

Diabetic Eye Exam Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and healthcare system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at <u>medicare.gov</u> to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description

The percentage of plan members with diabetes who had an eye exam to check for damage from diabetes during the year.

Measure Source

- Chart Review & Claims.
- 1/1 12/31.

Stars/Quality Specifications

The percentage of members between 18 and 75, with diabetes, (type 1 and type 2) who had an eye exam (retinal) performed during the measurement year.

Strategies for Success

- Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of the diabetes diagnosis.
- If there is no evidence of retinopathy for one or more annual eye exams, then exams every two years may be considered.
- Refer patients to ophthalmology or optometry for dilated retinal exam.
- May refer for Retinal Camera.

Coding and Documentation Tips

Can be billed by any provider type:

- 92229: Automated Eye Exam
- 3072F: Diabetic Retinal Screening Negative in Prior Year
- 2022F, 2024F, 2026F: Eye Exam with Evidence of Retinopathy
- 2023F, 2025F, 2033F: Eye Exam without Evidence of Retinopathy

Must be billed by an eye care professional (optometrist or ophthalmologist):

• S0620, S0621, S3000: Diabetic Retinal Screening

Members may be excluded from this measure due to frailty and/or advanced illness. Click the following link to review the master code list for exclusions: <u>Exclusion Codes</u>

If you have any questions, please contact your Provider Relations Specialist.

Weight: 1