

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

*This measure is to be reported for all patients aged 18 years and older with primary open-angle glaucoma (POAG) — a minimum of **once** per reporting period.*

#### Measure description

Percentage of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months

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

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

- How the patient's intraocular pressure (IOP) compares to the pre-intervention level. Patients will fall into one of two categories described below:
  - IOP reduced by a value greater than or equal to 15% from the pre-intervention level
  - IOP reduced by a value less than 15% from the pre-intervention level

If the patient's IOP reduced by a value less than 15% from the pre-intervention level, you will then need to report:

- Whether or not you documented a plan of care<sup>1</sup> for glaucoma

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

There may be times when it is not appropriate to document a plan of care for glaucoma, due to:

- System reasons<sup>2</sup>

In these cases, you will need to indicate that the system reason applies, and 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>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.

<sup>2</sup>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 POAG.