Measure Description:

An eye screening for diabetic retinal disease as identified by administrative data, including a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

This should be documented using an appropriate CPT code.

Any of the following codes document that the patient had a retinal or dilated eye exam or negative retinal exam:

Diabetic Retinal Screening CPT: 67028, 67030, 67031, 67036, 67039, 67040, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260
HCPCS: S0620, S0621, S3000
Diabetic Retinal Screening with Eye Care Professional CPT II: 2022F, 2024F, 2026F
Exclusions: Gestational and Steroid Induced Diabetes

Best Practice:
The American Diabetes Association and the American Academy of Ophthalmology both recommend annual eye examinations for all persons with diabetes.

Why This Measure is Important:

- Diabetic retinopathy is the most frequent cause of new cases of blindness among adults aged 20–74 years. During the first two decades of disease, nearly all patients with type 1 diabetes and >60% of patients with type 2 diabetes have retinopathy.
- The CDC estimates that 8.1 million diabetics remain undiagnosed. For this reason as well as the fact that diabetic retinopathy has few ophthalmic symptoms until vision deteriorates, the opportunity for early detection is often missed.
- For those who are diagnosed, maintaining target ranges of blood pressure, glucose and lipid levels can have a dramatic effect on diabetes management and progression of retinopathy.