Eye Exam for Patients With Diabetes (EED)

New for 2026

- No applicable changes for this measure

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had a retinal eye exam.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
• Commercial • Exchange/Marketplace • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Health Plan Ratings	**Administrative** • Claim/encounter data • Pharmacy data

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Eye Exam for Patients With Diabetes (EED) (cont.)

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice

Scenario 1: Eye exam with or without evidence of retinopathy billed by any provider type during the measurement year OR eye exam without evidence of retinopathy during prior year billed by any provider type

Diabetic eye exam without evidence of retinopathy	
CPT®/CPT II	2023F, 2025F, 2033F

Diabetic eye exam with evidence of retinopathy	
CPT®/CPT II	2022F, 2024F, 2026F

Scenario 2: Autonomous eye exam billed by any provider type during the measurement year

Autonomous eye exam (imaging of retina)	
CPTR/CPT II	92229
LOINC	105914-6 (with a result), LA34398-0, LA34399-8

Scenario 3: Retinal imaging by a qualified reading center, billed by any provider type during the measurement year

Retinal imaging	
CPT®/CPT II	92227, 92228
SNOMED	3047001, 20067007, 314971001

Scenario 4: Diabetic retinal screening negative in year prior, billed by any provider type

Diabetic retinal screening negative in prior	
CPT®/CPT II	3072F (do not include codes with a modifier)

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Scenario 5: Any combination that indicates findings from a retinal exam for diabetic retinopathy performed in both the left and right eye by any provider, or a combination that indicates one eye is enucleated and the other was examined

Left eye	Right eye
Retinal exam finding: Any level of retinopathy (LOINC code 71490-7) **with** diabetic retinopathy severity level (LOINC codes LA18644-7, LA18645-4, LA18643-9, LA18648-8, LA18646-2) **during the measurement year**	Retinal exam finding: Any level of retinopathy (LOINC code 71491-5) **with** diabetic retinopathy severity level (LOINC codes LA18644-7, LA18645-4, LA18643-9, LA18648-8, LA18646-2) **during the measurement year**
Retinal exam finding: No retinopathy (LOINC code 71490-7 **with** LOINC code LA18643-9) in the **year prior to the measurement year**	Retinal exam finding: No retinopathy (LOINC code 71491-5 **with** LOINC code LA18643-9) in the **year prior to the measurement year**
Enucleation: ICD-10-PCS code 08T1XZZ any time during the member's history through Dec. 31 of the measurement year	Enucleation: ICD-10-PCS code 08T0XZZ any time during the member's history through Dec. 31 of the measurement year

Scenario 6: Retinal eye exam billed by an eye care professional during the measurement year OR retinal eye exam billed by an eye care professional during the prior year with a diagnosis of diabetes without complications

Retinal eye exam	
CPT®/CPT II	92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
HCPCS	S0620, S0621, S3000
SNOMED	252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 252846004, 274795007, 274798009, 308110009, 30842004, 314972008, 36844005, 391999003, 392005004, 410441007, 410450009, 410451008, 410452001, 410453006, 410455004, 416369006, 417587001, 420213007, 425816006, 427478009, 53524009, 56072006, 56204000, 6615001, 700070005, 722161008
Diabetes mellitus without complications	
ICD-10 Diagnosis	E10.9, E11.9, E13.9
SNOMED	721111000124107, 721121000124104, 721201000124104, 31321000119102, 1481000119100, 111552007, 1217068008, 1217044000, 190412005, 1290118005, 313436004. 290002008, 443694000, 444073006, 444074000, 444110003, 445353002, 870528001, 164971000119101

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Required exclusion(s)

Exclusion	Time frame
• Members in hospice or using hospice services • Members receiving palliative care • Members who died • Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: – Enrolled in an Institutional Special Needs Plan (I-SNP) – Living long term in an institution	Any time during the measurement year
• Members 66 years of age and older as of Dec. 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify as an exclusion: – Frailty: At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81). – Advanced Illness: Indicated by 1 of the following: o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81). o Dispensed dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	• **Frailty** diagnoses must be in the measurement year and on different dates of service • **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year
• Bilateral eye enucleation • Bilateral absence of eyes (SNOMED CT code 15665641000119103)	• Any time during the member's history through Dec. 31 of the measurement year

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Important notes

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
• Members without retinopathy should have an eye exam every 2 years • Members with retinopathy should have an eye exam every year	• Dilated or retinal eye exam • Fundus photography	• Consultation reports • Diabetic flow sheets • Eye exam report • Progress notes

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Tips and best practices to help close this care opportunity

- **If documenting the history of a dilated eye exam in a member's chart and do not have the eye exam report from the eye care professional, always list the date of service, test, result and that retinopathy was assessed by an eye care professional**
  - For example: "Last diabetic eye exam with John Smith, OD, was June 2024 with no retinopathy"
- Documentation of a diabetic eye exam by an optometrist or ophthalmologist isn't specific enough to meet the criteria. The medical record must indicate that a **dilated or retinal exam** was performed. If the words "dilated" or "retinal" are missing in the medical record, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- If history of a dilated retinal eye exam and result is in your progress notes, please ensure that a date of service, the test or result, and the care provider's credentials are documented. The care provider must be an optometrist or ophthalmologist, and including only the date of the progress note will not count.
- A slit-lamp examination will not meet the criteria for the dilated eye exam measure. There must be additional documentation of dilation or evidence that the retina was examined for a slit-lamp exam to be considered compliant
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results will be compliant.
  - Alternatively, results may be read by:
    - A qualified reading center that operates under the direction of a medical director who is a retinal specialist
    - A system that provides artificial intelligence (AI) interpretation
- If a copy of the fundus photography is included in your medical record it must include results, date and signature of the reading eye care professional for compliance
- To be reimbursable, billing of fundus photography code 92250 must be submitted globally by an optometrist or ophthalmologist and meet disease state criteria
- Documentation of hypertensive retinopathy should be considered the same as diabetic retinopathy
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract

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- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as diabetic retinal screening with an eye care professional. It can also reduce the need for some chart review.
  - Adding CPT II modifier codes to a claim may result in the gap not closing
- Dilated retinal eye exams with results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

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