

## 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 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 codes:

- 92002, 92004
- 92012, 92014
- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215
- 99304, 99305, 99306, 99307, 99308, 99309, 99310
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

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-8P:** Findings of dilated macular or fundus exam was not communicated to the physician managing the diabetes care, reason not otherwise specified.

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