

HOW TO IMPROVE YOUR DIABETIC EYE EXAM SCREENING SCORE

TARGETED SPECIALTY: Both PRIMARY CARE and OPHTHALMOLOGISTS/OPTOMETRISTS

THE CHALLENGE:

- Currently approximately **46%** of patients, evaluated by TPA providers, with a diagnosis of diabetes receive an eye exam to screen for retinal disease. (Patients in the PGIP program.)
- This is lower than the national benchmark of **69%** for diabetic eye exams.
- Diabetes is the leading cause of blindness for adults 20 to 74 years of age.
- After living with diabetes for 20 years, almost all patients with Type 1 diabetes and 50-80% of patients with Type 2 diabetes will develop signs of retinopathy.

REASON FOR INTERVENTION:

- Screening and early treatment for diabetic retinopathy is associated with a decreased rate of visual loss.
- Current treatments for diabetic retinopathy may be **90% effective** in preventing blindness.

THE ADA STANDARD:

- The American Diabetes Association (ADA) guideline for retinopathy is an initial dilated comprehensive retinal exam by an ophthalmologist or optometrist after the diagnosis of type 2 diabetes.
- Subsequent exams should occur annually if there is evidence of retinopathy
- If there is a negative eye exam (NO retinopathy) in the prior year, screening can be deferred for one year

INCENTIVE DOLLARS: The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool to measure network performance and compare nationally. The diabetic retinal eye exam is a HEDIS measure used by many health plans to assess quality. Currently many plans attach **incentive dollars** to completion of this measure.

ELIGIBLE POPULATION: Patients who are ages 18 to 75 diagnosed with diabetes. Patients are recognized as having diabetes if any of the codes for diabetes are billed by any practitioner (PCP, endocrinologist, podiatrist, emergency medicine, etc.) during the measurement period, the retinal eye exam measure must be completed.

EXCLUSION CODES FOR DIABETIC RETINAL EXAM:

- **Gestational DM:** 024.410; 024.414; 024.419; 024.420; 024.424; 024.429; 024.430; 024.434; 024.439; 024.911; 024.912; 024.913; 024.919; 024.92; & 024.93
- **Drug or chemical induced DM:** E09.00; E09.01; E09.10; E09.11; E09.21; E09.22; & E09.29

CRITERIA FOR COMPLETING SCREENING: Patients who have had a retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year **OR** had no evidence of retinopathy (a negative retinal exam) as determined by an eye care professional in the year prior to the measurement year. (For exams performed during the year prior to the measurement year, a result must be available.)

CODES TO IDENTIFY EYE EXAMS - Please note that lower-level **E&M codes** (comprehensive eye exam) do **not** qualify for this measure. All codes should be submitted at the highest level of specificity.

- Optometrist and ophthalmologist should bill diabetic eye exams under the patient's **medical insurance** to be able to capture completed services through claims data. (The measure will not be automatically satisfied if the exam is billed under the patient's vision plan.)

DIAGNOSIS CODES FOR OPHTHALMOLOGIST OR OPTOMETRIST (American Academy of Ophthalmology reference):

TYPE 1 DIABETES MELLITUS:

E10.9	Type 1 diabetes mellitus without complications
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy, with macular edema
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy, with macular edema
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy, without macular edema
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy, with macular edema

TYPE 2 DIABETES MELLITUS:

E11.9	Type 2 diabetes mellitus without complications
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy, with macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy, with macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy, without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy, with macular edema

WHAT NEEDS TO BE IN THE MEDICAL RECORD?

- A written report of the eye exam prepared by the ophthalmologist or optometrist indicating that exam was completed with date and results.
- A report or photograph of retinal abnormalities indicating the date when the exam was performed and that results were reviewed.

HOW TO IMPROVE SCORE FOR THIS HEDIS MEASURE?

- In-reach panel management: train medical assistants or other support staff to prep the chart/record in advance of the visit, identifying overdue eye exams. Identify need for overdue eye exams when patients are seen for urgent or non-diabetes visits.
- Standing orders: train support staff to order eye exams whenever they are due. (Standing orders for medical assistants are allowed for diagnostics, as long as there is no triage or treatment component.)
- Out-reach panel management: calls or letters to patients who are overdue for eye exams.
- Educate patients that diabetic eye exams are covered as part of essential benefits under their medical plan, so not having vision insurance should not be a deterrent.
- REGISTRY USE: track patients with diabetes and generate reports of overdue eye exams.
- Remember to use appropriate exclusion coding for steroid induced or gestational diabetes. (See coding info above under exclusions)
- Use the following CPT II codes during PCP visit to report review of exam results: 2022F (retinal exam); 2026F (eye image); or 3072F (negative retinal exam). The code to bill for negative retinopathy can only be used if the claim/encounter was during the measurement year because it indicates that the member had "no evidence of retinopathy in the prior year.
- PCPs should consider purchasing a retinal camera for their practice. Medical assistants can be trained to use these cameras and Blue Cross and Medicare as well as other payers reimburse the practice a technical fee of over \$40. The new hand held digital camera images are interpreted by a remote ophthalmologist and satisfy the diabetic retinal exam metric.

DISCLAIMER

The information on this page is provided as an information resource only, and is not to be used or relied on for any billing, coding, diagnostic or treatment purposes. The physician is solely responsible for patient care, documenting patient care, encounter information, billing, selection of diagnostic codes, selection of procedure codes, selection of HCPCS codes, selection of ICD-9 codes, selection of CPT codes, etc. The Physician Alliance, LLC makes no express or implied representations or warranties, and assumes no responsibility for the accuracy of the information contained on or available on this document. This document is subject to change without notice.