

Dilated Macular Examination

Coding Specifications

Codes required to document patient has age-related macular degeneration and a visit or procedure for ophthalmologic services occurred:

An ICD-9-CM diagnosis code for age-related macular degeneration and a CPT code are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

Age-related macular degeneration ICD-9-CM diagnosis codes

- 362.50 (macular degeneration [senile], unspecified)
- 362.51 (nonexudative senile macular degeneration)
- 362.52 (exudative senile macular degeneration)

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:

CPT II Code descriptors

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

- **CPT II 2019F:** Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity
- **CPT II 2019F-1P:** Documentation of medical reason(s) for not performing a dilated macular examination (eg, not indicated, contraindicated, other medical reason)
- **CPT II 2019F-2P:** Documentation of patient reason(s) for not performing a dilated macular examination (eg, patient declined, economic, social, religious, other patient reason)
- **CPT II 2019F-8P:** Dilated macular exam was not performed, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement® (the Consortium) and the National Committee for Quality Assurance (NCQA) pursuant to government sponsorship under subcontract 6205-05-054 with Mathematica Policy Research, Inc. under contract 500-00-0033 with Centers for Medicare & Medicaid Services.

These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the AMA, (on behalf of the Consortium) or NCQA. Neither the AMA, NCQA, Consortium nor its members shall be responsible for any use of the Measures.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2004–6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, NCQA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2010 American Medical Association

G codes and associated descriptions included in these Measure specifications are in the public domain.

Physician Quality Reporting System 2011 Measure 14, Effective Date 01/01/2011
© 2004–6 American Medical Association and National Committee for Quality Assurance. All Rights Reserved.
CPT® copyright 2010 American Medical Association