

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 diabetic or hypertensive retinopathy).
- Bilateral eye enucleation anytime during the member's history; on the same or different DOS.

Refer to the *Comprehensive Diabetes Care (CDC) Overview* Tip Sheet for exclusions to this sub-measure.



How to Implement Best Practices and Improve Performance

- 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.
- 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.
- 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 (GAC)* 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 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Billing Codes

CPT Codes

Diabetic Retinal Screening

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, 92019, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245

Unilateral Eye Enucleation

65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

CPT II Codes

Dilated Retinal Eye Exam with Interpretation by an Ophthalmologist or Optometrist documented and reviewed

2022F

Seven Standard Field Stereoscope Photos with Interpretation by an Ophthalmologist or Optometrist documented and reviewed

2024F, 2026F

Low Risk for Retinopathy (no evidence of retinopathy in the prior year) (DM)

3072F

HCPCS Codes

Routine Ophthalmological examination including refraction; new patient

S0620

Routine Ophthalmological examination including refraction; established patient

S0621

Diabetic Indicator; retinal eye exam, dilated, bilateral

S3000