

# Eye Exam for Patients with Diabetes (EED)

## Description of Measure

The percentage of members 18 -75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.<sup>1</sup>

Members may be identified as having diabetes in the year prior (PY) or during the measurement year. Members are identified by the following:

- Claims/encounter data- Members had at least two diagnoses of diabetes on different dates of service during the prior year (PY) or measurement year (MY).
- Pharmacy data – Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the MY or PY **and** at least one diagnosis of diabetes during the MY or PY.

## Documentation

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the MY.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the PY.
- Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy.
- Dilation confirmation is not necessary when retina and vessels are examined.
- Health maintenance or preventive care sections are considered as a “history section” and can be used for reporting when all EED data elements are present (eye care provider, date of service, and an eye exam result).
- An eye exam documented as positive for hypertensive retinopathy is counted as positive for diabetic retinopathy.
- If one eye is not examined this leads to an indeterminate result, this is not considered a result/finding.
- Blindness is not an exclusion.

## Codes

CPTII Code	Definition
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed, <b>with evidence of retinopathy</b>
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed, <b>without evidence of retinopathy</b>

## Exclusions

Exclusions	Timeframe								
<ul style="list-style-type: none"> <li>■ Members in hospice or using hospice services</li> <li>■ Member who died</li> <li>■ Members receiving palliative care</li> </ul>	Any time during MY								
<p>Members 66 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH frailty and advanced illness criteria to be excluded.</p>	<ul style="list-style-type: none"> <li>■ Frailty diagnosis on 2 different DOS during the MY</li> <li>■ Advanced Illness: Either of the following during the MY or PY               <ul style="list-style-type: none"> <li>- Advanced illness diagnosis on 2 different DOS</li> <li>- Dispensed a dementia medication</li> </ul> </li> </ul> <table border="1" data-bbox="699 642 1500 932"> <thead> <tr> <th data-bbox="699 642 1117 730">Dementia Med Description</th> <th data-bbox="1117 642 1500 730">Prescription</th> </tr> </thead> <tbody> <tr> <td data-bbox="699 730 1117 842">Cholinesterase inhibitors</td> <td data-bbox="1117 730 1500 842"> <ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul> </td> </tr> <tr> <td data-bbox="699 842 1117 888">Misc. CNS Agents</td> <td data-bbox="1117 842 1500 888"> <ul style="list-style-type: none"> <li>• Memantine</li> </ul> </td> </tr> <tr> <td data-bbox="699 888 1117 932">Dementia combinations</td> <td data-bbox="1117 888 1500 932"> <ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul> </td> </tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>	Misc. CNS Agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>	Dementia combinations	<ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul>
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<p><b>Strategies for Success</b></p>	<ul style="list-style-type: none"> <li>■ Build care gap alerts in your EHR and include when diabetic patients are due for care.</li> <li>■ Review diabetic services needed at each office visit.</li> <li>■ Refer patients to an optometrist or ophthalmologist for dilated retinal exam annually and explain why it is different than a screening for glasses or contacts.</li> <li>■ Incorporate a retinal camera in primary care with results interpreted by an optometrist or ophthalmologist.</li> </ul>

## Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans

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