgery: <del>Success Rate</del> <u>Visual Acuity Improvement Within 90 Days of Surgery</u></b></p> <p><u>Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of</u></p>



	<p><u>surgery in the operative eye. Percentage of retinal detachment cases achieving flat retinas six months post surgery.</u></p> <p>Include only procedures performed through <del>June 30</del> <u>September 30</u> of the reporting period. This will allow the postoperative period to occur before registries must submit data to CMS.</p> <p><del>Number of adult (aged 18 and older) primary rhegmatogenous retinal detachment cases with 6 month follow up. It Include patients with history of Yag capsulotomy or laser surgery for diabetic or macular edema.</del></p> <p>CPT codes: 67107, 67108, 67110, <del>67113</del>. And no surgical procedures that include the use of silicone oil.</p> <p><u>G9516 Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery.</u></p> <p><u>Or</u></p> <p><u>G9517 Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given</u></p> <p><del>G9378 Patient continued to have the retina attached at the 6 months follow up visit (+/- 1 month)</del></p> <p><del>G9379 Patient did not achieve flat retinas six months post surgery</del></p>
<b>388</b>	<p><b>Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)</b></p> <p><u>Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule during anterior segment surgery requiring vitrectomy</u></p> <p><u>This measure is to be calculated when a procedure for cataracts is performed in the sample during the reporting period. This measure calculates the number of cataract surgery cases with unplanned rupture of the posterior capsule requiring vitrectomy during the reporting period.</u></p>
<b>389</b>	<p><b>Cataract Surgery: Difference Between Planned and Final Refraction</b></p> <p><u>Percentage of patients who had cataract surgery performed and who achieved a final refraction within +/- 1.0 diopters of their planned (target) refraction who achieve planned refraction within +1,0 D.</u></p> <p>This measure is to be calculated <u>each time</u> when a procedure for cataracts is performed <del>in the sample</del> during the reporting period. This measure is intended to reflect the quality of services provided for the patient receiving cataract surgery</p> <p>Include only procedures performed through <del>November 30</del> <u>September 30</u> of the reporting period. This will allow the postoperative period to occur before registries must submit data to CMS.</p>



	<p><del>Patients with specific ocular conditions other than cataract for the eye that underwent the cataract procedure are excluded from this measure.</del></p> <p><u>G9519 Patient achieves final refraction (spherical equivalent) +/- 1.0 Diopters of their planned refraction within 90 days of surgery</u></p> <p><u>Or</u></p> <p><u>G9520 Patient does not achieve final refraction (spherical equivalent) +/- 1.0 Diopters of their planned refraction within 90 days of surgery</u></p> <p><del>G9391 Patient achieves refraction + 1 D for the eye that underwent cataract surgery measured at the one month follow up visit</del></p> <p><del>G9392 Patient does not achieve refraction + 1 D for the eye that underwent cataract surgery, measured at the one month follow up visit</del></p>
<p><b>131</b></p> <p>A new measure in 2016</p>	<p><b>Pain Assessment and Follow-Up</b></p> <p>Measure is to be reported for each visit and a follow-up plan must be related to the presence of pain.</p> <p>Quality Domain: Communication and Care Coordination</p> <p>CPT codes: 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, 97001, 97002, 97003, 97004, 97532, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0402, G0438, G0439</p> <p>There are no diagnosis codes associated with this measure.</p>
<p><b>317</b></p> <p>A new measure in 2016</p>	<p><b>Preventive Care and Screening for High Blood Pressure and Follow-Up Documented</b></p> <p>Quality Domain: Community/ Population Health</p>