

Health Benchmarks[®] Program
Clinical Quality Indicator Specification 2011

Measure Title ANNUAL VISUAL FIELD TESTS FOR PATIENTS WITH GLAUCOMA

Disease State Glaucoma **Indicator Classification¹** Disease Management

Strength of Recommendation² B

Organizations Providing Recommendation American Academy of Ophthalmology

Clinical Intent To ensure that all members diagnosed with glaucoma receive an annual visual field test.

Background

Disease Burden

- Glaucoma is the leading cause of irreversible blindness in the world. The Eye Disease Prevalence Research Group estimated that in the year 2000, primary open angle glaucoma (POAG) affected over 2.22 million people in the United States. This number is projected to increase to 3.36 million by 2020.[1-4] The prevalence rate among US residents 40 and over is about 2 percent.[3]
- POAG is the second most common cause of legal blindness in the United States.[5]
- POAG is the third most common age-related eye disease in the United States, following cataract and diabetic retinopathy.[2]

Reason for Indicated Intervention or Treatment

- Screening for evidence of poor control or disease progression and adjusting therapy as needed may protect against further damage to the optic nerve head.[6-10]

Evidence Supporting Intervention or Treatment

- While increasing the frequency of visual field testing shortens the time to detection of a statistically significant change in vision[7, 8, 11-15], no well designed trials have specifically evaluated if routine visual field testing is associated with slower disease progression.
- Several trials have demonstrated that lowering intraocular pressure reduces the risk of visual loss in patients with primary open angle glaucoma.[16-21]
- Patients with ocular hypertension are at higher risk for developing glaucomatous visual field loss if discs are suspect, if intraocular pressure is high, or if the patient is older in age.[22] Elevated intraocular pressure is considered to be the most important risk-factor for developing primary open-angle glaucoma (POAG).[23]

Clinical Recommendations

- The American Academy of Ophthalmology recommends that patients with primary open-angle glaucoma who have achieved the target intraocular pressure, have no progression of damage, and have more than 6 months of control of intraocular pressure should receive visual field evaluations **within 12 months**. For those with less than six months of control of intraocular pressure, screening is recommended within 6 months. For those who have not reached their target IOP and show signs of damage, follow up should occur within 4 months.[24-26]

Source IMS Health

Denominator

Denominator Definition Continuously enrolled members with at least 1 diagnosis of glaucoma by an ophthalmologist or optometrist in the outpatient setting during the 1 year period beginning 1 month before the year prior to the measurement year.

Denominator Index Date First instance of members with at least 1 diagnosis of glaucoma made by an ophthalmologist or optometrist in the outpatient setting during the 1 year period beginning 1 month before the year prior to the measurement year.

Denominator Encounters/Claims Criteria CPT-4 code(s): 92002, 92004, 92012, 92014, 92081-92083, 92100, 92120, 92130, 99201-99205, 99211-99215, 99241-99245, 99271*-99275*, 99301*-99303*, 99304-99310, 99311*-99313*, 99315-99316, 99318-99337, 99341-99350, 99354-99355, 99366, 99381-99387, 99391-99397, 99401-99429, 99450, 99455-99456

ICD-9 diagnosis code(s): 365.1x-365.9x, 377.14

UB revenue code(s): 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983

*Code range was retired but is still appropriate for retrospective analysis.

Denominator Exclusion

Denominator Exclusion Definition Members with severe visual impairment 0-13 months after the index date.

Denominator Exclusion Claims Criteria ICD-9 diagnosis code(s): 369.0x, 369.1x, 369.2x, 369.3, 369.4

Numerator

Numerator Definition Members who had at least 1 visual field test conducted by an ophthalmologist or optometrist during the 0-13 months after the index date (exclusive of index date).

Numerator Claims Criteria CPT-4 code(s): 92081-92083

Physician Attribution

Physician Attribution Description Score all physicians who saw the member during the 0-13 months after the index date (inclusive of index date).

References

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¹ **Indicator Classification** (Adapted from HEDIS® technical specifications)

Diagnosis	Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g., evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain).
Effectiveness of Care	
Prevention	Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g., immunizations).
Screening	Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g., pap smears; screening for elevated blood pressure).
Disease Management	Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g., cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).
Medication Monitoring	Measures applicable to patients taking medications with narrow therapeutic windows and / or potential preventable significant side effects or adverse reactions (e.g., thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy).
Medication Adherence	Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g., adherence to lipid lowering medication).
Utilization	Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g., conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).

² Strength of Recommendation

Strength of Recommendation Based on a Body of Evidence

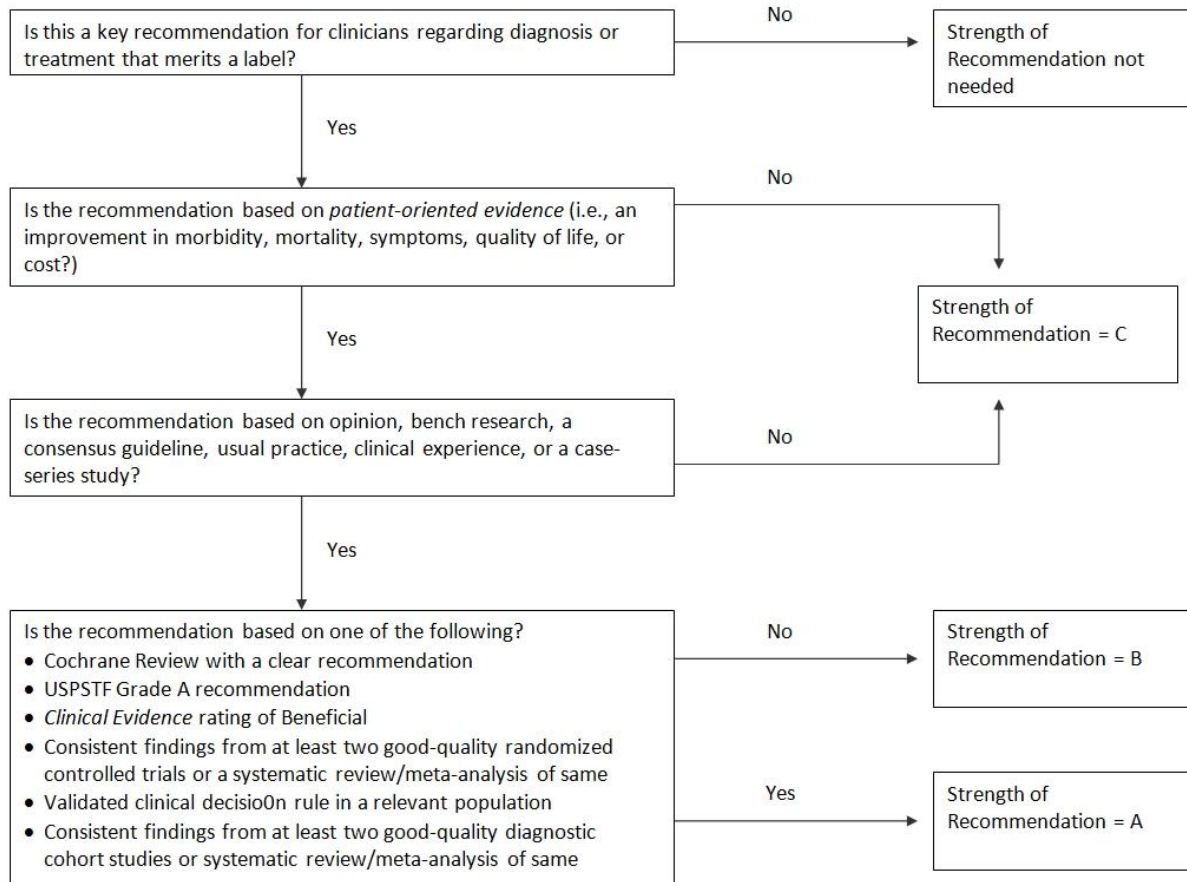


FIGURE 2. Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)