Diabetic Retinopathy

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

PQRI Data Collection Sheet				
				/ / \square Male \square Femal
'atient's Name Practice Medical Reco	Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy) Gender
National Provider Identifier (NPI)			Date of Service	
Clinical Information				Billing Information
Step 1 Is patient eligible for this measur	e?			
		Yes	No	Code Required on Claim Form
Patient is aged 18 years and older on date of encou	unter.			Verify date of birth on claim form.
Patient has a line item diagnosis of diabetic retinop	oathy.			Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as
There is a CPT Code for this visit.				
No is checked for any of the above, STOP. Do not report CPT category II code.			the quality code(s) identified below.	
Step 2 Does patient meet or have an acc for not meeting the measure?	eptabl	e reas	on	
Dilated Macular or Fundus Exam (including documentation of the level of severity of retinopathy AND the presence or absence of macular edema) ¹ 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				2021F
Not performed for one of the following reasons:				
				2021F-1P
 Medical (eg, not indicated, contraindicated, other medical reason) 				
 Medical (eg, not indicated, contraindicated, other medical reason) Patient (eg, patient declined, economic, social, religious, other patient reason) 				2021F-2P

¹Medical record must include: Documentation of the level of severity of retinopathy (eg, background diabetic retinopathy, proliferative diabetic retinopathy) AND documentation of whether macular edema was present or absent