

Comprehensive Diabetes Care (CDC): Retinal Exam

Patient Profile

MVP members 18–75 years of age with Diabetes (Type 1 and Type 2) and who have had a screening or monitoring for diabetic retinal disease, as evidenced by one of the following:

- A retinal or dilated eye exam by an eye care professional (Ophthalmologist or Optometrist) during the current year.
- A negative retinal or dilated eye exam by an eye care professional in the year prior (negative for retinopathy).
- Bilateral eye enucleation anytime during the member’s history; through December 31 of the measurement year.

Note: To identify members with diabetes, you need claim/encounter data and pharmacy data. Refer to Diabetes Medications Table listed below.

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	Acarbose	Miglitol	
Amylin analogs	Pramlintide		
Antidiabetic combinations	Alogliptin-metformin Metformin-pioglitazone Metformin-saxagliptin Glyburide-metformin Canagliflozin-metformin	Empagliflozin-metformin Metformin-repaglinide Metformin-sitagliptin Linagliptin-metformin Dapagliflozin-metformin	Glimepiride-pioglitazone Metformin-rosiglitazone Glipizide-metformin Alogliptin-pioglitazone Empagliflozin-linagliptin
Insulin	Insulin aspart Insulin regular human Insulin human inhaled Insulin degludec Insulin glulisine	Insulin isophane human Insulin aspart-insulin aspart protamine Insulin lispro-insulin lispro protamine Insulin detemir Insulin isophane-inslin regular	Insulin lispro Insulin glargine
Meglitinides	Nateglinide	Repaglinide	
Glucagon-like peptide 1 (GLP1) agonist	Dulaglutide Exenatide	Liraglutide (excluding Saxenda®) Albiglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin	Empagliflozin	
Sulfonylureas	Chlorpropamide Glyburide	Glimepiride Tolazamide	Glipizide Tolbutamide
Thiazolidinediones	Pioglitazone	Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Saxagliptin	Linagliptin Sitagliptin	

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

For information on medications covered by MVP, see the MVP Medicaid Drug Formulary available by visiting mvphealthcare.com and selecting *Providers*, then *Pharmacy*, then *MVP Formularies*.

Exclude members who, during the measurement year meet any of the following:

- Taking dementia medications such as Donepezil, Galantamine, Rivastigmine, Memantine, and Donepezil-memantine
- Evidence of Palliative or Hospice Care services
- Members who are 66 years old and older as of 12/31 who are enrolled in an Institutional Special Needs Plan or living long-term in an institution
- Members age 66 or older with frailty and advanced illness
- Members **who do not have** a diagnosis of diabetes or has gestational or steroid induced diabetes



How to Implement Best Practices and Improve Performance

- Members need at least one acute inpatient encounter with a diagnosis of diabetes or two outpatient visits, observation visits, ED visits, or non-inpatient encounters on different dates of service with a diagnosis of diabetes. The visit types do not need to be the same.
- At a minimum, a chart notation is required to indicate the exam was performed by an eye care professional (an optometrist or ophthalmologist). The date and the result must be present in the medical record.
- Eye exam results read by a system that provides an artificial intelligence (AI) interpretation meets criteria for this measure.
- A chart or photograph indicating the date when fundus photography was performed and evidence that an eye care professional reviewed the results.
- Evidence that the patient has bilateral eye enucleation or acquired absence of both eyes prior to December 31 of the calendar year.
- Documentation of a negative retinal or dilated eye exam by an eye care professional in the year prior, where results indicate retinopathy was not present. Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a retinal exam by an eye care professional and that retinopathy was not present.
- Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.
- Consider the use of a retinal imaging device in your practice to improve rates. Results must be interpreted by an eye care professional (Ophthalmologist or Optometrist) to qualify (refer to the Comprehensive Diabetes Care: Retinal Exam Using Funduscopy reference guide).
- Remember to check for, and address, delinquent screenings during each visit.
- Refer members to an eye care professional for a retinal eye exam annually.
- Make use of the *Eye Care Consultation for Diabetic Patients Form*, and request that exam results be returned to you from the eye care professional. You can download this form by visiting mvphealthcare.com and selecting *Providers*, then *Quality Programs*, then *Provider Quality Improvement Manual*, then *Diabetes*, then *Supporting Tools for Clinicians*.
- Obtain the eye exam report from the Ophthalmic provider and place it in the patient's medical record.
- Utilize the *MVP Gaps in Care Report (GIC)* for a list of all MVP members still in need of screening.
- Consider the use of a medical record flagging system to alert you to screenings that are overdue.
- Submit all exam results to your local Regional Health Information Organization (RHIO).
- Note that blindness is not an exclusion for the diabetic retinal screening because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

Scheduling Staff Best Practices

- Schedule diabetic eye exams with an Ophthalmologist or Optometrist for patients upon check-out.
- Provide patients with a *Eye Care Consultation for Diabetic Patients Form* that they can bring to the eye care professional, and request that the results be sent to your office. You can download this form by visiting mvphealthcare.com and selecting *Providers*, then *Quality Programs*, then *Provider Quality Improvement Manual*, then *Diabetes*, then *Supporting Tools for Clinicians*.

Information related to all 2021 HEDIS measures has been extracted from the NCQA 2021 HEDIS Technical Specifications Volume 2.

2021 Coding for Comprehensive Diabetes Care (CDC): Retinal Exam

Codes for CDC-Eye	Use of these codes will make the member a pass for CDC-Eye
Acute Inpatient with Diagnosis of Diabetes and without Telehealth Modifier	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291
	SNOMED CT US: Multiple codes including, but not limited to 417005, 1505002, 2252009, 2876009, 4563007, 5161006, 8715000, 10378005, 25986004, 32485007, 45702004, 52748007, 60059000, 73607007, 81672003, 183512006, 235313004, 304566005, 398162007, 405614004, 699124006, 3241000175106, 432621000124105, 448851000124103
Bilateral Modifier	CPT: 50
Diabetes	ICD-10 CM: Multiple codes in E10.10 through O24.83 code values.
	SNOMED CT US: Over 200 codes including, but not limited to 2751001, 4783006, 4855003, 5969009, 8801005, 9859006, 19378003, 23045005, 24203005, 25412000, 26298008, 28032008, 33559001, 35777006, 38205001, 39058009, 39127005, 39181008, 42954008, 44054006, 46635009, 48951005, 49455004, 50620007, 51002006, 57886004, 59079001, 59276001, 63510008, 368521000119107, 368581000119106, 368711000119106, 368721000119104, 368741000119105, 10754881000119104, 530558861000132104
Diabetes Mellitus Without Complications	ICD-10 CM: E10.9, E11.9, E13.9
	SNOMED CT US: 111552007, 190412005, 313435000, 313436004, 1481000119100, 31321000119102
Diabetic Retinal Screening	CPT: 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67112-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018-92020, 92134, 92201, 92202 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
	HCPCS: S0620-S0621, S3000
	SNOMED CT US: 6615001, 252779009, 252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 274795007, 274798009, 308110009, 314971001, 314972008, 410451008, 410452001, 410453006, 410455004, 420213007, 425816006, 427478009, 722161008,
Diabetic Retinal Screening Negative in the Prior Year	CPT-CAT-II: 3072F
ED	CPT: 99281-99285
	SNOMED CT US: 4525004
	UB Rev: 0450-0452, 0456, 0459, 0981
Eye Exam with Evidence of Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye exam without Evidence of Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F

2021 Coding for Comprehensive Diabetes Care (CDC): Retinal Exam

Inpatient Stay	UB Rev: 0164, 0167, 0179, 0219, 0100-1, 0110-14, 0116-24, 0126-34, 0136-44, 0146-54, 0156-60, 0169-74, 0190-94, 0199-0204, 0206-14, 1000-2
Nonacute Inpatient With a Diagnosis of Diabetes	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337 SNOMED CT US: 36723004, 112690009, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100
Observation	CPT: 99217-99220
Online Assessment	CPT: 98969-72, 99421-23, 99444, 99457 HCPCS Codes: G0071, G2010, G2012, G2061-63
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456, 99483 HCPCS: G0402, G0438-G0439, G0463, T1015 SNOMED CT US: 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105 UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983
Telehealth Modifier	CPT Modifier: 95, GT
Telehealth POS	POS: 02
Telephone Visit	CPT: 98966, 98967, 98968, 994441-99443 SNOMED CT US: 185317003, 314849005, 386472008, 386473003, 401267002
Unilateral Eye Enucleation	CPT: 65091-65093, 65101, 65103, 65105, 65110, 65112, 65114 SNOMED CT US: 59590004, 172132001, 205336009, 397800002, 397994004, 398031005
Unilateral Eye Enucleation Left	ICD-10 PCS: 08T1XZZ
Unilateral Eye Enucleation Right	ICD-10 PCS: 08T0XZZ
Exclusion from CDC-Eye	Use of these codes will exclude member from CDC-Eye
Acute Inpatient if Diagnosed with Advanced Illness	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291 SNOMED CT US: Multiple codes including, but not limited to, 417005, 1505002, 2252009, 4563007, 5161006, 8715000, 19951005, 25986004, 32485007, 45702004, 52748007, 60059000, 78680009, 81672003, 183512006, 235313004, 398162007, 405614004, 699124006, 3241000175106, 432621000124105, 448851000124103
Advanced Illness (either inpatient or any outpatient setting including e-visits, virtual check-ins, telehealth visits, or telephone visits will exclude members)	Over 1700 Codes Ranging From: ICD-10: A81.00, A81.01, A81.09, C25.0-C25.4, C25.7-C25.9, C71.1-C71.9, C77.0-C77.5, C77.8, C77.9, C78.00-C78.02, C78.1, C78.2, C78.30, C78.39, C78.5-C78.7, C78.80, C78.89, C79.00-C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.60, C79.70, C79.81, C79.9, C91.00-C91.02, C92.00, C93.00-C94.32, f01.50-F10.97, G10-G31.83, I.09.81-I50.9, J43.0-98.3, K70.10-K74.69, L89.000-89.96, N18.5, N18.6
Dementia	ICD-10 CM: F01.50-F01.51, F02.80-F02.81, F03.90-F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0-G30.1, G30.8-G30.9, G31.83 SNOMED CT US: Multiple codes including, but not limited to 4817008, 6475002, 9345005, 10349009, 26929004, 32875003, 51928006, 59651006, 62239001, 70936005, 82959004, 90099008, 111480006, 191449005, 278857002, 312991009, 429998004, 442344002, 698624003, 788899002, 1581000119101, 22381000119105, 31081000119101, 79341000119107, 82361000119107, 97751000119108, 101421000119107, 142011000119109, 288631000119104, 428051000124108, 430771000124100, 16219201000119101, 16276361000119109

2021 Coding for Comprehensive Diabetes Care (CDC): Retinal Exam

	Over 200 Codes Ranging From: ICD-10 CM: E08.00-E08.9, E09.01-E09.9, O24.410-024.93
Diabetes Exclusions	SNOMED CT US: 5368009, 11687002, 46894009, 75022004, 190416008, 190437000, 190447002, 303059007, 372048000, 408540003, 413183008, 721286008, 40791000119105, 40801000119106, 367261000119100, 367391000119102, 10753491000119101
Frailty Device	HCPCS: E0100, E0105, E0130, E0135, E0140-E0141, E0143-E0144, E0147-E0149, E0163, E0165, E0167-E0168, E0170-E0171, E0250-E0251, E0255-E0256, E0260-E0261, E0265-E0266, E0270, E0290-E0297, E0301-E0304, E0424-E0425, E0430-E0431, E0433-E0435, E0439-E0444, E0462, E0465-E0466, E0470-E0472, E0561-E0562, E1130, E1140, E1150, E1160-E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298
Frailty Diagnosis	ICD-10 CM: Over 200 codes ranging from L89.000-L89.029, L89.100-L89.150, L89.200-L89.229, L89.300-L89.329, L89.40-L89.46, L89.500-L89.529, L89.600-L89.629, L89.810-L89.899, L89.90-L89.96, M62.50, M62.81, M62.84, W01.0XXA, W01.0XXD-W18.30XS SNOMED CT US: 74 codes including, but not limited to 16728003, 52702003, 129588001, 214437002, 217157004, 823018004, 1063715100011910
Frailty Encounter	CPT: 99504, 99509 HCPCS: G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000-5, T1019-22, T1030-31
Frailty Symptom	ICD-10 CM: R26.0-R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64 SNOMED CT US: 135 codes including, but not limited to 4468000, 26544005, 78691002, 160684002, 162239000, 224960004, 250033003, 262285001, 272036004, 784318009, 16419651000119103
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46 SNOMED CT US: 183919006, 183920000, 183921001, 350336008, 305911006 UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78 HCPCS: G08182 SNOMED CT US: 170935008, 170936009, 385763009
Nonacute Inpatient Stay	UB Rev: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002 UBTOB: 0650, 0660, 0667, 0668, 0860, 0180-5, 0187-8, 018F-K, 018M, 018O, 018X, 018Y-Z, 0210-5, 0217-8, 021F-K, 021M, 021O, 021X-Z, 0220-5, 0227-8, 022F-K, 022M, 022O, 022X-Z, 0280-5, 0287-9, 028F-K, 028M, 028O, 028X-Z, 0652-5, 0657-8, 065F-K, 065M, 065O, 065X-Z, 0662-5, 066F-K, 066M, 066O, 066X-Z, 0862-5, 0867-8, 086F-K, 086M, 086O, 086X-Z
Palliative Care Assessment	SNOMED CT US: 718973001, 718974007-718976009, 761865002, 761866001, 761867005, 457511000124100
Palliative Encounter	HCPCS: G9054, M1017 ICD-10 CM: Z51.5 SNOMED CT US: 305284002, 305381007, 305686008, 305824005, 441874000, 713281006, 4901000124101
Palliative Intervention	SNOMED CT US: 103735009, 105402000, 395669003, 395670002, 395694002, 395695001, 443761007, 1841000124106, 433181000124107