

Eye Exams for Patients with Diabetes - Coding Best Practices

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Diabetic eye exams are an important part of the preventive services for diabetic members and should be completed regularly. In MY 2025 Neighborhood's rate decreased to 69.71%, showing ongoing efforts can lead to improvement. In order to continue this increase in rates it is important to continue use CPT II codes.

The **Eye Exams for Patients with Diabetes** Healthcare Effectiveness Data Information Set (HEDIS) Measure Description is:

Percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed. Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:

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

All specialties submitting EED claims (including Eye Doctors and PCPs) should always include one of the following appropriate CPT-II codes:

Value Set Name	Codes
Eye Exam With Evidence of Retinopathy	2022F, 2024F, 2026F
Eye Exam Without Evidence of Retinopathy	2023F, 2025F, 2033F

Note: Using CPT code '92229' alone (Imaging of Retina for Detection or Monitoring of Disease) does not document the retinopathy result

Benefits of CPT-II Codes

- Using the appropriate CPT-II codes will:
 - Count for the current or previous year.
 - Not require a specialty and indicates the retinopathy result.
 - Eliminate the need for chart review.

As the National Committee for Quality Assurance (NCQA) moves to electronic data collection, CPT-II codes are imperative when completing a diabetic eye exam.