

Comprehensive Diabetes Care Eye Exam For Patients with Diabetes (EED)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for eye exam for patients with diabetes (EED).

What Is the Measure?

The measure assesses the percentage of members between 18 and 75 years old with a diagnosis of diabetes (type 1 and type 2) who had a retinal eye exam.

Eye Exam (Diabetic Retinal Exam)

Screening or monitoring for diabetic retinal disease is documented by one of the following exams performed in the measurement year or the year prior to the measurement year.

- A retinal or dilated eye exam must be performed by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A **negative** retinal or dilated eye exam (negative for retinopathy) must be performed by an eye care professional in the year prior to the measurement year.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year

Documentation

At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, primary care physician (PCP), or other health care professional indicating an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed, and the results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence an optometrist or ophthalmologist reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist or by a system that provides an artificial intelligence (AI) interpretation.
- Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, results indicating retinopathy was not present.
- Documentation anytime in the member's history of evidence the member had bilateral eye enucleation or acquired absence of both eyes.

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Eye Exam Codes

CPT Description

92229 Automated eye exams

CPT II Description

- 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed, **with** evidence of retinopathy
- 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed, **without** evidence of retinopathy
- 2024F Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed, **with** evidence of retinopathy
- 2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; documented and reviewed, **without** evidence of retinopathy
- 2026F Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos, results documented and reviewed, **with** evidence of retinopathy
- 2033F Eye imaging validated to match diagnosis from seven standard field stereoscopic photos, results documented and reviewed, **without** evidence of retinopathy
- 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)

Diabetic Retinal Screening by an Eye Care Provider

CPT: 92002-92014, 92018-92017, 92134, 92200-92228, 92230, 92235, 92240, 92250, 92260

HCPCS: S0620-S0621, S3000

Unilateral Eye Enucleation CPT Codes

CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

Exclusions

Members are excluded from the measure if they meet the following criteria:

- Hospice care or using hospice services anytime in the measurement year

Codes for Hospice Care

CPT: 99377-99378

HCPCS: G0182, G9473-G9479, Q5003-Q5010, S9126, T2042-T2046

- Receiving palliative care anytime in the measurement year

Codes for Palliative Care

HCPCS: G9054, M1017

- Members who died anytime during the measurement year
- Members 66 years and older with frailty and advanced illness

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Exclusions (continued)

- Members must meet **both** frailty and advanced illness criteria to be excluded:
 - **Frailty:** At least two indications of frailty with different dates of service during the measurement year
 - **Advance Illness:** Either of the following during the measurement year or the year prior to the measurement year:
 - Advance Illness on at least two different dates of service
 - Dispensed dementia medication

Dementia Medications

| Description | Prescription |
|---|--|
| Cholinesterase inhibitors | • Donepezil • Galantamine • Rivastigmine |
| Miscellaneous central nervous system agents | • Memantine |
| Dementia combinations | • Donepezil-memantine |

Notes

- Blindness is not an exclusion.
- An eye exam result documented as “unknown” does not meet criteria.
- If one eye is not accessible, leading to an indeterminate result, this is not considered a result/finding.

Best Practices for EED Measure

- Documentation of hypertensive retinopathy is considered positive for diabetic retinopathy. An annual comprehensive diabetic eye exam is recommended.
- Work with a local ophthalmologist or optometrist to establish referral contacts/relationships.
- Work with Florida Blue for a Diabetic Eye Exam PCP and residential events for members.
- Educate the patients about the difference between an eye exam to get new glasses and a comprehensive diabetic eye exam.

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