

## Dilated Eye Exam in Diabetic Patient

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

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

	Yes	No	Code Required on Claim Form
Patient is aged 18 through 75 years.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of diabetes mellitus.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			

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

Dilated Eye Exam	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented and reviewed — Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist	<input type="checkbox"/>	<input type="checkbox"/>	2022F
Documented and reviewed — Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist	<input type="checkbox"/>	<input type="checkbox"/>	2024F
Documented and reviewed — Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results	<input type="checkbox"/>	<input type="checkbox"/>	2026F
Documented and reviewed — Low risk for retinopathy (no evidence of retinopathy in the prior year)	<input type="checkbox"/>	<input type="checkbox"/>	3072F
			If <b>No</b> is checked for <b>all</b> of the above, report 2022F-8P OR 2024F-8P OR 2026F-8P (Dilated eye exam was not performed, reason not otherwise specified.)