

Eye Exams for Patients with Diabetes: Coding Best Practices

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Regular diabetic eye exams are essential for managing diabetics effectively and preventing complications. Our Healthcare Effectiveness Data Information Set (HEDIS®) rate for Eye Exams for Patients with Diabetes measure was 71.11% among our Medicaid members in Measurement Year (MY) 2022, ranking us in the 95th percentile of the Medicaid Quality Compass® (QC). However, in MY 2023, this rate slightly decreased to 69.59%, indicating the need for ongoing improvement.

HEDIS Measure Description for Diabetic Eye Exams

This measure tracks the percentage of patients (ages 18-75) who received a retinal or dilated eye exam within the measurement year, including those with:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) within the measurement year.
- A negative exam (no signs of retinopathy) within the previous measurement year.
- Bilateral eye enucleation at any point up to December 31 of the measurement year.

Coding Best Practices

It's crucial for all providers submitting claims for diabetic eye exams, including eye doctors and primary care providers, to use the appropriate CPT-II codes:

Value Set Name	Codes
With Evidence of Retinopathy	2022F, 2024F, 2026F
Without Evidence of Retinopathy	2023F, 2025F, 2033F

Note: The use of CPT code “92229” (Imaging of Retina for Detection or Monitoring of Disease) does not document the retinopathy result.

Benefits of Using CPT-II Codes

- Does not specify provider specialty, simplifies documentation of the retinopathy result.
- Reduces the necessity for chart review.
- Automatically applicable for current or previous year reporting.

As the National Committee for Quality Assurance (NCQA) transitions to electronic data collection, accurately using CPT-II codes becomes even more critical for diabetic eye exams. Utilize these codes to ensure your diabetic patients' eye exams are correctly documented and recognized in our HEDIS rates.