

HEDIS MEASURE OVERVIEW

Eye Exam for Patients With Diabetes (EED)

Diabetic retinopathy is the most frequent cause of new cases of blindness among adults ages 20–74 in developed countries.¹ Eye Exam for Patients With Diabetes (EED) is one of the Centers for Medicare & Medicaid Services Star performance measures used to evaluate the care diabetic patients receive, particularly regarding their eye health. Currently, only about 60% of people with diabetes have a yearly screening for diabetic retinopathy.² With this in mind, it is recommended that physicians consider ordering a comprehensive eye exam for their diabetic patients.

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to replace clinical judgment.

Measure description

The percentage of patients 18–75 years old with diabetes (type 1 or type 2) who had a retinal eye exam in the measurement period. The number of eligible patients who had an eye exam to check for diabetic retinal disease during the measurement year is used to determine measure performance.

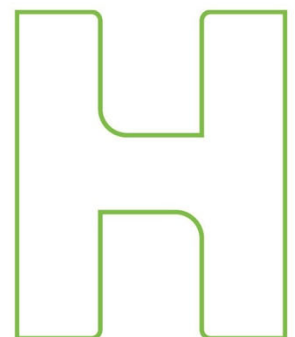
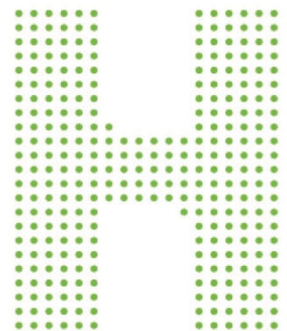
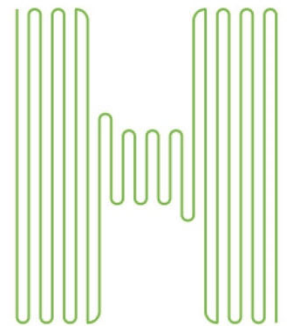
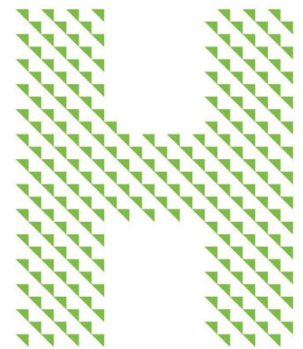
Who is included in the EED measure?

Patients 18–75 years old with type 1 or type 2 diabetes are included in this measure. In order to be identified as diabetic, a patient must have one of the following during the measurement year or the year prior to the measurement year:

- At least two diagnoses of diabetes on different dates of service **or**
- A dispensed insulin or hypoglycemics/antihyperglycemic and at least one diagnosis of diabetes

Exclusions

- Patients in hospice, using hospice services or receiving palliative care
- Patients who died anytime during the measurement year
- Medicare-covered patients 66 years old and older who live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP) anytime during the measurement year
- Patients 66 years old and older with both frailty and advanced illness
- Patients with evidence of bilateral eye enucleation—two unilateral enucleations 14 days apart **or** left and right unilateral eye enucleation on the same or different dates of service



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Performing well on the EED measure

One of the following services performed for eligible patients will satisfy the measure requirement:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A diabetic retinal screening by an eye professional during the measurement year billed with a diagnosis of diabetes without complications
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (Do not include codes with a modifier.)
- An automated eye exam (Current Procedural Terminology [CPT®] code 92229) billed by any provider type during the measurement year
- Bilateral eye enucleation anytime during the patient's history through Dec. 31 of the measurement year

Patient measure reporting may indicate an open care opportunity for the following key reasons:

- An eye exam was not performed in the measurement year
- A claim was not received
- The results of the exam were not received (negative/positive diagnosis)
- A patient was diagnosed with retinopathy and did not follow up with a specialist

Best practices for primary care physicians and eye care professionals

Primary care physicians (PCPs)	Optometrists or ophthalmologists
Discuss with patients the importance of an annual comprehensive eye exam and the risks of diabetic eye disease. Maintaining near-normal glucose levels and blood pressure lowers the risk of retinopathy developing and/or progressing.	Discuss with patients the importance of an annual comprehensive eye exam and the risks of diabetic eye disease. Maintaining near-normal glucose levels and blood pressure lowers the risk of retinopathy developing and/or progressing.
Refer patients to eye care professionals and schedule appointments for patients, if necessary.	Complete a retinal or dilated eye exam for diabetic patients at least every other year if no retinopathy is present, or more frequently if retinopathy is present.
Ensure patients have completed an annual comprehensive eye exam.	Send a copy of the exam to the PCP to store in the patient's medical record.
Obtain eye exam reports from specialists for record keeping.	Review and use the appropriate CPT Category II code to report the eye exam result. Ensure that a proper billing code is used to indicate an eye exam has been performed. See the coding sections in this document below for more information.
If utilizing fundus photography technology in a primary care office setting, ensure the retinal image has been reviewed and interpreted by an eye specialist.	Submit a proper diagnosis code identifying the patient as having diabetes, if appropriate.

Patient out-of-pocket cost information

- Diabetic eye exams are covered for all plans and, for most common CPT codes, have \$0 in-network cost share for Humana-covered patients with diabetes at all outpatient levels of service.
 - For plans with a deductible or for vision services performed by an out-of-network provider, this service will apply to the plan deductible. Humana-covered patients who have this service prior to meeting their plan deductible may have out-of-pocket costs.
- Coverage applies to one eye exam during the calendar year, starting at the plan effective date, under Medicare-covered vision services at both specialist and PCP levels of service.

Codes from eye care professionals

National Provider Identifier (NPI) required in addition to code(s) to close a care opportunity. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Most common CPT codes for diabetic retinal screening	92002, 92004, 92012, 92014, 92134, 92225, 92228, 92230, 92250, 92260
Other CPT codes for diabetic retinal screening	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92018, 92019, 92201, 92202, 92229, 92235, 92240, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
CPT code for automated eye exam	92229
HCPCS	S0620, S0621, S3000
ICD-10-CM to report diabetes mellitus without complications	E10.9, E11.9, E13.9

Note: CPT code 99212 billed by an eye care professional does not meet the specification requirement of a retinal or dilated eye exam.

HCPCS: Healthcare Common Procedure Coding System

ICD-10-CM: International Classification of Diseases, Tenth Revision, Clinical Modification

Codes from any provider

NPI required in addition to code(s) to close a care opportunity.

Description	Without evidence of retinopathy*	With evidence of retinopathy	Artificial intelligence exam code†
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	2023F	2022F	N/A
Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed	2025F	2024F	N/A
Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed	2033F	2026F	N/A

* When negative retinopathy results are reported for a patient, they will be compliant for the measurement year in which the testing occurred through the end of the following measurement year. For dates of service prior to Jan. 1, 2023, please report negative retinopathy results using CPT II code 3072F.

Note: Physicians should retain a copy of the eye exam in the patient's medical record.

† Should be submitted in conjunction with CPT II codes.

1. Sharon D. Solomon, et al., "Diabetic Retinopathy: A Position Statement by the American Diabetes Association," Diabetes Care 40, no. 3 (March 2017): 412–418, accessed February 5, 2024, doi.org/10.2337/dc16-2641
2. American Academy of Ophthalmology Retina/Vitreous Panel, Preferred Practice Pattern® Guidelines, Diabetic Retinopathy, San Francisco, CA: American Academy of Ophthalmology, 2017, available at: www.aao.org/ppp.

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