

Diabetic Retinopathy Evaluation

Patient Instructions: Please take this form to your eye care professional and have them complete and return. *Diabetic Eye exams are covered under medical insurance and may be subject to your specialist co-pay and/or deductible.*

Patient Name: _____ DOB: _____

Date of Exam: _____ Health Plan ID: _____

Primary Care Physician Information

Physician: _____ Fax: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

FINDINGS

No diabetic retinopathy is found in either eye. OR

RETINAL EXAM ABNORMALITIES DETECTED, AS FOLLOWS:

Background changes noted in:

Right (*Circle Grade*) Mild Moderate Severe

Clinically significant diabetic macular edema? Yes No

Left (*Circle Grade*) Mild Moderate Severe

Clinically significant diabetic macular edema? Yes No

Proliferative changes noted in:

Right (*Circle Grade*) Active Regressed/Stable

Left (*Circle Grade*) Active Regressed/Stable

FOLLOW UP

Routine follow-up exam is recommended in one year. OR

Follow-up of abnormalities in my office is recommended in _____ (timeframe).

Referral to Dr. _____ is recommended in _____ (timeframe).

Cataracts or Glaucoma detected OR laser treatment is needed. Letter to follow.

Codes to Indicate HEDIS Compliance:

92004 – Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient, one or more visits.

92014 – Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits.

G2102 – Dilated eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed **with evidence of retinopathy**

2023F – Dilated eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed **without evidence of retinopathy**

G2103– Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed **with evidence of retinopathy**

2025F – Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed **without evidence of retinopathy**

G2104 – Eye imaging validated to match diagnosis from seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed **with evidence of retinopathy**.

2033F – Eye imaging validated to match diagnosis from seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed **without evidence of retinopathy**.

3072F – Diabetic retinal screening negative

_____ Eye Care Professional Signature

_____ Eye Care Professional Printed Last Name

Office Name: _____