

Dilated Eye Exam in Diabetic Patient

*This measure is to be reported for all patients aged 18 through 75 years with diabetes mellitus — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam

What will you need to report for each patient with diabetes mellitus for this measure?

If you select this measure for reporting, you will report:

- Whether or not the patient had a dilated eye exam performed for diabetic retinal disease

Patients will fall into one of 4 categories described below:

- Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist
- Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist
- Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results
- Low risk for retinopathy (no evidence of retinopathy in the prior year)

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 through 75 years on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			
Dilated Eye Exam	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented and reviewed — Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist	<input type="checkbox"/>	<input type="checkbox"/>	2022F
Documented and reviewed — Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist	<input type="checkbox"/>	<input type="checkbox"/>	2024F
Documented and reviewed — Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results	<input type="checkbox"/>	<input type="checkbox"/>	2026F
Not required — Patient identified as low risk for retinopathy (no evidence of retinopathy in the prior year)	<input type="checkbox"/>	<input type="checkbox"/>	3072F
			If No is checked for all of the above, report 2022F-8P OR 2024F-8P OR 2026F-8P (Dilated eye exam was not performed, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has diabetes mellitus and a visit occurred:

A line item ICD-9-CM diagnosis code for diabetes mellitus and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Diabetes mellitus line item ICD-9-CM diagnosis codes

- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication),
- 357.2 (polyneuropathy in diabetes),
- 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07 (other retinal disorders),
- 366.41 (diabetic cataract),
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT E/M service codes or G-codes

- 92002, 92004 (ophthalmological services — new patient),
- 92012, 92014 (ophthalmological services — established patient),
- 97802, 97803, 97804 (medical nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99304, 99305, 99306 (initial nursing facility care),
- 99307, 99308, 99309, 99310 (subsequent nursing facility care),
- 99324, 99325, 99326, 99327, 99328 (domiciliary, new patient),
- 99334, 99335, 99336, 99337 (domiciliary, established patient),
- 99341, 99342, 99343, 99344, 99345 (home services, new patient),
- 99347, 99348, 99349, 99350 (home services, established patient)
- G0270, G0271 (medical nutrition therapy)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 2022F:** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
- **CPT II 2024F:** Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
- **CPT II 2026F:** Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
- **CPT II 3072F:** Low risk for retinopathy (no evidence of retinopathy in the prior year)
- **CPT II 2022F-8P OR CPT II 2024F-8P OR CPT II 2026F-8P:** Dilated eye exam was not performed, reason not otherwise specified

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