Commercial	Exchange	Medicare
✓	✓	✓

Eye exam for patients with diabetes (EED)[1]

EFFECTIVENESS OF CARE HEDIS® MEASURE

If left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations, and premature death.[2] Proper diabetes management will reduce the risk of these complications. According to the American Diabetes Association, approximately 225,000 Iowans and 52,000 South Dakotans have been diagnosed with diabetes, and an additional 34 percent of residents have prediabetes.

What we measure

The percentage of members 18–75 years of age with diabetes (Type 1 and 2) who had a retinal eye exam.

- Members with **any** type of retinopathy need to be screened annually.
- Members who remain free of retinopathy may be screened every other year.

Information to include in patient medical records

- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist). Document the date the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and one of the following:
  - Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
  - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
  - Evidence that the patient had bilateral eye enucleation or acquired absence of both eyes.
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the past two years

Coding of primary care practitioners

Retinal eye exam results: When results are received from an eye care professional, or the patient reports an eye exam, submit the results on a $0.01 claim with the appropriate CPT® II code for HEDIS compliance:

CPT II Codes	Retinal Eye Exam Findings
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy; no evidence of retinopathy in the prior year (use only if the eye exam was completed in the prior measure year

Coding for eye professional

Retinal eye exam results: When results are received from an eye care professional, or the patient reports an eye exam, submit the results on a $0.01 claim with the appropriate CPT® II code for HEDIS compliance:

CPT II Codes	Retinal Eye Exam Findings
67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242- 99245 **HCPCS Codes: S0620, S0621, S3000**	**Diabetic retinal screening:** billed by an eye care professional (optometrist or ophthalmologist) during the measurement year.
92229	**Automated eye exam:** billed by any provider type during the measurement year.
2022F, 2024F, 2026F	**Eye exam with evidence of retinopathy:** billed by any provider during the measurement year.
2023F, 2025F, 2033F	**Eye exam without evidence of retinopathy:** billed by any provider during the measurement year.
3072F	**Diabetic retinal screening negative in prior year:** billed by any provider during the measurement year.
65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	**Unilateral eye enucleation:** two unilateral eye enucleations with service dates 14 days or more apart.

Tips for success

- Refer patients to an optometrist or ophthalmologist for an annual dilated retinal eye exam, make sure they know the patient is diabetic.
- Request a copy of the report from the eye examination.
- Consider the use of a retinal imaging device in your practice. **Results must be interpreted by an optometrist or ophthalmologist.**

Tips for talking with patients

- Explain why retinal eye exams are different than a screening for glasses or contacts and the importance of the screening.
- Review diabetic services needed at each office visit.

Exclusions

Patients are excluded if they:

- Received hospice or palliative care during the measurement year.
- Have gestational diabetes, steroid-induced diabetes, or polycystic ovarian syndrome **without** a diagnosis of diabetes.
- Are 66 years of age and older with a frailty diagnosis **and** advanced illness.
- Have Medicare and are 66 years of age or older who are enrolled in Institutional Special Needs Plan (I-SNP) or living long term in an institution any time during the measurement year.

Note: *blindness is not an exclusion for diabetic eye exam. It is difficult to distinguish between individuals who are legally blind and require a retinal eye exam and those who are completely blind and do not require an exam.*

[1] *Content reproduced with permission from HEDIS® MY2023, Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). To purchase copies of the publication, including the full measures and specifications, visit ncqa.org/publications.*

[2] *https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/ accessed 6/20/2022*

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