

Diabetic Retinopathy

Communication with the Physician Managing Ongoing Diabetes Care

Physician Quality Reporting System Data Collection Sheet

| | | | |
|------------------------------------|--------------------------------------|-----------------------------|--|
| Patient's Name | Practice Medical Record Number (MRN) | Birth Date (mm/dd/yyyy) / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| National Provider Identifier (NPI) | | Date of Service | |

Clinical Information

Billing Information

| Step 1 Is patient eligible for this measure? | | | Code Required on Claim Form |
|---|--------------------------|--------------------------|--|
| | Yes | No | |
| Patient is aged 18 years and older on date of encounter. | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form. |
| Patient has a diagnosis of diabetic retinopathy. | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below. |
| There is a CPT Code for this visit. | <input type="checkbox"/> | <input type="checkbox"/> | |
| If No is checked for any of the above, STOP. Do not report a G-code or CPT category II code. | | | |
| Step 2 Does patient also have the other requirements for this measure? | | | Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form) |
| | Yes | No | |
| Did patient have dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy? | <input type="checkbox"/> | <input type="checkbox"/> | If No , report only G8398 and STOP. If Yes , report G8397 and proceed to Step 3. |
| Step 3 Does patient meet or have an acceptable reason for not meeting the measure? | | | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) |
| Dilated Macular or Fundus Exam Findings | Yes | No | |
| Communicated ¹ | <input type="checkbox"/> | <input type="checkbox"/> | 5010F |
| Not communicated for one of the following reasons: <ul style="list-style-type: none"> Medical (eg, not indicated, contraindicated, other medical reason) Patient (eg, patient declined, economic, social, religious, other patient reason) | <input type="checkbox"/> | <input type="checkbox"/> | 5010F-1P |
| | <input type="checkbox"/> | <input type="checkbox"/> | 5010F-2P |
| Document reason here and in medical chart. _____ _____ | | | If No is checked for all of the above, report 5010F-8P (Findings of dilated macular or fundus exam was not communicated to the physician managing the diabetes care, reason not otherwise specified.) |

¹Communication — May include documentation in the medical record indicating that the results of the dilated macular or fundus exam were communicated (eg, verbally, by letter) with the clinician managing the patient's diabetic care OR a copy of a letter in the medical record to the clinician managing the patient's diabetic care outlining the findings of the dilated macular or fundus exam.