



IMPROVING HEALTH CARE QUALITY

Primary Open-Angle Glaucoma

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Primary Open-Angle Glaucoma (POAG) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 18 and older with a diagnosis of primary open-angle who had an optic nerve head evaluation during one or more office visits within 12 months.

POAG is a National Quality Forum (NQF) measure. See the [NQF website](#) for more details.

Why It Matters

Primary open-angle glaucoma often has no early symptoms. Without correction, this condition can lead to vision loss and blindness. By regularly examining the optic nerve head, providers can help catch the disease early. Learn more from the [Centers for Disease Control and Prevention](#).



Eligible Population

Members ages 18 and older with a diagnosis of primary open-angle glaucoma are included in this measure.

Exclusions: Members are excluded from this measure if documentation includes the medical reasons for not performing an optic nerve head evaluation.

Tips to Consider

- Code visits correctly.
- Submit claims in a timely manner.

How to Document

POAG codes may be submitted for those registries that use claims data.

For more information, see NQF's [Measuring Performance](#).



Questions?

Contact your BCBSTX Network Representative.



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.