



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Comprehensive diabetes care – Retinal eye exam

This measure examines the percentage of adults ages 18 to 75 with diabetes (Type 1 and Type 2) who had a retinal eye exam to screen for diabetic retinal disease. The frequency of the exam is determined by the results.

Qualifying eye exams include one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the current year  
**or**
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the current year  
**or**
- Unilateral eye enucleation anytime during the member's history performed by the end of the current year (i.e., Dec. 31)

### Helpful HEDIS hints

#### Documentation

One of the following is required:

- A note or letter from ophthalmologist, optometrist, primary care physician or other health care professional, stating that the ophthalmoscopic exam was completed by an eye care professional and include the date and result of the exam
- A chart or retinal photograph indicating the date that fundus photography was performed and evidence of the test being read by an eye care professional or a qualified reading center operating under the direction of a medical director who is a retinal specialist
- Documentation of a negative retinal or dilated exam by eye care professional in the year prior to the current year, stating "retinopathy not present" or "normal findings" on dilated or retinal eye exam

**Note:** Blindness is not an exclusion for a diabetic eye exam due to difficulties distinguishing "legally blind" individuals who still need an exam from those "completely blind" who don't. Also, hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting the eye exam indicator.

### Did you know?

- Diabetic retinopathy is the leading cause of blindness in U.S. adults.
- Controlling blood sugar, blood pressure and lipids reduces the risk of developing diabetic retinal disease.
- Early diagnosis and treatment of diabetic retinal disease can prevent blindness.
- Up to 50 percent of patients don't receive proper screening for eye disease or receive it too late for treatment to be effective.

*continued*

## Frequently asked questions

### Q. What should I do if my patient doesn't have vision insurance?

A. Diabetic eye exams are covered under the patient's medical insurance and may be subject to copays and deductibles.

### Q. If my patient had a negative dilated retinal eye exam last calendar year, do they need another one this year?

A. No. As long as there is documentation of a negative exam, the date of the exam and documentation that the exam was done by an eye care professional, then they don't need an exam this calendar year. For example, if your patient had a negative exam in 2017 — and the exam is properly documented — then they won't need one again until 2019.

### Q. How do I code for retinal eye exams?

A. It differs based on the type of provider you are. Following are all the procedure codes related to retinal eye exams:

#### **Codes for primary care physicians and eye care professionals:**

S0620, S0621, S3000, 3072F, \*2022F, \*2024F, \*2026F

#### **Codes for eye care professionals only:**

\*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, \*92019, \*92134, \*92225, \*92226, \*92227, \*92228, \*92230, \*92235, \*92240, \*92250, \*92260, \*99203 –\*99205, \*99213–\*99215, \*99242–\*99245

For more information on codes and coding descriptions, refer to the current CPT and HCPCS guides.

*\*CPT codes, descriptions and two-digit numeric modifiers only are copyright of the 2017 American Medical Association. All rights reserved.*

*HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance, or NCQA.*

No portion of this document may be copied without the express written permission of Blue Cross Blue Shield of Michigan, except that BCBSM participating health care providers may make copies for their personal use. In no event may any portion of this publication be copied or reprinted and used for commercial purposes by any party other than BCBSM. None of the information included herein is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

This measure applies to both commercial and Medicare members.