Diabetic Eye Exam and Glaucoma Checks

When coding claims for eye exams, please be sure to accurately document your patient's status by using the proper ICD 9 code for the primary code as well as up to seven additional secondary diagnosis codes. If the exam is a routine exam, the routine diagnosis code would be the primary code, followed by codes for any medical conditions identified (such as diabetic retinopathy, diabetic macular edema, glaucoma, etc.).

When coding a known diabetic member, please document the diabetic retinopathy status of the member using the following codes:

250.0 Diabetes mellitus without mention of complication
362.0 Diabetic retinopathy (code first 250.5X)
362.01 Background diabetic retinopathy (code first 250.5X)
362.02 Proliferative diabetic retinopathy (code first 250.5X)
362.03 Non-proliferative diabetic retinopathy (code first 250.5 X)
362.04 Mild non-proliferative diabetic retinopathy (code first 250.5 X)
362.05 Moderate non-proliferative diabetic retinopathy (code first 250.5 X)
362.06 Severe non-proliferative diabetic retinopathy (code first 250.5 X)
362.07 Diabetic macular edema (code first 250.5 X)

When using the diagnosis code 250.5X – you must include one of the following 5th digit classifications:

0 Type II or unspecified type, not stated as controlled
1 Type I (juvenile type), not stated as controlled
2 Type II, or unspecified type, uncontrolled
3 Type I (juvenile type) uncontrolled

Please bill code PQRI 3072F when appropriate. If you bill that code, that medical record will never be requested for a diabetes related HEDIS study!

Additionally, if your patient is diagnosed with glaucoma suspect or glaucoma, please be sure to bill the proper glaucoma code (365.0 – 365.9).

We report all ICD 9 codes you bill, primary and secondary, to our contracted health plans and they are concerned with capturing data on their members with diabetes and glaucoma.

The Advantica EyeCare Quality Improvement Committee defined the following schedule for dilated fundus exams as follows:

A dilated fundus evaluation should be performed on all initial examinations unless medically contraindicated and thereafter as need but at least every five years. Diabetic members should have a dilated fundus evaluation at least annually. The provider will honor a member's request for a dilated fundus examination whenever possible.

Please communicate the results of your exam to the member's primary care physician, if known. Advantica EyeCare will soon have forms available on our website www.advanticabenefits.com that may be used in this PCP communication.

Please contact Provider Relations at (866) 425-2323 or providerrelations@advanticabenefits.com with any questions or comments.