

***Measure #14: Age-Related Macular Degeneration: Dilated Macular Examination**

DESCRIPTION:

Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. It is anticipated that clinicians who provide the primary management of patients with age-related macular degeneration (in either one or both eyes) will submit this measure. The system reason exclusion may be used if a clinician is asked to report on this measure but is not the clinician providing the primary management for age-related macular degeneration.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P-system reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

Numerator Coding:

Dilated Macular Examination Performed

CPT II 2019F: Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

OR

Dilated Macular Examination not Performed for Medical, Patient, or System Reasons

Append a modifier (**1P, 2P, or 3P**) to CPT Category II code **2019F** to report documented circumstances that appropriately exclude patients from the denominator.

- **1P:** Documentation of medical reason(s) for not performing a dilated macular examination
- **2P:** Documentation of patient reason(s) for not performing a dilated macular examination
- **3P:** Documentation of system reason(s) for not performing a dilated macular examination

OR

Dilated Macular Examination not Performed, Reason not Specified

Append a reporting modifier (**8P**) to CPT Category II code **2019F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P**: Dilated macular exam was not performed, reason not otherwise specified

DENOMINATOR:

All patients aged 50 years and older with a diagnosis of age-related macular degeneration

Denominator Coding:

An ICD-9 diagnosis code for age-related macular degeneration and a CPT code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 362.50, 362.51, 362.52

AND

CPT codes: 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

RATIONALE:

A documented complete macular examination is a necessary prerequisite to determine the presence and severity of AMD, so that a decision can be made as to the benefits of prescribing antioxidant vitamins. Further, periodic assessment is necessary to determine whether there is progression of the disease and to plan the on-going treatment of the disease, since several therapies exist that reduce vision loss once the advanced "wet" form of AMD occurs. While no data exist on the frequency or absence of regular examinations of the macula for patients with AMD, parallel data for key structural assessments for glaucoma and cataract and diabetic retinopathy suggest that significant gaps are likely.

CLINICAL RECOMMENDATION STATEMENTS:

According to the American Academy of Ophthalmology, a stereo biomicroscopic examination of the macula should be completed. Binocular slit-lamp biomicroscopy of the ocular fundus is often necessary to detect subtle clinical clues of CNV. These include small areas of hemorrhage, hard exudates, subretinal fluid, or pigment epithelial elevation (Level A: III Recommendation) (AAO, 2005).