

**Quality ID #14 (NQF 0087): Age-Related Macular Degeneration (AMD): Dilated Macular Examination**  
– National Quality Strategy Domain: Effective Clinical Care  
– Meaningful Measure Area: Management of Chronic Conditions

**2021 COLLECTION TYPE:**  
**MEDICARE PART B CLAIMS**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**

Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity during one or more office visits within the 12 month performance period.

**INSTRUCTIONS:**

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the primary management of patients with age-related macular degeneration (in either one or both eyes) will submit this measure.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

**DENOMINATOR:**

All patients aged 50 years and older with a diagnosis of AMD

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 50$  years on date of encounter

**AND**

**Diagnosis for age-related macular degeneration (ICD-10-CM):** H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, H35.3134, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233

**AND**

**Patient encounter during the performance period (CPT):** 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

**WITHOUT**

**Telehealth Modifier:** GQ, GT, 95, POS 02

**NUMERATOR:**

Patients who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

**Definitions:**

**Macular Thickening** – Acceptable synonyms for “macular thickening” include: intraretinal thickening, serous detachment of the retina, pigment epithelial detachment or macular edema.

**Severity of Macular Degeneration** – Early, intermediate and advanced; or active choroidal neovascularization, inactive choroidal neovascularization, or with inactive scar.

**Geographic Atrophy** – the advanced form of non-neovascular AMD, will have one or more zones of well-demarcated retinal pigment epithelial and/or choriocapillaris atrophy.

**NUMERATOR NOTE:** *Denominator Exception(s) are determined on or any date during the performance period prior to the date of the denominator eligible encounter.*

**Numerator Quality-Data Coding Options:**

**Dilated Macular Examination Performed**

**Performance Met: G9974:**

Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity

**OR**

**Dilated Macular Examination Not Performed for Medical or Patient Reasons**

Submit code G9975 or G9892 for documented circumstances that appropriately exclude patients from the denominator.

**Denominator Exception: G9975:**

Documentation of medical reason(s) for not performing a dilated macular examination

**OR**

**Denominator Exception: G9892:**

Documentation of patient reason(s) for not performing a dilated macular examination

**OR**

**Dilated Macular Examination Not Performed, Reason Not Otherwise Specified**

Submit code G9893 for circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met: G9893:**

Dilated macular exam was not performed, reason not otherwise specified

**RATIONALE:**

A documented complete macular examination is a necessary prerequisite to determine the presence and severity of AMD, so that a decision can be made as to the benefits of prescribing antioxidant vitamins. Further, periodic assessment is necessary to determine whether there is progression of the disease and to plan the on-going treatment of the disease, since several therapies exist that reduce vision loss once the advanced “wet” form of AMD occurs. While no data exist on the frequency or absence of regular examinations of the macula for patients with AMD, parallel data for key structural assessments for glaucoma, cataract and diabetic retinopathy suggest that significant gaps are likely.

**CLINICAL RECOMMENDATION STATEMENTS:**

According to the American Academy of Ophthalmology, a physical examination should include stereoscopic biomicroscopic examination of the macula. (III; Good; Strong) Binocular slit-lamp biomicroscopy of the ocular fundus is often necessary to detect subtle clinical signs of CNV. (III; Good; Strong)

American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: [American Academy of Ophthalmology- Preferred Practice Pattern](#).

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## 2021 Medicare Part B Claims Flow for Quality ID #14 (NQF 0087): Age-Related Macular Degeneration (AMD): Dilated Macular Examination

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS**

**Data Completeness=**  
 Performance Met (a=50 patients) + Denominator Exception (b<sup>1</sup>+b<sup>2</sup>=10 patients) + Performance Not Met (c=10 patients) = 70 patients = 87.50%  
 Eligible Population / Denominator (d=80 patients) = 80 patients

**Performance Rate=**  
 $\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b<sup>1</sup>+b<sup>2</sup>=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

**2021 Medicare Part B Claims Flow Narrative for Quality ID #14 (NQF 0087):  
Age-Related Macular Degeneration (AMD): Dilated Macular Examination**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients aged greater than or equal to 50 years on date of encounter*.
  - a. If *Patients aged greater than or equal to 50 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 50 years on date of encounter* equals Yes, proceed to check *Diagnosis for AMD as listed in Denominator\**.
3. Check *Diagnosis for AMD as listed in Denominator\**:
  - a. If *Diagnosis for AMD as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for AMD as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in Denominator\** equals Yes, proceed to check *Telehealth Modifier*.
5. Check *Telehealth Modifier*.
  - a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Telehealth Modifier* equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity*.
  - a. If *Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in the Sample Calculation.

- b. If *Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage AND the level of macular degeneration severity* equals No, proceed to check *Documentation of medical reason(s) for not performing a dilated macular examination*.
9. Check *Documentation of medical reason(s) for not performing a dilated macular examination*:
  - a. If *Documentation of medical reason(s) for not performing a dilated macular examination* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>1</sup> equals 10 patients in the Sample Calculation.
  - b. If *Documentation of medical reason(s) for not performing a dilated macular examination* equals No, proceed to check *Documentation of patient reason(s) for not performing a dilated macular examination*.
10. Check *Documentation of patient reason(s) for not performing a dilated macular examination*:
  - a. If *Documentation of patient reason(s) for not performing a dilated macular examination* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>2</sup> equals 0 patients in the Sample Calculation.
  - b. If *Documentation of patient reason(s) for not performing a dilated macular examination* equals No, proceed to check *Dilated macular examination was not performed, reason not otherwise specified*.
11. Check *Dilated macular examination was not performed, reason not otherwise specified*:
  - a. If *Dilated macular examination was not performed, reason not otherwise specified* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.
  - b. If *Dilated macular examination was not performed, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
  - a. If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a equals 50 patients) plus Denominator Exception (b<sup>1</sup> plus b<sup>2</sup> equals 10 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 patients) divided by Data Completeness Numerator (70 patients)

minus Denominator Exception ( $b^1$  plus  $b^2$  equals 10 patients). All equals 50 patients divided by 60 patients. All equals 83.33 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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