

## 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:

An 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 claim(s) representing the eligible encounter.

### Diabetic retinopathy ICD-9-CM 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:

### 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 (eg, not indicated, contraindicated, other medical reason)
- **CPT II 2021F-2P:** Documentation of patient reason(s) for not performing a dilated macular or fundus examination (eg, patient declined, economic, social, religious, other patient reason)
- **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

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