Health Benchmarks®
Clinical Quality Indicator Specification 2008

Client: HEALTH BENCHMARKS, INC. STANDARD ALGORITHM Implemented for Blue Cross Blue Shield of Texas

Measure Title: ANNUAL VISUAL FIELD TESTS FOR PATIENTS WITH GLAUCOMA

Disease State: Glaucoma

Indicator Classification: Disease Management

Strength of Recommendation: B

Organizations Providing Recommendation: American Academy of Ophthalmology

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

Physician Specialties: Ophthalmology

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 2.22 million people in the United States. This number is projected to increase to 3.36 million by 2020.[1-3]
- POAG is the second most common cause of legal blindness in the United States.[4]

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.[5-9]

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, no well designed trials have specifically evaluated if routine visual field testing alone is associated with slower disease progression.[6, 7, 10-14]
- Several trials have demonstrated that lowering intraocular pressure reduces the risk of visual loss in patients with primary open angle glaucoma.[15-20]
- 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.[21] Elevated intraocular pressure is considered to be the most important risk-factor for developing primary open-angle glaucoma (POAG).[22]

**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, receive visual field evaluations **within 12 months**. For those with less than six months of control, 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.[23, 24]

**Source**
Health Benchmarks, Inc

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

**Denominator Codes**
Glaucoma
ICD-9 diagnosis code(s): 365.1x-365.9x, 377.14

**Denominator Exclusion Definition**
N/A

**Denominator Exclusion Codes**
N/A

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

**Numerator Codes**
Visual Field Test or Optic Nerve Evaluation
CPT-4 code(s): 92081-92083

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

**References**

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