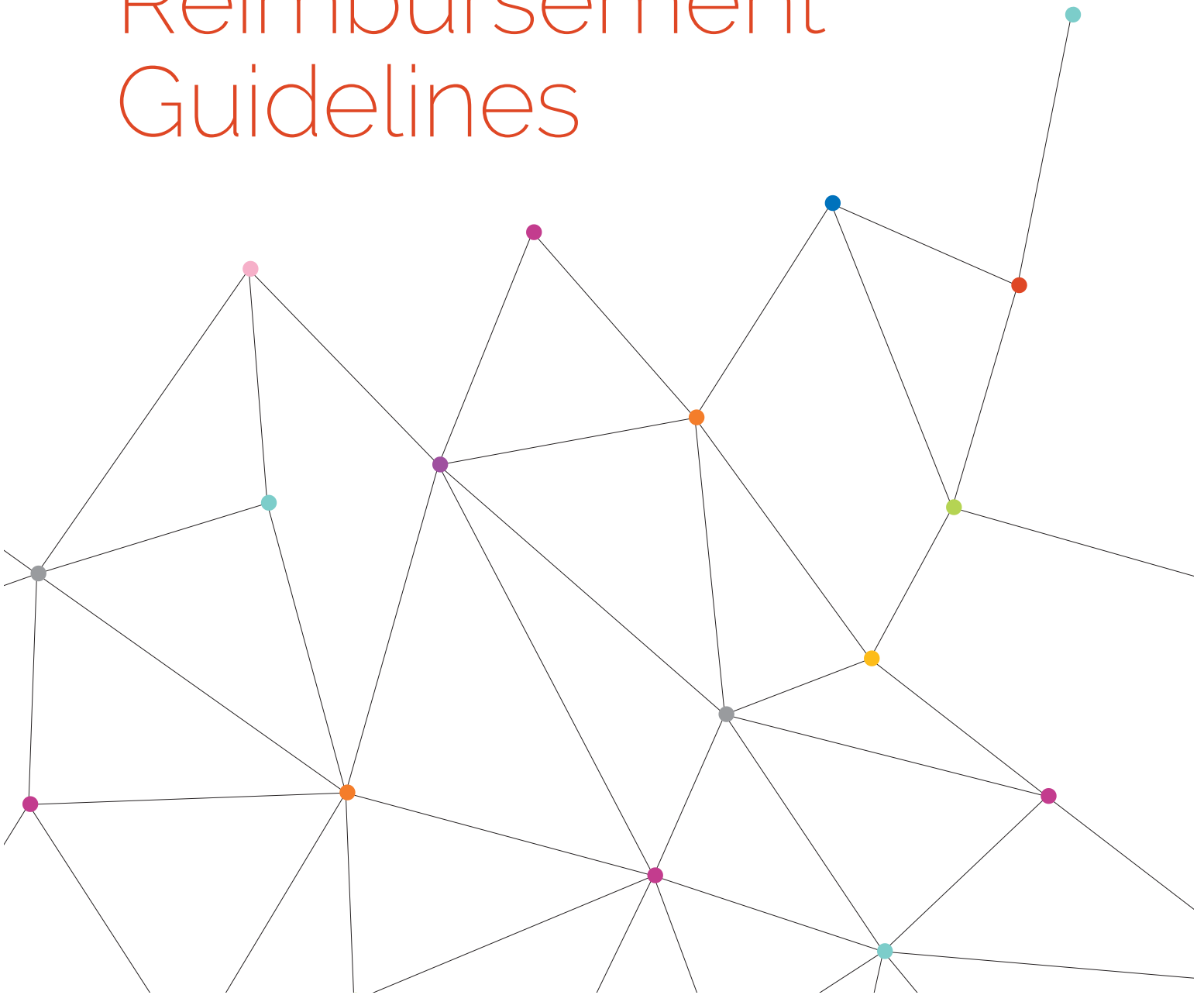




Diabetic Eye Exams Reimbursement Guidelines



Measure Description

The percentage of adult members with diabetes who have received an eye screening for diabetic retinal disease.

Eligible Population

Diabetic patients aged 18–75 years who met any of the following criteria during the measurement year and who were enrolled in the plan at the end of the measurement year:

- Pharmacy data – Members who were dispensed insulin or hypoglycemic/ antihyperglycemic medications during the measurement year or year prior to the measurement year on an ambulatory basis.
- Regardless of indication, diabetes medications when used to treat a condition other than diabetes will cause the member to fall into the diabetes denominator. Example is prescribing Victoza® for weight loss.

OR

Claim encounter data – Members who had:

- At least two outpatient settings including outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits, or non-acute inpatient encounters (without telehealth) on different dates of service with a diagnosis of diabetes during the measurement year or year prior to the measurement year. Visit type need not be the same for the two visits.
- At least one encounter in an acute inpatient setting, with diagnosis of diabetes, during the measurement year or the year prior to the measurement year.
- Members are identified as diabetic by medical claims and pharmacy claims data as above.
- If you believe a member may be erroneously identified as a diabetic through submitted medical claims diagnosis coding, then document in the member's medical record that the member is not diabetic and identify claims that have been erroneously coded to replace and remove the incorrect diagnosis. Members will remain in the eligible population until claims data identifying them as diabetic are no longer in a member's claim history for measurement year and year prior.

Exclusions

- Members who were dispensed Glucophage®/metformin when used as monotherapy are not included because it is used to treat conditions other than diabetes.
- Members who did not have a diagnosis of diabetes, in any setting and who had a diagnosis of gestational or steroid-induced diabetes, in any setting, during measurement year or the year prior to the measurement year.
- Diagnosis of polycystic ovarian syndrome during the measurement year or the year prior to the measurement year.

Coding & Billing



Potential CPT® Coding Resource for use for Diabetic Eye Exams Performed in Primary Care Settings:

Primary CPT Code	Description
92250	Fundus photography with interpretation and report
92227	Remote imaging for detection of retinal disease
92228	Remote imaging for monitoring and management of active retinal disease
Secondary CPT Code	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; with no evidence of retinopathy

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Refer to sample claim on page 5.

GENERAL GUIDELINES	Upload/include documentation in the patient's record to indicate medical necessity for a separate service. Confirm that proper ICD-10 diagnosis codes are reported to justify medical necessity of remote retinal imaging. When appropriate, a modifier may be reported and support documentation should be provided with the claim.
MEDICARE	Some Medicare Administrative Contractors have issued Local Coverage Determinations (LCDs) that provide indications and limitations of coverage for fundus photography and retinal imaging. Specific indications for coverage and limitations may vary by Medicare Contractor. Providers should refer to their Medicare Contractor's LCDs for specific coverage and billing guidelines.
HEALTH PLANS	Health Plans may require the use of a CPT II code on provider claims to recognize that the HEDIS metric has been satisfied. Please consult your health plan partner to determine if a code is needed and, if so, which code would be most appropriate.
PRIVATE PAYERS	Diabetic retinal exams in primary care settings with ophthalmologist interpretation may be covered by private payers when medically necessary. Coverage levels vary by payer and specific plan. Providers should contact each plan to determine coverage and payment.
MEDICAID	Diabetic retinal exams in primary care settings with ophthalmologist interpretation may be covered by Medicaid programs when medically necessary. Coverage guidelines and payment levels vary by Medicaid program. Providers should contact their state Medicaid program to determine coverage and payment.
MEDICARE ADVANTAGE	Some Medicare Advantage programs provide coverage for diabetic retinal exams in primary care settings with ophthalmologist interpretation. Coverage levels vary by payer and specific plan. Providers should contact each plan to determine coverage and payment.

ICD-10 Codes

Code	Diabetic Retinopathy
E10.9	Type 1 diabetes mellitus without complications
E11.9	Type 2 diabetes mellitus without complications
E11.3211	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, left eye
E11.3291	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E11.3311	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E11.3391	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E11.3411	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, left eye
E11.3491	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, left eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3211	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy with macular edema, left eye
E10.3291	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E10.3311	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema, left eye
E10.3391	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate non-proliferative diabetic retinopathy without macular edema, left eye
E10.3411	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy with macular edema, left eye
E10.3491	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe non-proliferative diabetic retinopathy without macular edema, left eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye

Code Glaucoma

H40.011 Open angle with borderline findings, low risk, right eye

H40.012 Open angle with borderline findings, low risk, left eye

Code Nevus

D31.31 Benign neoplasm of right choroid

D31.32 Benign neoplasm of left choroid

Code HTN

H35.031 Hypertensive retinopathy right eye;

H35.032 Hypertensive retinopathy left eye)

Code AMD

H35.3111 Early dry stage, right eye

H35.3121 Early dry stage, left eye

H35.3112 Intermediate dry stage, right eye

H35.3122 Intermediate dry stage, left eye

H35.3114 Advanced atrophic with sub foveal involvement, right eye

H35.3124 Advanced atrophic with sub foveal involvement, left eye

H35.3211 With active choroidal neovascularization, right eye

H35.3221 With active choroidal neovascularization, left eye

Code Other

H35.9 Unspecified retinal disorder [used for either eye]

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by the West Virginia Health Network concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's **responsibility to determine coding, coverage and claim** information for the services that were provided.

Centers for Medicare & Medicaid Services (CMS), Medicare Program: Medicare Physician Fee Schedule for CY 2022.

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>.

Please note: Medicare fee schedule corrections and charges occur periodically.

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Sample Claim



HEALTH PLAN NAME

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02'12

PCIA _____ PCIA _____

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA EXCLUDING OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)							
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA EXCLUDING <input type="checkbox"/> OTHER	123456789							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE (MM/DD/YY)	4. INSURED'S NAME (Last Name, First Name, Middle Initial)						
DOE JANE	07151958	DOE JANE						
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)						
1234 ELM AVE	Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	1234 ELM AVE						
8. CITY	9. STATE	10. CITY						
NASHVILLE	TN	NASHVILLE						
9a. ZIP CODE	9b. TELEPHONE (Include Area Code)	10a. ZIP CODE						
37013	()	37013						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR PCIA NUMBER						
	a. EMPLOYMENT (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
12. OTHER INSURED'S POLICY OR GROUP NUMBER	b. AUTO ACCIDENT PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. INSURED'S DATE OF BIRTH (MM/DD/YY)						
	c. OTHER ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	07151958						
13. RESERVED FOR NUCC USE	14. CLAIM CODES (Designated by NUCC)	13. OTHER CLAIM ID (Designated by NUCC)						
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.								
14. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary process the claim. I will request payment of government benefits either to myself or to the party who accepts assignment.)	DATE	15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)						
SIGNATURE ON FILE		SIGNATURE ON FILE						
16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)	17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE (FROM MM/DD/YY TO MM/DD/YY)	18. PRIOR AUTHORIZATION NUMBER						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Indicate ICD-9-CM code below) (ICD-9-CM code)								
A. E119	B. L	C. L						
L	K	M						
L	J	L						
22. PROCEDURE, SERVICE, OR SUPPLY (Explain unusual circumstances) (CPT/HCPCS/Modifier)								
1	12032021	12	92250	A	55.00	1	NP	1234567890
2	12032021	12	2033F	A	0.00	1	NP	1234567890
3								
23. BILLING PROVIDER INFO & PRACTICE ADDRESS	24. PATIENT'S ACCOUNT NO.	25. SERVICE FACILITY LOCATION INFORMATION	26. TOTAL CHARGE	27. AMOUNT PAID	28. BILLING PROVIDER INFO & PRACTICE ADDRESS			
[YOUR PRACTICE NAME] [YOUR PRACTICE ADDRESS] # 9876543210	5412	DOE JANE 1234 ELM AVE NASHVILLE TN 37013	\$ 55.00	\$				
29. BILLING PROVIDER INFO & PRACTICE ADDRESS	30. PATIENT'S ACCOUNT NO.	31. SERVICE FACILITY LOCATION INFORMATION	32. TOTAL CHARGE	33. AMOUNT PAID	34. BILLING PROVIDER INFO & PRACTICE ADDRESS			
[YOUR PRACTICE NAME] [YOUR PRACTICE ADDRESS] # 9876543210	5412	DOE JANE 1234 ELM AVE NASHVILLE TN 37013	\$ 55.00	\$				

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED CMB-0926-1197 FORM

Enter E119 as principal diagnosis code with correct pointer in box 24E

Enter patient's provider NPI.

Enter primary procedure code and CPT II code as per diagnosis. Typically, primary care clinics should bill global services, not just the technical component.

Enter charge as per CMS fee schedule. Amount shown is only for illustrative purposes.

Enter group or patient's provider NPI as appropriate for your practice.

