Age-Related Macular Degeneration

Dilated Macular Examination

				/ / \square Male \square Femal	
atient's Name Pr	Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender	
ational 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 50 years and older				Verify date of birth on claim form.	
Patient has a diagnosis of age-rela macular degeneration.	ted			Refer to coding specifications document for list of applicable codes.	
There is a CPT E/M Service Code t	for this visit.				
If No is checked for any of the above, STOP. Do not report a CPT category II code.					
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?					
Dilated Macular Examination (inclu of the presence or absence of macu hemorrhage AND the level of macular	ılar thickening or	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)	
Performed				2019F	
Not performed for one of the follow	ving reasons:				
 Medical (eg, not indicated, contro other medical reason) 	raindicated,			2019F–1P	
 Patient (eg, patient declined, ecc religious, other patient reason) 	onomic, social,			2019F-2P	
• System ¹				2019F-3P	
Document reason here and in med	ical chart.			If No is checked for all of the above, report 2019F–8P (Dilated macular exam was not performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular	

¹The system reason exclusion may be used if a clinician is asked to report on this measure but is not the clinician providing the primary management for age-related macular degeneration.