Quality ID #500: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up

2024 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients with a diagnosis of acute posterior vitreous detachment (PVD) in either eye who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks.

INSTRUCTIONS:
This measure is to be submitted once for **each occurrence** of acute PVD in either eye during the performance period. For the purpose of submitting this measure, only unique occurrences with an onset of acute PVD diagnosed within the current performance period will be submitted. 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 the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. 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 in either eye and eligible encounter during performance period

Definition:
Acute PVD – For the purposes of this measure, acute PVD is defined as a recent onset of 30 days or less. Acute can be documented as new onset vitreous separation or vitreous detachment.

DENOMINATOR NOTE: *A new diagnosis code, that meets the definition of acute, indicates a new occurrence of PVD. If a patient presents with right eye acute PVD then returns with new onset of left eye acute PVD symptoms, then the left eye diagnosed as acute PVD would be considered a new unique occurrence, separate from the right eye acute PVD occurrence.*

**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 posterior vitreous detachment (ICD-10-CM): H33.001, H33.002, H33.003, H33.009, H33.011, H33.012, H33.013, H33.019, H33.021, H33.022, H33.023, H33.029, H33.031, H33.032, H33.033, H33.039, H33.041, H33.042, H33.043, H33.049, H33.051, H33.052, H33.053, H33.059, H33.301, H33.302, H33.303, H33.309, H33.311, H33.312, H33.313, H33.319, H33.321, H33.322, H33.323, H33.329, H33.331,

H33.332, H33.333, H33.339, H33.40, H33.41, H33.42, H33.43, H33.8, H35.411, H35.412, H35.413, H35.419, H43.811, H43.812, H43.813, H43.819

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

Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02, POS 10

AND NOT

DENOMINATOR EXCLUSIONS:

Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter: M1329

OR

Patients with a diagnosis of acute vitreous hemorrhage: M1328

NUMERATOR:

Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 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 8 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 November 5th – 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 8 weeks from initial exam (**M1331)**
OR	
Denominator Exception:	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up) **(M1330)**
OR	
Performance Not Met:	Patients who were not appropriately evaluated during the initial exam AND/OR who were not re-evaluated within 8 weeks **(M1327)**

RATIONALE:

Retinal tears, if treated promptly, are less likely to result in detachment (AAO, 2019; ASRS, 2016). Most retinal tears occur in the setting of an acute PVD where patient experience flashes of light and/or new onset of floaters. While the onset of PVD is generally not preventable, prompt examination is critical 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, 2019).

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.

Follow-up Evaluation:
The guidelines in Table 3 are recommendations for the timing of re-evaluation in the absence of additional symptoms. Patients with new symptoms or a change in symptoms may require more frequent evaluation. Patients with no positive findings at the initial examination should be seen at the intervals recommended in the Comprehensive Adult Medical Eye Evaluation PPP. All patients with risk factors should be advised to contact their ophthalmologist promptly if new symptoms such as flashes, floaters, peripheral visual field loss, or decreased visual acuity develop.

Type of Lesion
- Symptomatic PVD with no retinal break

Follow-up Interval
- Depending on symptoms, risk factors, and clinical findings, patients may be followed within 2 months, then 6–12 months

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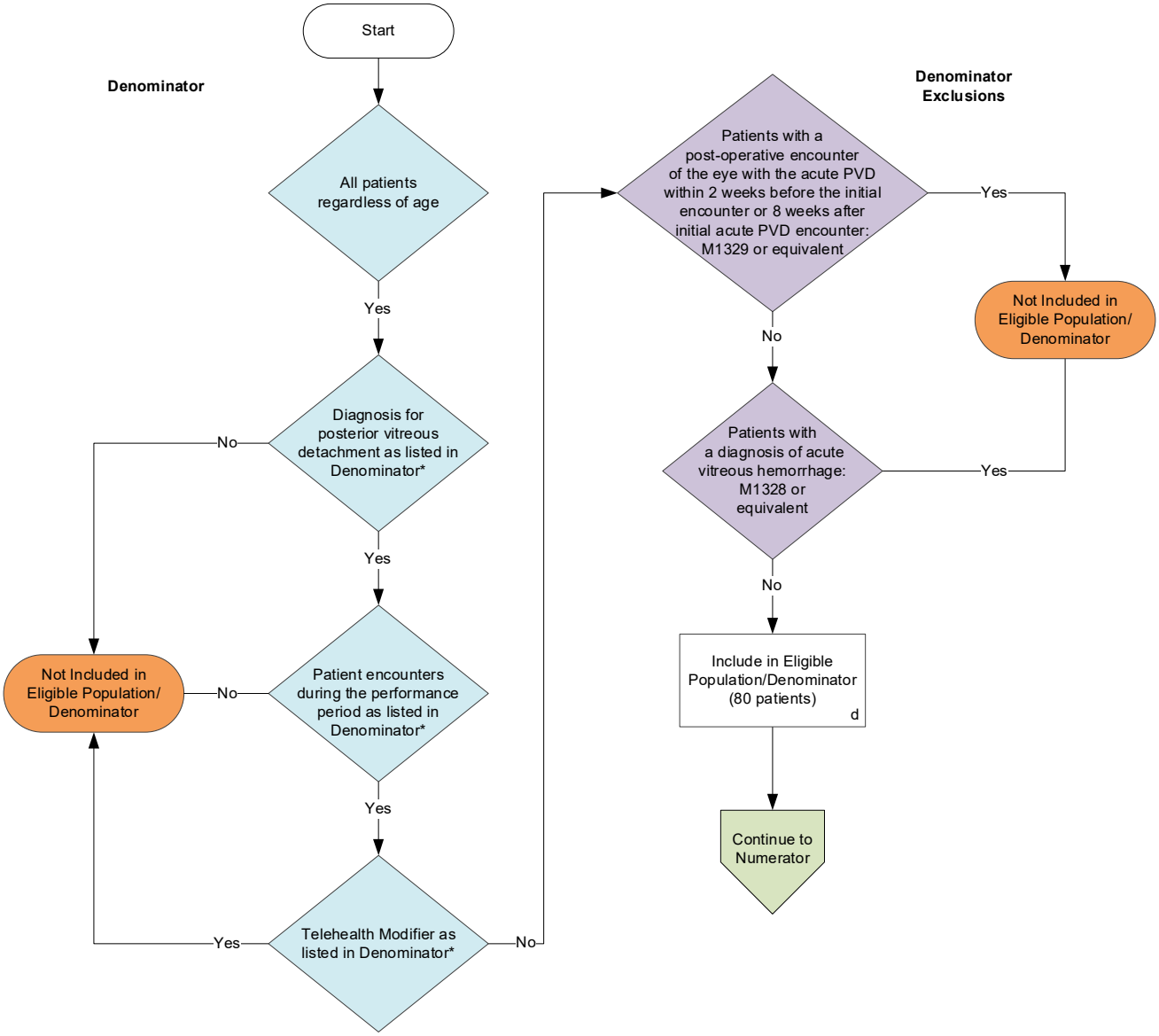
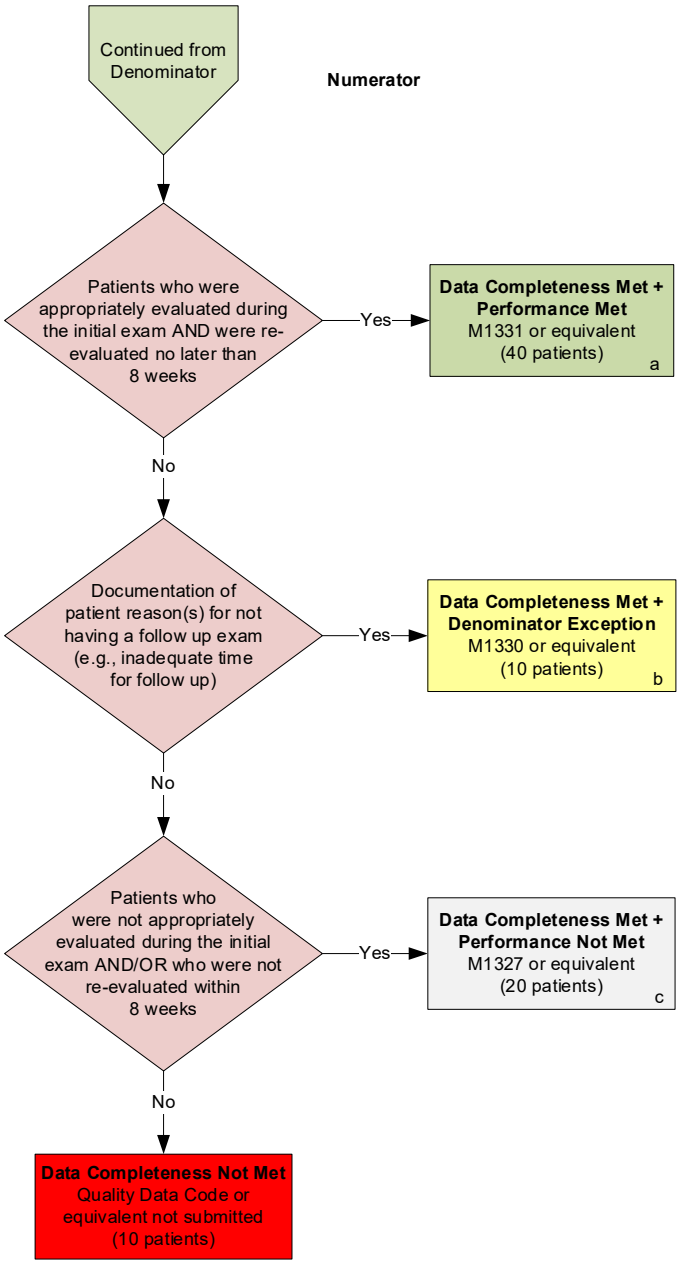
2024 Clinical Quality Measure Flow for Quality ID #500:
Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up

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-Periodic

v8

2024 Clinical Quality Measure Flow Narrative for Quality ID #500: Acute Posterior Vitreous Detachment 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 posterior vitreous detachment as listed in Denominator*:*
    a. If *Diagnosis for posterior vitreous detachment as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for posterior vitreous detachment as listed in Denominator** equals Yes, proceed to check *Patient encounters during the performance period as listed in Denominator*.*
4. 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 *Telehealth Modifier as listed in Denominator**.
5. Check *Telehealth Modifier as listed in Denominator**:
    a. If *Telehealth Modifier as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Telehealth Modifier 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 8 weeks after initial acute PVD encounter.*
6. Check *Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 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 8 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 8 weeks after initial acute PVD encounter* equals No, proceed to check *Patients with a diagnosis of acute vitreous hemorrhage*.
7. Check *Patients with a diagnosis of acute vitreous hemorrhage*:
    a. If *Patients with a diagnosis of acute vitreous hemorrhage* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients with a diagnosis of acute vitreous hemorrhage* equals No, include in *Eligible Population/Denominator*.
8. 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.

9. Start Numerator

10. Check *Patients who were appropriately evaluated during the initial exam AND were re-evaluated no later than 8 weeks:*

    a. If *Patients who were appropriately evaluated during the initial exam AND were re-evaluated no later than 8 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 8 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).*

11. 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* letter is represented as Data Completeness and Performance Rate 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 8 weeks*.

12. Check *Patients who were not appropriately evaluated during the initial exam AND/OR who were not re-evaluated within 8 weeks*:

    a. If *Patients who were not appropriately evaluated during the initial exam AND/OR who were not re-evaluated within 8 weeks* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - Data Completeness Met and Performance Not Met letter is represented as Data Completeness 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 8 weeks equals* No, proceed to check *Data Completeness Not Met*.

13. 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-Periodic

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.