

Recording Standards for Patients with Diabetes



As the prevalence of diabetes continues to rise, so does the importance of early detection, management, and treatment of the disease.¹ Eye exams are an important component of diabetes management and help to close gaps in patient care. A dilated or retinal eye exam is a required measurement for the Healthcare Effectiveness Data and Information Set (HEDIS) - Eye Exam for Patients with Diabetes performance measure, and Centers for Medicare and Medicaid Services (CMS) Star Rating program. Including Current Procedural Terminology (CPT) Category II codes on your claims helps meet the quality of care information required for these programs.

Submitting Eye Exam Claims for Patients with Diabetes

Recording standards underline the importance of annual eye exams and strengthen the role of Doctors of Optometry in their patients' overall healthcare. VSP® extends your reporting to support our health plan clients meet the dilated eye exam HEDIS and CMS requirement. That's why it's important to include the following on your eye exam claims for patients with diabetes:

IMPORTANT CODES TO INCLUDE		
ICD-10-CM Diagnosis Code(s)	Diabetic Retinal Exam CPT/HCPCS Codes	CPT Category II Codes
Include the highest level of specificity	92002, 92004, 92012, 92014, 99203-99205, 99213-99215, 99242-99245, S0620, S0621	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F

Including these codes on your claims also helps ease the administrative burden of pulling patient chart notes.

Ensure the patient's chart supports the reported diagnosis, CPT, and CPT Category II codes. The guide included will help in providing these codes on your VSP claims. To learn more, visit the Provider Reference Manual on VSPOnline at [eyefinity.com](https://www.eyefinity.com).

What Are CPT Category II Codes and Why Include Them?

CPT Category II codes are informational codes that facilitate data collection regarding quality of care by sharing certain services and/or test results that support HEDIS and CMS performance measures. They're only for reporting purposes and should be billed with a \$0.00 amount.

Record the appropriate CPT Category II code when submitting dilated or retinal eye exam claims for patients with diabetes.

Include for Patients with Diabetes **WITH** Evidence of Retinopathy

2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed

Include for Patients with Diabetes **WITHOUT** Evidence of Retinopathy

2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed
2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed

Use This CPT II Code for Patients with Diabetes **LOW RISK** of Retinopathy (no evidence of retinopathy in the prior year)

3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) photos results documented and reviewed
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Where to include CPT Category II codes on eClaim²

Enter the appropriate CPT Category II code for diabetic eye disease procedures in box 24d.

The screenshot shows the 'Services' section of an eClaim form. At the top, there are checkboxes for 'PCP Communication Completed/Planned' (Yes) and 'Known Conditions' (None, High Risk for Prediabetes, Diabetes, Diabetic Retinopathy, Hypertension, High Cholesterol). Below this is a 'View PCP Form' link. A section labeled '* 21. Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24a.)' contains a grid of boxes labeled A through H. Boxes A and B contain the codes 'H52.4' and 'E11.9' respectively, and are highlighted with a green box and labeled 'Diagnosis Codes'. Below this is a table for '24. From To 24b. POS 24c. EMG 24d. PROC 24e. Modifiers 24f. Diagnosis 24g. Charges 24h. Units 24i. EP/SDT'. The table has three rows. The first row has '01/09/2022' in 'From', '01/09/2022' in 'To', '11' in 'POS', and '92002' in 'PROC'. The second row has '01/09/2022' in 'From', '01/09/2022' in 'To', '11' in 'POS', and '92015' in 'PROC'. The third row has '01/09/2022' in 'From', '01/09/2022' in 'To', '11' in 'POS', and '2023F' in 'PROC'. The '2023F' code is highlighted with a yellow box and labeled 'CPT Category II Codes'. A purple box highlights the '24d. PROC' column header and is labeled 'CPT/HCPCS Codes'. An 'Add Diagnosis Rows' button is located to the right of the diagnosis grid.

For more information on submitting claims using eClaim,
visit the eLearn tab on eyefinity.com.

¹. Centers for Disease Control and Prevention, June 2020 and December 2021. ². If you use another method to file your claims, continue to do so following your normal process using the codes above.