Care and coding standards: Diabetes

The consequences of untreated diabetes can severely impact a person's vision. According to the Centers for Disease Control and Prevention (CDC), diabetes affects almost one-third of the U.S. population over the age of 40 and costs the nation about $500 million per year. Diabetes is the leading cause of new cases of blindness, as patients are at greater risk for cataracts, glaucoma and diabetic retinopathy. Early detection and control of blood sugar and blood pressure levels are important.[1]

Healthcare Effectiveness Data Information Set (HEDIS) is a National Committee for Quality (NCQA) tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. At UnitedHealthcare® | March® Vision Care, one of our primary focus areas is eye exams for members with diabetes (EED), who either don't have a record of an annual eye exam or have a record of a negative retinopathy in the last two years. It is important to improve member health outcomes and overall wellbeing through gap closures.

Key Points

- Eye exams for members with diabetes (EED) is one of our primary focus areas to assist with early detection and prevention

- We offer tools to improve member health outcomes and overall wellbeing through gap closures.

- Correct coding and billing are required to ensure proper care and reduce administrative burden.

We want you to have the tools you need to ensure patients receive personalized, whole-person care that reflects clinical best practices. Communicating these care standards and requiring informational claim coding are two ways we do our part to ensure members receive the appropriate level of care for their diagnoses. We are committed to the care of patients with diabetes in the following ways:

- Focus on early disease detection by promoting annual eye exams with dilation
- Remind diabetic patients to schedule eye exam appointments
- Monitor claims data to find gaps in care and take action to close the gaps
- Require informational claim coding to show clinical outcomes
- Review patient charts to ensure consistent quality of care
- Offer periodic coding reminders and educational courses to doctors and staff

Dilation of the pupil is required

Dilation of the pupil for fundus examination is required for patients with diabetes. All health care professionals must be licensed and capable to dilate the pupil and perform the physical retina examination.

- New Patients
  - All new patients require a detailed examination of the fundus. This can be accomplished with the pharmacological dilation of the pupil and examination with a binocular indirect ophthalmoscope and a slit lamp fundus lens or the professional review of a wide-angle fundus image (Optos or equivalent)
- Established Patients
  - Patients who have been diagnosed with diabetes require dilation every year at a minimum, more often if they have retinopathy
  - Although the retinal imaging method is acceptable in some cases, it is not a substitute for a physical binocular retina examination

[1] Centers for Disease Control and Prevention. Diabetic Retinopathy: https://cdc.gov/visionhealth/pdf/factsheet/pdf

Care for patients with diabetes

The following actions assure the care required for patients with diabetes:

- Detailed patient history should include:
  - o The name, and contact information of the Primary Care Physician (PCP) or the health care provider managing the diabetes, if available
  - o A list of all diabetes medications
- The HA1c should be documented in the chart. This may come from the patient, a lab report or the PCP
- Dilation is required every year
- All common eye changes that result from diabetes should be documented in the medical record. These include, but are not limited to, retinopathy, dry eye, blepharitis, cataract and low-tension glaucoma.
- The retina examination must be detailed, and subtle background changes should be noted
- Education and counseling about blood sugar control and the required numbers to prevent vision loss should be emphasized

Using appropriate codes

Using informational coding correctly on your claims is critical. Our efforts to support the best clinical outcomes, including patient outreach, PCP notification and required CMS reporting, depend on the information submitted on your claims. The use of CPTII codes for HEDIS also decreases the need for requests for chart reviews, reducing the administrative burden on you and your staff. CPTII codes should be billed in the CPT/HCPCS field, on the same claim as the CPT codes.

- Claims for patients with diabetes but no evidence of retinopathy should include appropriate ICD-10 codes and an applicable CPTII code: 2023F, 2025F or 2033F
- Claims for patients with diabetes and evidence of retinopathy should include appropriate ICD-10 codes and an applicable CPTII code: 2022F, 2024F or 2026F
- Claims for patients with diabetes who present with low risk for retinopathy (no evidence of retinopathy in the prior year) should include appropriate ICD-10 codes and an applicable CPT II code: 3072F

CPTII Code	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

Important coding tips

- Always bill ICD-10 codes at the highest level of specificity
- Patients' medical records must support the CPT, CPTII and ICD-10 codes on the claim
- CPTII codes do not have relative value and can be billed with a $0 charge amount

Improve overall care

You play a vital role in helping your patients with diabetes live a healthier life. Our care standards for diabetes were developed to support your efforts to help patients receive the right care at the right time. Together, we can improve eye care and overall care for patients with diabetes.

Additional Information

You can find additional information about our care standards and coding standards in your Provider Reference Guide (PRG).