Measure description
Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam

What will you need to report for each patient with diabetes mellitus for this measure?
If you select this measure for reporting, you will report:
- Whether or not the patient had a dilated eye exam performed for diabetic retinal disease

Patients will fall into one of 4 categories described below:
- Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist
- Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist
- Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results
- Low risk for retinopathy (no evidence of retinopathy in the prior year)

What if this process or outcome of care is not appropriate for your patient?
Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.
## Dilated Eye Exam in Diabetic Patient

### PQRI Data Collection Sheet

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Practice Medical Record Number (MRN)</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>🔄 Male  🔄 Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Provider Identifier (NPI)</th>
<th>Date of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Information

**Step 1  Is patient eligible for this measure?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Code Required on Claim Form**

- Verify date of birth on claim form.

**Step 2  Does patient meet the measure?**

<table>
<thead>
<tr>
<th>Dilated Eye Exam</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)**

- 2022F
- 2024F
- 2026F

**If No is checked for all of the above, report 2022F–8P OR 2024F–8P OR 2026F–8P (Dilated eye exam was not performed, reason not otherwise specified.)**

### Billing Information

- Verify date of birth on claim form.
- Refer to coding specifications document for list of applicable codes. Codes determining a patient’s eligibility must be reported on the same claim as the quality code(s) identified below.
Diabetes Mellitus

Dilated Eye Exam in Diabetic Patient

Coding Specifications

Codes required to document patient has diabetes mellitus and a visit occurred:

A line item ICD-9-CM diagnosis code for diabetes mellitus and a CPT E/M service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Diabetes mellitus line item ICD-9-CM diagnosis codes

- 250.00, 250.01, 250.02, 250.03 (diabetes mellitus without mention of complication),
- 250.10, 250.11, 250.12, 250.13 (diabetes with ketoacidosis),
- 250.20, 250.21, 250.22, 250.23 (diabetes with hyperosmolarity),
- 250.30, 250.31, 250.32, 250.33 (diabetes with other coma),
- 250.40, 250.41, 250.42, 250.43 (diabetes with renal manifestations),
- 250.50, 250.51, 250.52, 250.53 (diabetes with ophthalmic manifestations),
- 250.60, 250.61, 250.62, 250.63 (diabetes with neurological manifestations),
- 250.70, 250.71, 250.72, 250.73 (diabetes with peripheral circulatory disorders),
- 250.80, 250.81, 250.82, 250.83 (diabetes with other specified manifestations),
- 250.90, 250.91, 250.92, 250.93 (diabetes with unspecified complication),
- 357.2 (polyneuropathy in diabetes),
- 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07 (other retinal disorders),
- 366.41 (diabetic cataract),
- 648.00, 648.01, 648.02, 648.03, 648.04 (diabetes mellitus in pregnancy, not gestational)

AND

CPT E/M service codes or G-codes

- 92002, 92004 (ophthalmological services — new patient),
- 92012, 92014 (ophthalmological services — established patient),
- 97802, 97803, 97804 (medicinal nutrition therapy),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99304, 99305, 99306 (initial nursing facility care),
- 99307, 99308, 99309, 99310 (subsequent nursing facility care),
- 99324, 99325, 99326, 99327, 99328 (domiciliary, new patient),
- 99334, 99335, 99336, 99337 (domiciliary, established patient),
- 99341, 99342, 99343, 99344, 99345 (home services, new patient),
- 99347, 99348, 99349, 99350 (home services, established patient),
- G0270, G0271 (medical nutrition therapy)

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 2022F**: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
- **CPT II 2024F**: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
- **CPT II 2026F**: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
- **CPT II 3072F**: Low risk for retinopathy (no evidence of retinopathy in the prior year)
- **CPT II 2022F–8P OR CPT II 2024F–8P OR CPT II 2026F–8P**: Dilated eye exam was not performed, reason not otherwise specified

NCQA Notice of Use. Broad public use and dissemination of these measures is encouraged and the measure developers have agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care providers in connection with their own practices is not commercial use. Commercial use of a measure does require the prior written consent of the measure developer. As used herein, a “commercial use” refers to any sale, license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, (even if there is no actual charge for inclusion of the measure.)

These performance measures were developed and are owned by the National Committee for Quality Assurance (“NCQA”). These performance measures are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA.

© 2004 National Committee for Quality Assurance, all rights reserved.

Performance measures developed by NCQA for CMS may look different from the measures solely created and owned by NCQA.

PQRI 2009 Measure 117, Effective Date 01/01/2009

© 2004 National Committee for Quality Assurance, all rights reserved.

CPT® copyright 2008 American Medical Association