

# Eye Exams

## for Patients with Diabetes (EED)

HEDIS Measure Overview and Importance

FROM **HealthTeam Advantage**

*It is important for patients with diabetes to have an eye exam annually to determine if their blood glucose levels are affecting the health of their eyes. Vision can be completely normal and feel fine, but the patient could be experiencing early stages of a diabetes-related eye conditions such as diabetic retinopathy.*

Diabetic retinopathy is the number one cause of vision loss for people with diabetes. Early diagnosis of retinopathy can help to prevent symptoms from worsening. A yearly diabetic eye exam is one of the best ways to protect and prevent future blindness and vision loss.



### Who is included in the EED Measure?

*Members ages 18-75 with diabetes (Types 1 and 2) who had an appropriate screening for diabetic retinopathy.*

### Criteria for Compliance:

- ◆ Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year (compliant if exam is positive or negative for retinopathy)
- ◆ Documentation of a negative retinal or dilated eye exam (i.e., normal findings) by an ophthalmologist or optometrist in the year prior to the measurement year
  - Documentation does not have to specifically state “no diabetic retinopathy” to be considered negative for retinopathy; yet it must be clear that the patient has had a dilated or retinal eye exam by an eye care professional and that retinopathy is not present.
- ◆ A chart or photograph stating when the fundus photography was performed and one of the following:
  - Evidence that an optometrist or ophthalmologist reviewed the results
  - Evidence the results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist
  - Evidence results were read by a system that provides an artificial intelligence (AI) interpretation

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### EXCLUSIONS:

***Exclude members who meet any of the following criteria:***

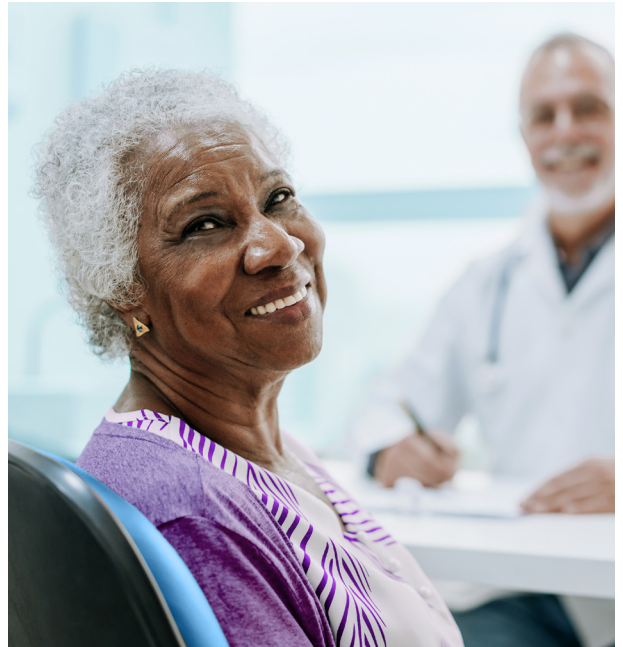
- ◆ Bilateral eye enucleation any time during the member's history through December 31 of the the measurement year
- ◆ Members who use hospice services or elect to use a hospice benefit any time during the measurement year
- ◆ Members who die any time during the measurement year
- ◆ Members receiving palliative care or had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year.
- ◆ Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year
  - Living long-term in an institution any time during the measurement year
  - Meet criteria for frailty and advanced illness. Members must meet both frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded:
    1. Frailty — At least two indications of frailty with different dates of service during the measurement year
    2. Advanced Illness — Either of the following during the measurement year or the year prior to the measurement year
      - o Advanced illness on at least two different dates of service
      - o Dispensed dementia medication

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### Did you know that the requirements for this measure are changing?

The Eye Exam for Patients with Diabetes measure is transitioning to administrative method only. This means that this measure is calculated solely using data from administrative sources like claims, encounter records, and enrollment data. Essentially, the entire measure is determined based on information found within the health plan's administrative systems. Although we will no longer be doing seasonal record review, we will be reaching out and collecting records year-round for noncompliant records.



### Ways you can take action:

- ◆ Ensure your patient completes a yearly diabetic eye exam.
- ◆ Explain the importance of the eye exam in managing diabetes and preventing complications such as diabetic retinopathy, which can lead to vision loss.
- ◆ Set up automatic reminders via phone, email, or patient portals to prompt the patient about the upcoming eye exam. This can help ensure it's not overlooked.
- ◆ Provide a referral to an ophthalmologist or optometrist, ensuring the patient has the right contact information and understands the process.
- ◆ During regular check-ups, ask the patient about their eye exam and offer assistance with scheduling if needed.
- ◆ Work closely with ophthalmologists or optometrists to track the patient's eye care and receive reports on the results of the exam, ensuring that the patient's care plan remains holistic.
- ◆ Identify any barriers the patient may face and help find solutions or connect them with resources to overcome those challenges.
- ◆ Provide reassurance and encourage patients, particularly those who may have fears or anxiety around eye exams, to help them follow through with the necessary care.

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**ACCURATE CODING:** Accurate coding and documentation play an essential role in ensuring patient-centered, cost-effective, and quality-based care. It is essential to code compliant procedures for this measure when services/procedures are rendered. Patients benefit immensely when chronic conditions and procedures are properly coded and documented because it supports care coordination and continuity across the healthcare continuum. Benefits include:

- ◆ Reducing healthcare costs by avoiding unnecessary and duplicative services
- ◆ Ensuring appropriate care for treatment and preventing medication and medical errors
- ◆ Improves care model and assists in early intervention

### CODES FOR ANY PROVIDER TYPE/SETTING:

|                    |              |   |
|--------------------|--------------|---|
| CPT-<br>CPT-<br>II | 2022F        | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)                        |
|                    | 2023F        | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)                     |
|                    | 2024F        | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)    |
|                    | 2025F        | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) |
|                    | 2026F        | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)       |
|                    | 2033F        | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)    |
|                    | 3072F        | Diabetic retinal screening negative in prior year billed by any provider type during measurement year   |
| CPT                | 92227, 92228 | Retinal Imaging   |
|                    | 92229        | Automated Eye Exam  |

### CODES FOR EYE CARE PROFESSIONALS:

|   |  |
|---|--|
| CPT   | 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 |
| <b>CPT CODES FOR UNILATERAL EYE ENUCLEATION</b> |  |
| CPT   | 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114   |

\*Kindly pass this information along to your coder.

RESOURCES: NCQA HEDIS MY2025 Volume 2 Technical Specifications

