# Eye Exam for Patients With Diabetes (EED)

## New for 2023

**Added**

- A direct reference code, Z51.5, for an encounter for palliative care
- Frailty exclusion now requires 2 different dates of service during the measurement year

**Updated**

- Members who died during the measurement year is now a required exclusion

**Clarified**

- An eye exam result listed as 'unknown' is considered non-compliant

**Yes!**
Supplemental Data Accepted

## Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had any one of the following:

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
- Bilateral eye enucleations any time during their history through Dec. 31 of the measurement year

| Plan(s) Affected | Quality Program(s) Affected | Collection and Reporting Method |
|---|---|---|
| • Commercial<br>• Exchange/Marketplace<br>• Medicaid<br>• Medicare | • CMS Star Ratings<br>• CMS Quality Rating System<br>• NCQA Accreditation<br>• NCQA Health Plan Ratings | **Hybrid**<br>• Claim/Encounter Data<br>• Medical Record Documentation |

## Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice

**Category 1 Coding Criteria: Any Provider**
Eye Exam with Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set or Automated Eye Exam Value Set **billed** by **ANY PROVIDER** during MY

Eye Exam without Evidence of Retinopathy Value Set **billed** by **ANY PROVIDER** during PY

| Diabetic Eye Exam without Evidence of Retinopathy in Prior Year | |
|---|---|
| **CPT®/CPT II** | 3072F |

| Diabetic Eye Exam without Evidence of Retinopathy | |
|---|---|
| **CPT®/CPT II** | 2023F, 2025F, 2033F |

| Diabetic Eye Exam with Evidence of Retinopathy | |
|---|---|
| **CPT®/CPT II** | 2022F, 2024F, 2026F |

| Automated Eye Exam (Imaging of retina) | |
|---|---|
| **CPT®/CPT II** | 92229 |

(Codes continued)

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## Codes (continued)

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

**Category 2 Coding Criteria: Eye Care Professional**

Diabetic Retinal Screening Value Set billed by an **EYE CARE PROFESSIONAL** during MY

Diabetic Retinal Screening Value Set billed by an **EYE CARE PROFESSIONAL** during PY ***with*** a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set)

| Diabetic Eye Exam | |
|---|---|
| **CPT®/CPT II** | 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 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, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 |
| **HCPCS** | S0620, S0621, S3000 |
| **SNOMED** | 274795007, 274798009, 308110009, 314971001, 314972008, 410451008, 410452001, 410453006, 410455004, 425816006, 427478009, 722161008 |

| Diabetes Mellitus without Complications | |
|---|---|
| **ICD-10 Diagnosis** | E10.9, E11.9, E13.9 |
| **SNOMED** | 111552007, 190412005, 313435000, 313436004, 1481000119100, 31321000119102 |

| Unilateral Eye Enucleation | |
|---|---|
| **CPT®/CPT II** | 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 |
| **SNOMED** | 59590004, 172132001, 205336009, 397800002, 397994004, 398031005 |

| Unilateral Eye Enucleation – Left | |
|---|---|
| **ICD-10 Procedure** | 08T1XZZ |

| Unilateral Eye Enucleation – Right | |
|---|---|
| **ICD-10 Procedure** | 08T0XZZ |

| Bilateral Modifier | |
|---|---|
| **CPT Modifier** | 50 |

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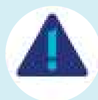
## Required Exclusion(s)

| Exclusion | Timeframe |
|---|---|
| • Members in hospice or using hospice services<br>• Members receiving palliative care<br>• Members who died<br>• Medicare members ages 66 and older as of December 31 of the measurement year who are either:<br>– Enrolled in an Institutional Special Needs Plan (I-SNP)<br>– Living long term in an institution* | Any time during the measurement year |
| Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes | During the measurement year or year prior |
| Members ages 66 and older as of December 31 of the measurement year who had at least 2 diagnoses of frailty on different dates of service and advanced illness.* Advanced illness is indicated by one of the following:<br>• Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness<br>• One or more acute inpatient encounter(s) with a diagnosis of advanced illness<br>• One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim<br>• Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine | **Frailty** diagnoses must be in the measurement year and on different dates of service<br>**Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year |



## Important Notes

| | Test, Service or Procedure to Close Care Opportunity | Medical Record Detail Including, But Not Limited To |
|---|---|---|
| • Members without retinopathy should have an eye exam every 2 years.<br>• Members with retinopathy should have an eye exam every year. | • Bilateral eye enucleation or acquired absence of both eyes<br>• Dilated or retinal eye exam<br>• Fundus photography | • Consultation reports<br>• Diabetic flow sheets<br>• Eye exam report<br>• Progress notes |

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

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## Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service, test, result and eye care professional's name and credentials together if you're documenting the history of a dilated eye exam in a member's chart and don't have the eye exam report from an eye care professional.**
  - For example: "Last diabetic eye exam with John Smith, OD, was June 201X with no retinopathy."
- Documentation of a diabetic eye exam by an optometrist or ophthalmologist isn't specific enough to meet the criteria. The medical record must indicate that a **dilated or retinal exam** was performed. If the words "dilated" or "retinal" are missing in the medical record, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- If history of a dilated retinal eye exam and result is in your progress notes, please ensure that a date of service, the test or result, and the care provider's credentials are documented. The care provider must be an optometrist or ophthalmologist, and including only the date of the progress note will not count.
- A slit-lamp examination will not meet the criteria for the dilated eye exam measure. There must be additional documentation of dilation or evidence that the retina was examined for a slit-lamp exam to be considered compliant.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results will be compliant.
  - Alternatively, results may be read by:
    - A qualified reading center that operates under the direction of a medical director who is a retinal specialist.
    - A system that provides artificial intelligence (AI) interpretation
- If a copy of the fundus photography is included in your medical record it must include results, date and signature of the reading eye care professional for compliance
- To be reimbursable, billing of fundus photography code 92250 must be submitted globally by an optometrist or ophthalmologist and meet disease state criteria.
- Documentation of hypertensive retinopathy should be considered the same as diabetic retinopathy.
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as diabetic retinal screening with an eye care professional. It can also reduce the need for some chart review.
- Dilated retinal eye exams with results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

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