

Everyone with diabetes should get a comprehensive eye exam at least once a year to prevent potential vision loss. Based on our records, you are due for a diabetic eye exam. Please present this form to your eye care specialist and request the completed report be returned to your primary care physician (PCP) via fax.

Section to be completed by primary care physician (PCP): _____

Physician Address: _____

Phone: _____ Fax: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Day Phone: _____

Eye care specialist:
Please complete this portion of the form and return to patient's primary care professional via fax (above).

Name of Eye Care Practice/Facility: _____

Address: _____

Phone: _____ Fax: _____

Date of exam: _____

Patient received a dilated fundus examination with the following results:

- Normal diabetic eye exam
- No diabetic retinopathy was detected
- Nonproliferative retinopathy was detected (requires monitoring). No treatment is indicated at this time.
- Retinopathy requiring further testing and/or treatment was detected. See comments below.

Comments / Recommendations: _____

Choose the appropriate procedure(s) and diagnostic code(s) by circling the service performed:

E/M Codes (Office visit)	New Patient 99203-99205	Established Patient 99213-99215
Ophthalmology service codes	New Patient 92002 and 92004	Established Patient 92012 and 92014 (92004 and 92014 requires dilation unless medically contraindicated)
CPT Category II codes	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F MUST BE INCLUDED	
HCPCs codes	S3000 (Diabetic indicator; retinal eye exam, dilated, bilateral)	

If your diabetic patient has a negative eye exam, submit your eye exam claim with either of the following ICD-10 codes: E10.9 for DM1 or E11.9 for DM2 without complications

If your diabetic patient has a positive exam, submit your eye exam claim with the appropriate diagnosis codes:

Diagnosis	DM Type 1	DM Type 2
No Retinopathy	E10.9	E11.9
PDR and ME	E10.351	E11.351
PDR and no ME	E10.359	E11.359
Mild NPDR and ME	E10.321	E11.321
Mild NPDR and no ME	E10.329	E11.329
Moderate NPDR and ME	E10.331	E11.331
Moderate NPDR and no ME	E10.339	E11.339
Severe NPDR and ME	E10.341	E11.341
Severe NPDR and no ME	E10.349	E11.349

ME: Macular Edema, PDR: Proliferative DM Retinopathy, NPDR: Nonproliferative DM Retinopathy
 _ = Additional required digit for diagnosis codes: E10.3513 = PDR and ME, DM 1, Bilateral eyes

Patient is to return for re-evaluation in _____ months. Appointment Date: _____

Print Name of Eye Care Professional _____

Eye Care Professional Signature: _____ Date: _____