

Ophthalmology - Retinopathy Coding Tip Sheet

92002 and 92004* New patient eye exam and evaluation

92012 and 92014* Established patient eye exam and evaluation

* requires dilation for comprehensive exam (including fundus) unless medically contraindicated

These CPT II codes can be billed alone or with other services:

Updates to original codes & newly added codes are in bold/orange below

2022F Dilated retinal eye exam with interpretation by an ophthalmologist/optometrist
with evidence of retinopathy

2023F without evidence of retinopathy

2024F 7 standard field stereoscopic photos with interpretation by an
ophthalmologist/optometrist with evidence of retinopathy

2025F without evidence of retinopathy

2026F Eye imaging validated to match diagnosis from 7 standard field stereoscopic photo
results with evidence of retinopathy

2033F without evidence of retinopathy

3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)

**When your diabetic patient has a negative eye exam,
submit your eye exam claim with either of the following ICD-10 codes:**

ICD-10 Diagnosis Code E10.9 – Type 1 diabetes mellitus without complications

ICD-10 Diagnosis Code E11.9 – Type 2 diabetes mellitus without complications

**If your diabetic patient has a positive exam,
submit your eye exam claim with the appropriate ICD-10 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 Diabetic Retinopathy

NPDR – Nonproliferative Diabetic Retinopathy

__ indicates required 7th digit for diagnosis codes:

1 = Right eye

2 = Left eye

3 = Bilateral

For example, E10.3513 =

PDR and ME, DM Type 1, Bilateral eyes