



2024 EED

Eye Exam for Patients with Diabetes

Eye Exam for Patients with Diabetes (EED)

Eye Exams for Diabetics



Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults.



There are not symptoms in the early stages of retinopathy which makes the need for regular screenings imperative.



The number of individuals with diabetic retinopathy is predicted to grow to 11 million by 2030.



Nearly 95% of severe vision loss from diabetic retinopathy is preventable with early diagnosis, timely treatment and appropriate follow-up care.



Proper diabetes management is essential to control blood glucose, reduce risks for complications and prolong life. With support from health care providers, patients can manage their diabetes with self-care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.

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Measure Description

The percentage of patients 18-75 with diabetes (type 1 or type 2) who had any one of the following:

- A retinal or dilated eye exam by an optometrist or ophthalmologist in the current performance year
- A **negative** retinal or dilated eye exam by an optometrist or ophthalmologist in the prior year
- Bilateral eye enucleations any time during the patient's history through the end of the current performance year



18-75 years of age who have a diagnosis of Type I or Type II diabetes



- Retinal or dilated eye exam in the current performance year **-OR-**
- Negative retinal or dilated eye exam in the prior year **-OR-**
- Bilateral eye enucleations

X1

Single Weighted Star Measure

Measure Steward: National Committee for Quality Assurance (NCQA)

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Required Exclusions

These exclusions can be verified via claims **or** supplemental data submissions.

- **Hospice or palliative care** services anytime during the current performance year
- Patients who **passed away** anytime during the current performance year



The following exclusions are closed by **claims only**.

- Medicare patients 66 years of age and older as of the end of the current performance year who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance year
- Patients 66 years of age and older as of the end of the current performance year with **two frailty indications on different dates of service** in the current performance year and an **advanced illness diagnosis on at least two different dates of service** or **dispensed dementia medication** during the current performance or prior years.

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EED Documentation and Submission



A note prepared by an ophthalmologist or optometrist that indicates that an eye care professional completed a retinal or dilated eye exam and includes the date of service and result.



Patient reported retinal or dilated eye exams are acceptable and included in the patient's history. The documentation must include: type of eye professional, type of procedure, year and result.



Eye exams read by artificial intelligence (AI) are acceptable documentation reports.



Fundus photography with the date of service, result, and evidence an eye care professional reviewed the images meets criteria.

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Best Practices



Remember to document all requirements (4) if the actual report is not available.

Follow up after a referral for a diabetic eye exam is sent to ensure the patient made an appointment and to obtain the exam report.

Create a diabetic screening template in your EHR and include the diabetic eye exam.

Add the diabetic screening template to your annual assessment.

Consider utilize fundus eye camera for those in office visits. Note: An appropriate eye provider must read the image.

Educate your patients that diabetes is the leading cause of blindness.

Note: Patient blindness is NOT an exclusion for the measure

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Coding

CPT® Category II codes make it easier for you to share data with the healthplan quickly and efficiently. Benefits of utilizing CPT® Category II Codes include fewer medical record requests, enhanced performance, improved health outcomes and less patient outreach due to known gap closure.



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	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)

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Other Needs of the Diabetic Patient

Compliance with diabetic medications

Hemoglobin A1C monitoring

Statin - either intermittent or daily use

Kidney evaluation: microalbuminuria
and estimated glomerular filtration rate



Thank You!