

### Dilated Macular Examination

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*This measure is to be reported for all patients aged 50 years and older with age-related macular degeneration (in either one or both eyes) — a minimum of **once** per reporting period.*

#### Measure 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

#### What will you need to report for each patient with AMD for this measure?

If you select this measure for reporting, you will report:

- Whether or not you performed a dilated macular examination which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity

#### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to perform a dilated macular examination, due to:

- Medical reasons<sup>1</sup> OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

<sup>1</sup>The medical 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.

# Age-Related Macular Degeneration

## Dilated Macular Examination

### 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?			
	Yes	No	Code Required on Claim Form
Patient is aged 50 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of age-related macular degeneration.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> 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?			
Dilated Macular Examination (including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity)			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	2019F
Not performed for one of the following reasons:			
• Medical <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	2019F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	2019F-2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 2019F-8P (Dilated macular exam was not performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity, reason not otherwise specified.)

<sup>1</sup>The medical 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.

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### Coding Specifications

Codes required to document patient has age-related macular degeneration and a visit or procedure for ophthalmologic services occurred:

An ICD-9 diagnosis code for age-related macular degeneration and a CPT E/M service code are required to identify patients to be included in this measure.

#### Age-related macular degeneration ICD-9 diagnosis codes

- 362.50 (macular degeneration [senile], unspecified)
- 365.51 (nonexudative senile macular degeneration)
- 365.52 (exudative senile macular degeneration)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 92002, 92004 (ophthalmological services — new patient),
- 92012, 92014 (ophthalmological services — established patient)

Quality codes for this measure (one of the following for every eligible patient):

#### CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **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
- **CPT II 2019F-1P<sup>1</sup>:** Documentation of medical reason(s) for not performing a dilated macular examination
- **CPT II 2019F-2P:** Documentation of patient reason(s) for not performing a dilated macular examination
- **CPT II 2019F-8P:** Dilated macular exam was not performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity, reason not otherwise specified

<sup>1</sup>The medical 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.

Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 500-00-0033 with Centers for Medicare & Medicaid Services.

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PQRI 2007 Measure 14, Effective Date 07/01/2007

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