

# Primary Open-Angle Glaucoma

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

### 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 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of primary open angle glaucoma.	<input type="checkbox"/>	<input type="checkbox"/>	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.
There is a CPT 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 also have the other requirements for this this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Is patient's IOP reduced by a value greater than or equal to 15% from the pre-intervention level?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If <b>Yes</b>, report only 3284F and STOP.</p> <p>If <b>No</b> (ie, IOP reduced by a value less than 15% from the pre-intervention level), report 3285F and proceed to Step 3.</p> <p>If IOP measurement not documented, report 3284F-8P and STOP.</p>
Step 3 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)
Plan of Care for Glaucoma <sup>1</sup>	Yes	No	
Documented	<input type="checkbox"/>	<input type="checkbox"/>	0517F
Not documented for the following reason: • System <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	0517F-3P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 0517F-8P (Glaucoma plan of care not documented, reason not otherwise specified.)

<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.