Measure Information: Unplanned Anterior Vitrectomy

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Outcome</th>
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<tr>
<td>Intent</td>
<td>To determine the number of cataract surgery patients who have an unplanned anterior vitrectomy.</td>
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| Numerator/Denominator | Numerator: All cataract surgery patients who had an unplanned anterior vitrectomy  
Denominator: All cataract surgery patients |
| Inclusions/Exclusions | Numerator Exclusions: None  
Denominator Exclusions: None |
| Data Sources       | ASC medical records, incident/occurrence reports and variance reports are potential data sources |
| Definitions        | Cataract surgery: for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)  
Unplanned anterior vitrectomy: an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC |

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Rationale
The need for unplanned anterior vitrectomy is an unanticipated event that can decrease the probability of good postoperative visual acuity, and generally result in worse long-term outcome after cataract surgery. Because cataract surgery is the most common surgery performed in ASCs, with millions being performed every year, even low unplanned anterior vitrectomy rates translate to relatively high total numbers of affected patients. ASCs can help keep rates low by tracking and comparing rates to established benchmarks, and facilitating mentoring as needed.

Clinical Practice Guidelines
No clinical practice guidelines addressing unplanned anterior vitrectomy in cataract surgery are available at this time. However, rates of unplanned anterior vitrectomy have been published in the clinical literature, and can serve as comparative benchmarks of performance.

Frequently Asked Questions for Unplanned Anterior Vitrectomy
One of our cataract surgery patients was also scheduled for an anterior vitrectomy. Should this patient be counted?
No, only patients who had an unplanned anterior vitrectomy should be counted.

Do we count all our patients who are having some kind of intraocular surgery?
No, only cataract surgery patients should be included in the denominator.

How could a facility benefit from this measure?
If unplanned anterior vitrectomies are determined to be at a level higher than expected, ASCs could facilitate mentoring within their facility.

How do I collect data for this measure?
A sample data collection tool is available in Appendix B.

References


### Unplanned Anterior Vitrectomy

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Identification Number</th>
<th>Date of Birth</th>
<th>Gender (M or F)</th>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Physician Name</td>
<td>Date of Service</td>
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**Measure Data Collection**

**Step 1** Determine if the patient is eligible for this measure by answering the question below.

**Did the patient undergo cataract surgery (CPT 66982, 66983, or 66984)?**

- Yes □
- No □

If **Yes**, proceed to the next step.

If **No**, **STOP**. The patient is not eligible for this measure.

**Step 2** Determine if the patient experienced the outcome described by this measure by answering the question below.

**Did the patient experience an unplanned anterior vitrectomy?**

- Yes □
- No □

If **Yes**, the outcome should be reported.

If **No**, **STOP**. The patient did not experience the outcome described by this measure.

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* For purposes of this measure, an unplanned anterior vitrectomy is an anterior vitrectomy that was not scheduled at the time of the patient’s admission to the ASC.