



Comprehensive Diabetes Care Retinal Eye Exams

Diabetic members are at an increased risk for experiencing a group of eye problems including complications such as retinopathy, cataracts and glaucoma. Diabetic retinopathy is the most common diabetic eye disease and the leading cause of blindness in American adults with 40 to 45 percent affected in some form. It is important for all members diagnosed with diabetes to have a comprehensive eye exam performed annually as they are all at risk.²

The Measure

This measure is defined as the percentage of Medicare Advantage beneficiaries with diabetes who have had a retinal eye exam during the current or previous calendar year. This measure includes members with diabetes that had a retinal or dilated eye exam by an eye care professional in the current calendar year or a negative retinal or dilated exam for retinopathy by an eye care professional in previous calendar year.

Common Barriers

Comprehensive diabetes care requires multiple providers in executing a plan of care. A lack of symptoms may deter members with diabetes from having their eyes screened for damage. Due to the complexity of diabetes, some members diagnosed with diabetes may not fully understand their risks for diabetic retinopathy. There is no copay for in-home diabetic retinal eye exams for members with diabetes.

Best Practices

- Remember to include proper category II codes for diabetic retinal exams.
- Follow original diabetes diagnosis with proper retinal eye exams.
- Be sure to schedule retinal or dilated eye exams at a minimum every two years.
- Continue to execute comprehensive care for members with diabetes.
- Follow the American Diabetes Association clinical guidelines.

How to Close the Measure

- 1. Submit or adjust claims with appropriate codes and be sure to include Category II Codes. See table below for more information.
- 2. Complete and submit the Physician Assessment Form (PAF).
- 3. Complete the self-report section online within the Physician Quality Incentive Program tool on BlueAccess. ***
- 4. Submit an abstract of the member's medical record. This is the method of last resort and should only be used when previous methods are not feasible.

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¹http://www.cdc.gov/diabetes/pubs/tcyd/eye.htm

² http://www.nei.nih.gov/health/diabetic/retinopathy.asp#2a





Table 1

Code	Code Type	Definition
67028	CPT [®]	Intravitreal injection of a pharmacologic agent (separate procedure)
67030	CPT [®]	Discussion of vitreous strands (without removal), pars plana approach
67031	CPT®	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036	CPT [®]	Vitrectomy, mechanical, pars plana approach
67039	CPT [®]	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	CPT [®]	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	CPT [®]	Vitrectomy, mechanical, pars plana approach; with removial of preretinal cellular membrane (e.g., macular pucker)
67042	CPT [®]	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes if performed, intraocular tamponade (i.e., air, gas or silicone oil)
67043	CPT [®]	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g., choroidal neovascularization), includes, if performed intraocular tamponade (i.e., air, gas or silicone and laser photocoagulation
67101	CPT®	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	CPT [®]	Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid
67107	CPT®	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	CPT [®]	Repair of retinal detachment; with Vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same
2022F	CPT [®] II	Dilated retinal eye exam with interoperation by an opthalmologist or optometrist documented and reviewed
2024F	CPT [®] II	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
2026F	CPT [®] II	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
3072F	CPT [®] II	Low risk for retinopathy (no evidence of retinopathy in the prior year)

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BlueCross BlueShield of Tennessee Supports

- We offer a \$15 gift card incentive to members for a few preventive services. We will even help schedule those services or appointments for them. Please have BlueAdvantage (PPO)sM members call 1-800-831-BLUE (2583) or BlueChoice (HMO)[™] members call 1-800-317-BLUE (2583) if they need help scheduling an appointment or finding a participating facility.
- We conduct outreach campaigns via letters, postcards and calls that encourage and remind members to have their screenings.
- We provide Quality Resources on our website for your convenience.
- Regardless of the method or person closing the gap, all gaps closed will be credited to the attributed primary care provider on file. View more information on how we attribute members to your practice here.

*We know some gaps in care may already be closed but not reported through claims or may not apply due to exclusions. When this occurs, simply login through our secure BlueAccess tool, access the member's account and self-report closed gaps and exclusions. This must be completed by a licensed clinician designated by a BlueAccess practitioner user role. You may also view which members have gaps in care that need to be closed. If training or access to the tool's practitioner role is needed for any licensed clinician staff members, please contact:

West Tennessee: Debbie Angner Phone: (901) 544-2285

Middle Tennessee: **Fave Mangold** Phone: (423) 535-2750

East Tennessee: Faith Daniel

Phone: (423) 535-6796

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Technical Support:

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Option 2