# Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

## **Coding Specifications**

Codes required to document patient has diabetic retinopathy and a visit or procedure for ophthalmologic services occurred:

A line item ICD-9-CM diagnosis code for diabetic retinopathy and a CPT service code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

### Diabetic retinopathy line item ICD-9-CM diagnosis codes

 362.01, 362.02, 362.03, 362.04, 362.05, 362.06 (diabetic retinopathy)

### AND

### **CPT** service codes

- 92002, 92004 (ophthalmological services new patient),
- 92012, 92014 (ophthalmological services established patient),
- 99201, 99202, 99203, 99204, 99205 (office new patient),
- 99212, 99213, 99214, 99215 (office established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary)

Quality codes for this measure:

#### **CPT II Code descriptors**

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 2021F:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy
- CPT II 2021F-1P: Documentation of medical reason(s) for not performing a dilated macular or fundus examination
- *CPT II 2021F-2P*: Documentation of patient reason(s) for not performing a dilated macular or fundus examination
- CPT II 2021F-3P<sup>1</sup>: Documentation of system reason(s) for not performing a dilated macular or fundus examination
- CPT II 2021F-8P: Dilated macular or fundus exam was not performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy, reason not otherwise specified

<sup>1</sup>The 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 diabetic retinopathy.

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