

Communication with the Physician Managing Ongoing Diabetes Care

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 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:

G-code and CPT-II Code descriptors

(Data collection sheet should be used to determine appropriate code or combination of codes.)

- **G8397:** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy.
- **G8398:** Dilated macular or fundus exam not performed
- **CPT II 5010F:** Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care
- **CPT II 5010F-2P:** Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes.
- **CPT II 5010F-3P¹:** Documentation of system reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes.
- **CPT II 5010F-8P:** Findings of dilated macular or fundus exam was not communicated to the physician managing the diabetes care, reason not otherwise specified.

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 diabetic retinopathy.

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