

Primary Open Angle Glaucoma

Optic Nerve Evaluation

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
Patient has a diagnosis of primary open angle glaucoma.	<input type="checkbox"/>	<input type="checkbox"/>	
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Optic Nerve Head Evaluation	Yes	No	
Performed	<input type="checkbox"/>	<input type="checkbox"/>	2027F
Not performed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	2027F-1P
• System ¹	<input type="checkbox"/>	<input type="checkbox"/>	2027F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 2027F-8P (Optic nerve head evaluation was not performed, reason not otherwise specified.)

¹The 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 primary open-angle glaucoma.