

**Measure 19: Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care**

**Reporting Options:** Claims, Registry, EHR

**Quality Domain:** Effective Clinical Care

**Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

**Instructions:** This measure is to be reported a minimum of once per reporting period for all patients with diabetic retinopathy seen during the reporting period. It is anticipated that clinicians who provide the primary management of patients with diabetic retinopathy (in either one or both eyes) will submit this measure.

**Definition:**

**Communication:** May include documentation in the medical record indicating that the results of the dilated macular or fundus exam were communicated (e.g., 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

**Findings:** Includes level of severity of retinopathy (eg, mild nonproliferative, moderate nonproliferative, severe nonproliferative, very severe nonproliferative, proliferative) AND the presence or absence of macular edema, the patient's diabetic care outlining the findings of the dilated macular or fundus exam.

**Category II and HCPCS Codes:**

**Note:** There are four options for reporting this measure. Each requires a Category II code and one HCPCS G code.

**5010F** Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care;

and

**G8397** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy;

or

**5010F 1P** Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the on-going care of the patient with diabetes

and

**G8397** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy

*or*

**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 on-going care of the patient with diabetes

and

**G8397** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy , *or*

**G8398** Dilated macular or fundus exam not performed

*or*

**5010F 8P** Findings of dilated macular or fundus exam was not communicated to the physician managing the diabetes care, reason not otherwise specified

and

**G8397** Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy

**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

**Diagnosis Codes:**

Diagnosis for diabetic retinopathy (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 362.01, 362.02, 362.03, 362.04, 362.05, 362.06

Diagnosis for diabetic retinopathy (ICD-10-CM) [for use 10/01/2015-12/31/2015]: E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.311, E09.319, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.311, E11.319, E11.321, E11.329, E11.331,

E11.339, E11.341, E11.349, E11.351, E11.359, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359

**Clinical Recommendation Statements:** While it is clearly the responsibility of the ophthalmologist to manage eye disease, it is also the ophthalmologist's responsibility to ensure that patients with diabetes are referred for appropriate management of their systemic condition. It is the realm of the patient's family physician, internist or endocrinologist to manage the systemic diabetes. The ophthalmologist should communicate with the attending physician.