

Eye Exam for Patients with Diabetes (EED)

HEDIS Tip Sheet MY 2024



Measure definition

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam:

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicare Medicaid	CMS Quality Rating System CMS Star Ratings NCQA Accreditation NCQA Health Plan rankings	Administrative/Hybrid: Claim/Encounter Data Medical Record Documentation

Any of the following screenings meet criteria:

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year.
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year.
- Bilateral eye enucleations any time during their history through December 31 of the measurement year.

Best practices for quality care

- Educate diabetic patients on the important of the retinal eye exam.
- Emphasize that the retinal eye exam is covered under member benefits for in network providers.
- Send referrals to vision providers and request documentation of retinal eye exam results.

Quality score improvement tips

- Members without retinopathy should have an eye exam every two years.
- Members with retinopathy should have an eye exam every year.
- Request or obtain a copy of the retinal eye exam results.
- Use the correct CPT II codes to provide the outcome of the results of the retinal eye exam.
- Documenting eye exams as “unknown” or “blindness” does not meet criteria for the measure. Members with blindness should therefore still receive an exam.
- Medical record documentation must include one of the following:
 - Notation by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist) with the date when the procedure was performed and the results.
 - A chart or photograph indicating the date when the fundus photography was performed and one of the following:
 - Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
 - Evidence 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 interpretation.
- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member’s history through December 31 of the measurement year.
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
 - Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy. However, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.

Exclusions

- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members receiving palliative care or had an encounter for palliative care for any part of the measurement year.
- Members who died any time during the measurement year.
- Medicare members 66 and older by the end of the measurement year who are living a long-term institution or enrolled in an institutional SNP (I-SNP) any time during the member’s history through December 31 of the measurement year.
- Members 66 years of age and older by December 31 of the measurement year (all product line) with both frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded:
 - Frailty – At least two indications of frailty with different dates of service any time during the measurement year.
 - Advanced illness – Either of the following any time during the measurement year or the year prior to the measurement year:
 - Advanced illness on at least two different dates of service.
 - Dispensed dementia medication (Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine).

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT II	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year).

CPT II	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM), with evidence of retinopathy.
CPT II	2024F	7 Standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM), with evidence of retinopathy.
CPT II	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed (DM), with evidence of retinopathy.
CPT II	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM), without evidence of retinopathy.
CPT II	2025F	7 Standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM), without evidence of retinopathy.
CPT II	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed (DM), without evidence of retinopathy.

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.