

HEDIS® Tip Sheet

Eye Exam for Patients with Diabetes (EED)

Note: Effective 2025, the EED measure will be an administrative measure only.

Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had an eye exam (retinal) performed during the measurement year.

Note: Members with diabetes are identified by claim/encounter data and by pharmacy data.

Product Lines: Commercial, Medicaid, Medicare, Exchange

★ Medicare Star Measure Weight: 1

Measure Specification: Administrative

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
Retinal Eye Exams	CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000
Retinal Imaging	CPT: 92227, 92228
Codes to Identify Eye Exam (with an Eye Care Professional billed by any Provider)	CPT: 92229 CPT II: 2022F-2026F, 2033F
Diabetic Retinopathy Severity Level	LOINC: LA18643-9 (no apparent retinopathy) LA18644-7 (mild non-proliferative retinopathy) LA18645-4 (moderate non-proliferative retinopathy) LA18646-2 (severe non-proliferative retinopathy) LA18648-8 (proliferative retinopathy)

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide

Description	Prescription
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Biguanides	Metformin
Meglitinides	Nateglinide, Repaglinide
Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) Inhibitor	Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Dementia Medications for Exclusions

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways Providers can Improve HEDIS® Performance

- Utilize standing retinal eye exam orders for patients with diabetes.
- Review of diabetes services needed at each office visit
- A retinal or dilated eye exam must be read by an eye care professional annually for patients with positive retinopathy, and every two years for patients without evidence of retinopathy.
 - Required documentation: date of service, eye exam results, and eye care professional's name with credentials are required.
 - Patient reported eye exams are acceptable with the above documentation.
 - If the name of the eye care professional is unknown, document that an optometrist or ophthalmologist resulted the exam.
- Submit medical record through Availity HEDIS Portlet, Cozeva, or fax for patients who had a negative retinopathy result in the previous year.
- Make sure a digital eye exam, remote imaging, and fundus photography are read by an eye care professional (optometrist or ophthalmologist) so the results count.

- Prescribe statin therapy to all diabetics ages 40 to 75 years.
- Refer members for Health Management interventions and coaching by contacting Health Care Services at Molina Healthcare.

Ways Health Plans can Improve HEDIS® Performance

- Encourage yearly retinal exams and help members schedule an appointment with an appropriate provider.
- Educate the member on the importance of annual screening and the differences between routine and the retinal eye exams.
- Locate and partner with local/community organizations that are working to eliminate barriers to care for target population.
- Audit, identify, and educate top 10 providers with open gaps
Encourage providers with a diabetic retinal eye exam camera to develop a process workflow for incorporating eye examinations during member's routine visit.

Required Exclusions

- Members who had bilateral eye enucleation any time during the measurement period
- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members receiving palliative care at any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (POS: 81).
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: (1) Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. (2) Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **AND advanced** illness. Members must meet **BOTH** frailty and advanced illness criteria to be excluded:
 - (1) **Frailty**. At least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (POS: 81).
 - (2) **Advanced Illness**. Either of the following during the measurement year or the year prior to the measurement year: (a) Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81); (b) Dispensed dementia medication.

Note: Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

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