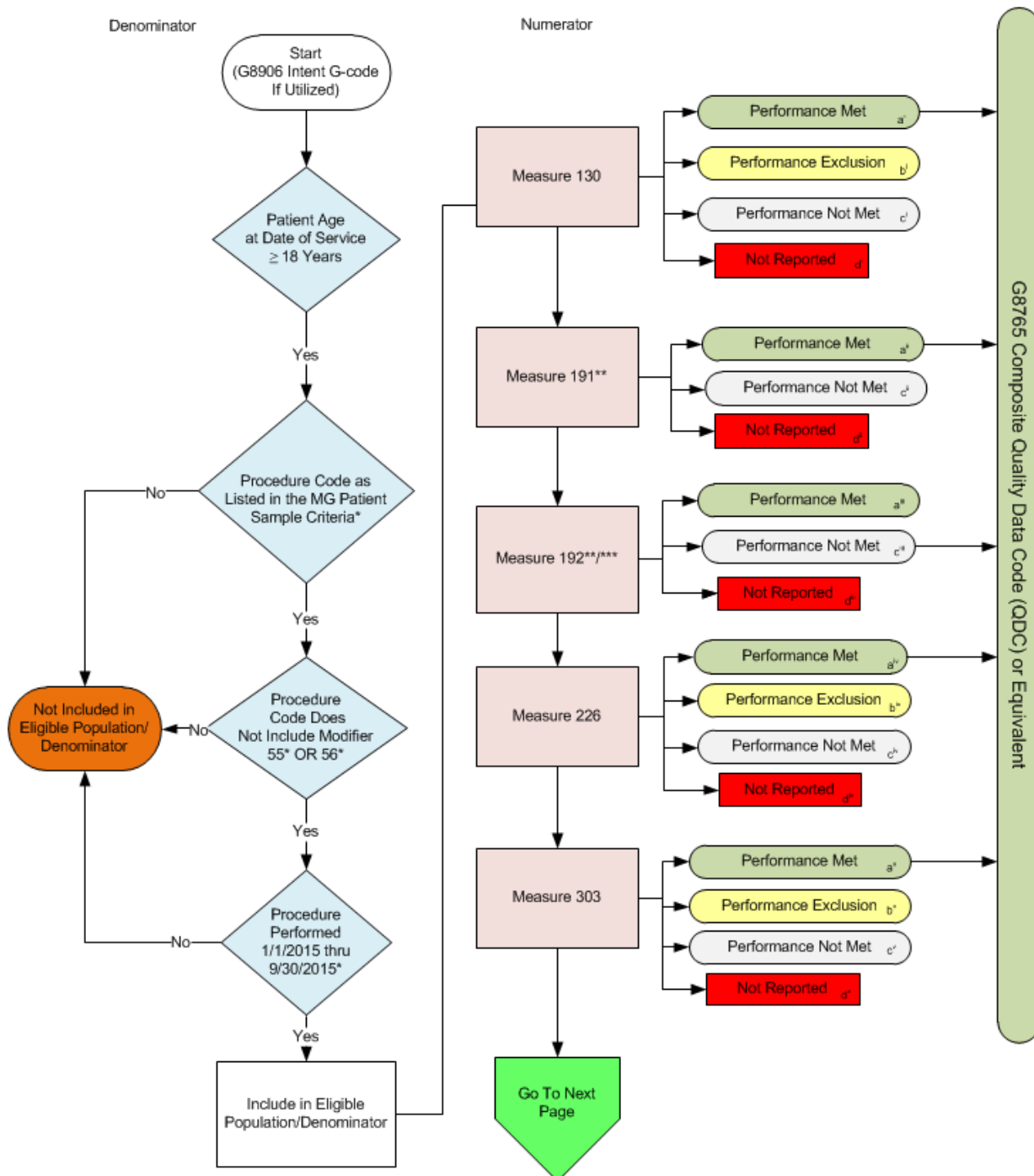


# 2015 Measures Group (MG) Flow Cataracts

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



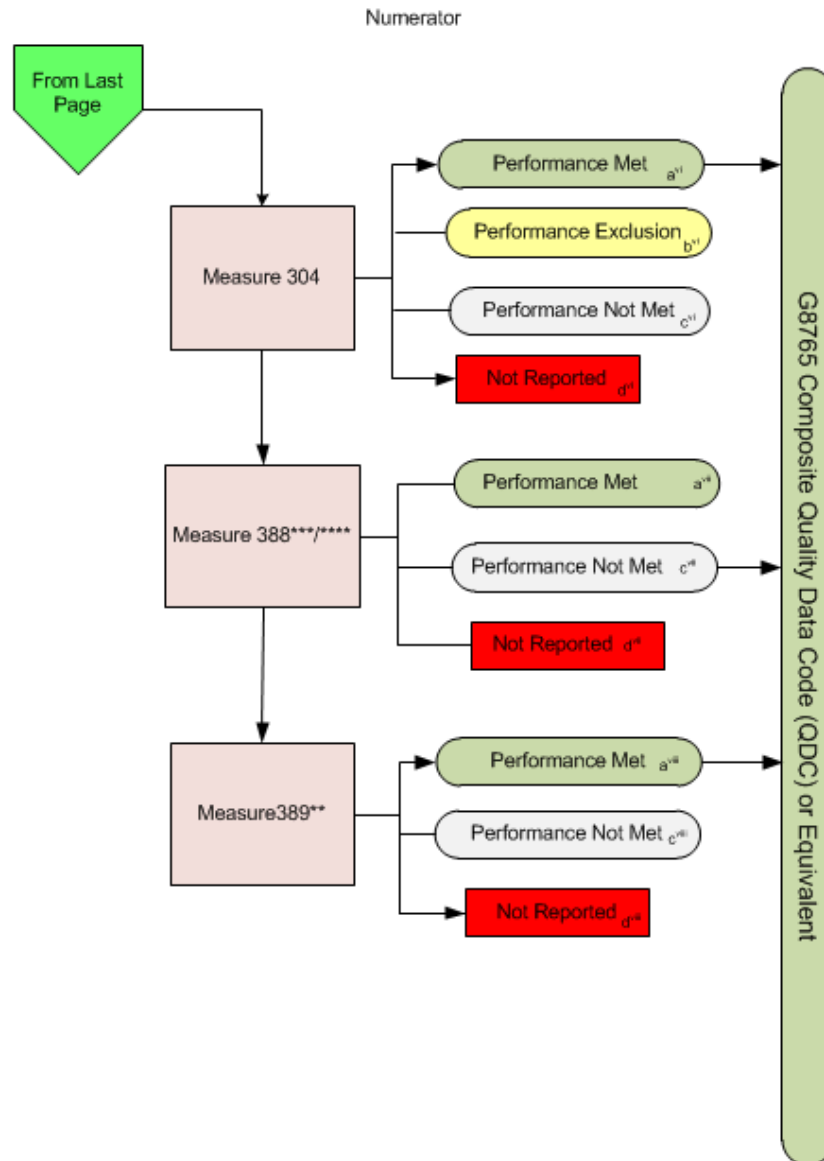
\*See the posted 2015 Measures Groups Specification Manual for Patient Sample Criteria, specific coding and instructions to report this Measures Group.

\*\*Measures #191 and #192 and #389 need only be reported when the patient also has a diagnosis of uncomplicated cataract.

\*\*\*Measures #192 and #388 are inverse measures and a lower performance rate indicates better clinical care or control.

# 2015 Measures Group (MG) Flow Cataracts

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



\*\*Measures #191 and #192 and #389 need only be reported when the patient also has a diagnosis of uncomplicated cataract. version 1

\*\*\*Measures #192 and #388 are inverse measures and a lower performance rate indicates better clinical care or control.

\*\*\*\*For Measure #388 do not include cases with preoperative posterior capsule rupture.

2015

## 2015 Measures Group (MG) Flow Cataracts

### Scenarios for Reporting (Patient/Procedure) and Performance (Measure) Algorithms:

a= Performance Met; b=Performance Exclusion; c=Performance Not Met; d=Not Reported; e= Not Applicable

	Measure 130 (i)	Measure 191** (ii)	Measure 192**/*** (iii)	Measure 226 (iv)	Measure 303 (v)	Measure 304 (vi)	Measure 388****/***** (vii)	Measure 389** (viii)
Patient X Uncomplicated Cataract	Met (a <sup>i</sup> )	Met (a <sup>ii</sup> )	Met (a <sup>iii</sup> )	Met (a <sup>iv</sup> )	Exclusion (b <sup>v</sup> )	Met (a <sup>vi</sup> )	Met (a <sup>vii</sup> )	Met (a <sup>viii</sup> )
Patient Z Complicated Cataract	Met (a <sup>i</sup> )	Not Applicable(e <sup>ii</sup> )	Not Applicable(e <sup>iii</sup> )	Met (a <sup>iv</sup> )	Met (a <sup>v</sup> )	Not Met (c <sup>vi</sup> )	Not Met (c <sup>vii</sup> )	Not Applicable(e <sup>viii</sup> )
Patient Y Preop Posterior Capsule Rupture	Not Met (c <sup>i</sup> )	Not Reported (d <sup>ii</sup> )	Not Met (c <sup>iii</sup> )	Met (a <sup>iv</sup> )	Not Met (c <sup>v</sup> )	Not Met (c <sup>vi</sup> )	Not Applicable(e <sup>vii</sup> )	Met (a <sup>viii</sup> )

### Reporting Algorithm<sup>^</sup>

Patient X [a<sup>i</sup>,a<sup>ii</sup>,a<sup>iii</sup>,b<sup>v</sup>,a<sup>iv</sup>,a<sup>vii</sup>,a<sup>viii</sup>] + Patient Y [a<sup>i</sup>,e<sup>ii</sup>,e<sup>iii</sup>,a<sup>iv</sup>,c<sup>v</sup>,c<sup>vii</sup>,e<sup>viii</sup>] + Patient Z [c<sup>i</sup>,d<sup>ii</sup>,c<sup>iii</sup>,a<sup>iv</sup>,c<sup>v</sup>,c<sup>vii</sup>,e<sup>viii</sup>] = 1+1+0 = 2 of the Required 20 Patient Sample Reported

### Performance Algorithms

#### Measure 130

Performance Met (2) =  $\frac{2}{3} = 66.67\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (0)

#### Measure 191

Performance Met (1) =  $\frac{1}{1} = 100.00\%$   
Reported QDC for eligible patient (1)

#### Measure 192

Performance Met (1) =  $\frac{1}{2} = 50.00\%$   
Reported QDC for eligible patient (2)

#### Measure 226

Performance Met (3) =  $\frac{3}{3} = 100.00\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (0)

#### Measure 303

Performance Met (1) =  $\frac{1}{2} = 50.00\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (1)

#### Measure 304

Performance Met (1) =  $\frac{1}{3} = 33.33\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (0)

#### Measure 388

Performance Met (1) =  $\frac{1}{2} = 50.00\%$   
Reported QDC for eligible patient (2)

#### Measure 389

Performance Met (2) =  $\frac{2}{2} = 100.00\%$   
Reported QDC for eligible patient (2)

\*\*Measures #191 and #192 and #389 need only be reported when the patient also has a diagnosis of uncomplicated cataract. Refer to the measure specification for specific codes indicating a diagnosis of uncomplicated cataract for each of these three measures.

\*\*\*Measures #192 and #388 are inverse measures and a lower performance rate indicates better clinical care or control.

\*\*\*\*For Measure #388 do not include cases with preoperative posterior capsule rupture.

<sup>^</sup>Reporting of all measures contained in measures group, per eligible patient, equals one.

## **Measures Group (MG) Flow Cataracts**

Please refer to the specific section of the 2015 PQRS Measures Groups Specifications Manual to identify specific coding and instructions to report the Cataracts Measures Group Patient Sample Criteria (denominator), individual measures, and numerator options information for use in reporting this Measures Group.

1. Start with G8906 Intent G-code if Utilized
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age at Date of Service equals Yes, proceed to check Procedure Codes as Listed in the MG Patient Sample Criteria.
3. Check Procedure Codes:
  - a. If Procedure as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population. Stop Processing.
  - b. If Procedure as Listed in the MG Patient Sample Criteria equals Yes, continue to Procedure Does Not Include Modifier 55 OR 56.
  - c. If Procedure Does Not Include Modifier 55 OR 56 equals No, do not include in Eligible Population. Stop Processing.
  - d. If Procedure Does Not Include Modifier 55 OR 56 equals Yes, continue to Procedure Date of Service 1/1/2015 thru 9/30/2015
  - e. If Procedure Date of Service 1/1/2015 thru 9/30/2015 equals No, do not include in Eligible Population. Stop Processing.
  - f. If Procedure Date of Service 1/1/2015 thru 9/30/2015 equals Yes, include in the Eligible Population/Denominator.
4. Denominator Population
  - a. Include in Eligible Population/Denominator is all eligible patients who meet the Patient Sample Criteria (denominator) for the Measures Group. For each measure within the measures group each numerator option is represented by a letter which is used in the Scenarios for Reporting and Performance Algorithms at the end of this document.
5. Start Numerator Options for Measures within the Measures Group
6. Composite Quality Data Code (QDC) G8765 has been created for registries that utilize claims data. This QDC may be reported in lieu of individual QDCs when all quality clinical actions for all applicable measures within the group have been performed for this patient.
7. Measure 130
  - a. Numerator option Performance Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>i</sup>.
  - b. Numerator option Performance Exclusion is represented by letter b<sup>i</sup>.
  - c. Numerator option Performance Not Met is represented by letter c<sup>i</sup>.

- d. Numerator option Not Reported is represented by letter d<sup>i</sup>.
8. Measure 191
- d. Measures #191 only needs to be reported when the patient also has a diagnosis of uncomplicated cataract. When measure #191 is Not Applicable it is represented by letter e<sup>ii</sup> in the Scenarios for Reporting Algorithms.
  - e. Numerator option Performance Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>ii</sup>.
  - f. Numerator option Performance Not Met is represented by letter c<sup>ii</sup>.
  - e. Numerator option Not Reported is represented by letter d<sup>ii</sup>.
9. Measure 192
- a. Measures #192 only needs to be reported when the patient also has a diagnosis of uncomplicated cataract. When measure #192 is Not Applicable it is represented by letter e<sup>iii</sup> in the Scenarios for Reporting Algorithms.
  - b. Measure #192 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
  - c. Performance Met is represented by letter a<sup>iii</sup>.
  - d. Numerator option Performance Not Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Not Met is represented by letter c<sup>iii</sup>.
  - f. Numerator option Not Reported is represented by letter d<sup>iii</sup>.
10. Measure 226
- a. Numerator option Performance Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>iv</sup>.
  - b. Numerator option Performance Exclusion is represented by letter b<sup>iv</sup>.
  - c. Numerator option Performance Not Met is represented by letter c<sup>iv</sup>.
  - d. Numerator option Not Reported is represented by letter d<sup>iv</sup>.
11. Measure 303
- a. Numerator option Performance Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>v</sup>.
  - b. Numerator option Performance Exclusion is represented by letter b<sup>v</sup>.
  - c. Numerator option Performance Not Met is represented by letter c<sup>v</sup>.
  - d. Numerator option Not Reported is represented by letter d<sup>v</sup>.
12. Measure 304
- a. Numerator option Performance Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vi</sup>.
  - b. Numerator option Performance Exclusion is represented by letter b<sup>vi</sup>.
  - c. Numerator option Performance Not Met is represented by letter c<sup>vi</sup>.
  - d. Numerator option Not Reported is represented by letter d<sup>vi</sup>.
13. Measure 388

- a. For Measure #388 do not include cases with preoperative posterior capsule rupture. When measure #388 is Not Applicable it is represented by letter e<sup>vii</sup> in the Scenarios for Reporting Algorithms.
- b. Measure #388 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
- c. Numerator option Performance Met is represented by letter a<sup>vii</sup>.
- d. Numerator option Performance Not Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Not Met is represented by letter c<sup>vii</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>vii</sup>.

#### 14. Measure 389

- a. Measures #389 only needs to be reported when the patient also has a diagnosis of uncomplicated cataract. When measure #389 is Not Applicable it is represented by letter e<sup>viii</sup> in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8765 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>viii</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>viii</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>viii</sup>.

#### 15. Scenarios for Reporting and Performance Algorithms

#### 16. Patient X with Uncomplicated Cataract

- a. Patient X Met Measure 130 (represented by a<sup>i</sup>)
- b. Patient X Met Measure 191 (represented by a<sup>ii</sup>)
- c. Patient X Met Measure 192 (represented by a<sup>iii</sup>)
- d. Patient X Met Measure 226 (represented by a<sup>iv</sup>)
- e. Patient X Exclusion Reported for Measure 303 (represented by b<sup>v</sup>)
- f. Patient X Met Measure 304 (represented by a<sup>vi</sup>)
- g. Patient X Met Measure 388 (represented by a<sup>vii</sup>)
- h. Patient X Met Measure 389 (represented by a<sup>viii</sup>)

#### 17. Patient Y with Complicated Cataract

- a. Patient Y Met 130 (represented by a<sup>i</sup>)
- b. Patient Y Not Applicable for Measure 191 (represented by e<sup>ii</sup>)
- c. Patient Y Not Applicable for Measure 192 (represented by e<sup>iii</sup>)
- d. Patient Y Met Measure 226 (represented by a<sup>iv</sup>)
- e. Patient Y Met Measure 303 (represented by a<sup>v</sup>)
- f. Patient Y Not Met but Reported Measure 304 (represented by c<sup>vi</sup>)
- g. Patient Y Not Met but Reported Measure 388 (represented by c<sup>vii</sup>)
- h. Patient Y Not Applicable for Measure 389 (represented by e<sup>viii</sup>)

#### 18. Patient Z with Preoperative Posterior Capsule Rupture

- a. Patient Z Not Met but Reported Measure 130 (represented by c<sup>i</sup>)
- b. Patient Z did Not Report Measure 191 (represented by d<sup>ii</sup>)
- c. Patient Z Y Not Met but Reported Measure 192 (represented by c<sup>iii</sup>)
- d. Patient Z Met Measure 226 (represented by a<sup>iv</sup>)
- e. Patient Z Not Met but Reported Measure 303 (represented by c<sup>v</sup>)
- f. Patient Z Not Met but Reported Measure 304 (represented by c<sup>vi</sup>)

- g. Patient Z Not Applicable for Measure 388 (represented by e<sup>vii</sup>)
- h. Patient Z Met Measure 389 (represented by a<sup>viii</sup>)

19. Reporting Algorithm

- a. Reporting of all applicable measures contained in the measures group, per eligible patient, equals one
- b. Patient X Reporting equals 1 Plus Patient Y Reporting equals 1 Plus Patient Z Reporting equals 0 for a total of 2 of the Required 20 Patient Sample Reported

20. Performance Algorithms

21. Measure 130

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

22. Measure 191

- a. Performance Met equals 1 divided by Reported QDC for 1 eligible patient equals 100% Performance Rate

23. Measure 192

- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate

24. Measure 226

- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

25. Measure 303

- a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 50% Performance Rate

26. Measure 304

- a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 33.33% Performance Rate

27. Measure 388

- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate

28. Measure 389

- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate