HEDIS® Tip Sheet

Comprehensive Diabetes Care – Retinal Eye Exam

The National Committee for Quality Assurance (NCQA) collects HEDIS measurements. Blue Cross and Blue Shield of Texas collects HEDIS data from our providers to measure and improve the quality of care our members receive.

To best care for our members, the NCQA recommends our members with type 1 or 2 diabetes be screened or monitored for diabetic retinal disease.

**Diabetic Eye Exam (Retinal or Dilated)**

Screen or monitor our members with evidence of any type of retinopathy annually. Screen or monitor those who remain free of retinopathy every other year. This requirement is satisfied when a diabetic has one of the following documented by administrative data or medical record review:

- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in year prior to measurement year that clearly notes retinopathy was not present
  - “diabetes without complications” does not meet criteria
- Retinal or dilated eye exam performed in the measurement year1 by an optometrist or ophthalmologist with all the following documented:
  - Specialty of optometrist or ophthalmologist
  - Date of service
  - Exam results on a note or letter prepared by eye care professional, primary care physician or other health care professional
- Chart or photograph with date fundus photograph was taken (in the measurement year) and evidence that the results were reviewed by either an:
  - Eye care professional, or
  - Qualified reading center whose medical director is a retinal specialist
- Bilateral eye enucleation or acquired absence of both eyes within or prior to year being measured (“blindness” does not adequately distinguish between the legally blind who require an eye exam from those who are completely blind and do not require an eye exam)

**Medical Record Documentation and Best Practices**

- Documentation of a negative retinal or dilated eye exam must clearly note retinopathy was not present in the medical record
- Consider the use of a retinal imaging device in your practice (results must be interpreted by an optometrist or ophthalmologist)
- Build care gap “alerts” in your electronic medical records
- Consider referring members to an optometrist or ophthalmologist for an annual retinal eye exam at check-out

**CPT® Codes**

- 65101, 65103, 65105: Unilateral eye enucleation

**CPT II Codes**

- 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
- 2024F: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
- 2026F: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos with results documented and reviewed
- 3072F: Low risk for retinopathy (no evidence of retinopathy in year prior)

---

1 NCQA HEDIS 2019 Technical specifications for health plans, volume 2, Washington DC, 2020

HEDIS® is a registered trademark of NCQA

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

CPT® copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.