Primary Open-Angle Glaucoma

Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

Physician Quality Reporting System Data Collection Sheet

		/ /	☐ Male ☐ Female
Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)	Gender
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Step 1 Is patient eligible for this measure?

	Yes	No
Patient is aged 18 years and older on date of encounter.	☐	☐
Patient has a diagnosis of primary open angle glaucoma.	☐	☐
There is a CPT Code for this visit.	☐	☐
If **No** is checked for any of the above, STOP. Do not report a CPT category II code.		

Billing Information

Code Required on Claim Form

Verify date of birth on claim form.

Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.

Step 2 Does patient also have the other requirements for this this measure?

	Yes	No
Is patient's IOP reduced by a value greater than or equal to 15% from the pre-intervention level?	☐	☐

Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)

If **Yes,** report only 3284F and STOP.

If **No** (ie, IOP reduced by a value less than 15% from the pre-intervention level), report 3285F and proceed to Step 3.

If IOP measurement not documented, report 3284F–8P and STOP.

Step 3 Does patient meet or have an acceptable reason for not meeting the measure?

Plan of Care for Glaucoma[1]	Yes	No
Documented	☐	☐
Document reason here and in medical chart. _____ _____		

Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)

0517F

If **No** is checked for **all** of the above, report 0517F–8P
(Glaucoma plan of care not documented, reason not otherwise specified.)

[1]A plan of care may include: recheck of IOP at specified time, change in therapy, perform additional diagnostic evaluations, monitoring per patient decisions or unable to achieve due to health system reasons, and/or referral to a specialist.

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