Diabetic Eye Exams



An Independent Licensee of the Blue Cross and Blue Shield Association



Diabetes is one of the most prevalent and costly chronic diseases in the United States. Blindness as a result of diabetes can be prevented, if detected and addressed in the early stages.

Healthcare Effectiveness Data and Information Set (HEDIS) is a quality measurement tool administered by the National Committee for Quality Assurance (NCQA®) and used by the Centers for Medicare & Medicaid Services (CMS®) for monitoring the performance of health plans. HEDIS results are used to measure performance, identify quality initiatives, and create educational programs for providers and members.

Part of delivering quality care is delivering appropriate care within designated timeframes, documenting all care in the patient's medical record, accurately coding all claims, and responding to our requests for medical records in a timely manner.

Most medical plans provide benefits for a diabetic eye exam. Always check the member's eligibility and benefits prior to rendering services.

Did You Know?

Blindness is not an exclusion for a diabetic eye exam. Some individuals who are legally blind still require a retinal exam.

The intent of the measure is to look for evidence of any type of retinopathy.

If you have any questions, contact your Provider Networks Consultant at 1-866-904-4130.

Comprehensive Diabetes Care - Eye Exam

Who needs it? Members age 18-75 with type 1 or type 2 diabetes with:

- A retinal dilated eye exam by an optometrist or ophthalmologist in the current year; or
- A retinal dilated eye exam by an optometrist or ophthalmologist, with a diagnosis of uncomplicated diabetes, in the current year or prior year. If any other diagnosis showing complicated diabetes is received, the test must be performed annually.

What should be included? Medical record documentation must include at least one of the following:

- A note or letter prepared by any healthcare professional indicating that an eye
 exam was performed by an optometrist or ophthalmologist, the date of the
 exam, and the results; or
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that the results were reviewed by an optometrist, ophthalmologist, or a qualified reading center that operates under the direction of a medical director who is a retinal specialist; or
- Documentation of a retinal dilated exam by an optometrist or ophthalmologist in the prior year where results indicate retinopathy was not present.

Billing and Coding Information: HEDIS Accepted Codes

Billed by an optometrist or ophthalmologist

Current Procedural Terminology (CPT®) codes: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

Healthcare Common Procedure Coding System (HCPCS®) codes: S0620, S0621, S3000

Billed by any provider type

CPT codes: 2022F, 2024F, 2026F, 3072F

HCPCS code: S0625