2026 Star Measure Tips

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One in a series of tip sheets that look at key HEDIS® measures.

Eye Exam for Patients with Diabetes (EED)

Measure description

Percentage of diabetic patients who had a dilated or retinal eye exam.

Measure population (denominator)

Patients 18-75 years old with diabetes (Type 1 or Type 2).

Either of the following during the measurement year or the year prior to the measurement year:

Patients 18-75 years old with diabetes (Type 1 or Type 2).

Either of the following during the measurement year or the year prior to the measurement year:

- **Encounter data:** at least two diagnoses of diabetes on different dates of service
- **Pharmacy data:** dispensed insulin or hypo glycemics/antihyperglycemics AND have at least one diagnosis of diabe tes

  – *This includes semaglutides*

DID YOU KNOW?

- Diabetic retinopathy is the leading cause of blindness among adults.
- Anyone with diabetes is at risk for diabetic-related eye disease such as diabetic retinopathy, macular edema, glaucoma, and cataracts.
- Diabetic retinopathy is projected to affect 16 million people with diabetes by 2050.

Diabetes medications			
Alpha-glucosidase inhibitors	Amylin analogs	Antidiabetic combinations	Biguanides
Insulin	Meglitinides	Sulfonylureas	Thiazolidinediones
Glucagon-like peptide-I (GLP I) agonists	Dipeptidyl peptidase-4 (DDP-4) inhibitors	Sodium glucose cotransporter 2 (SGLT2) inhibitor	

continued

Measure compliance (numerator)

- Retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist)
  - Negative eye exam during the measurement year or year prior
  - Positive eye exam during the measurement year (must be done annually)

Note: Hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting this measure. The intent is to ensure members with any type of retinopathy have an annual dilated/ retinal eye exam.

Exclusions

- Received hopspice services anytime during the measurement year
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide)

Note: Hypertensive retinopathy is not handled differently from diabetic retinopathy when reporting this measure.

The intent is to ensure members with any type of retinopathy have an annual dilated/ retinal eye exam.

- Received hospice services anytime during the measurement year
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide)
- Deceased during the measurement year
- Received palliative care during the measurement year
- Bilateral eye enucleation any time during the patient's history through the measurement year

Note: Blindness is not an exclusion for a diabetic eye exam.

Helpful HEDIS hints

- A retinal or dilated eye exam must be performed 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 conducted the exam.
- Review the report and document abnormalities in the active problem list.
- Eye exam result documented as unknown does not meet criteria.
- Evidence of prosthetic eye(s) is acceptable for enucleation.
  - Unilateral enucleation would still require an exam on the other eye.
- Refer patients to an optometrist or ophthalmologist for a dilated or retinal eye exam annually and explain why this is different than a routine eye exam.
  - Routine eye exams for glasses, glaucoma or cataracts do not count. Must be a dilated/retinal exam.
- Educate patients about the importance of routine screening and medication compliance.
- Review diabetic services needed at each office visit.
- Diabetic eye exams are covered under the patient's medical insurance and may be subject to copays and deductibles.
- Optical coherence tomography is considered imaging and is eligible for use. The fundus/retinal photography must have the date, result and eye care professional with credentials documented.

continued

Tips for coding

When results are received from an eye care professional, or the patient reports an eye exam, submit the results on a $0.01 claim with the appropriate CPT® II code:

CPT® II code	Retinal eye exam Findings
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy Note: 2023F closes the EED gap for two years: current and next measurement year
CPT® code	**Description**
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral (interpreted by artificial intelligence)

- If a primary care practitioner's office has equipment to complete retinal imaging with interpretation by artificial intelligence (AI) in their office, the practitioner can report completion of the eye exam by submitting a claim with CPT code 92229, for the services provided and the appropriate CPT II code to report the exam results.

- Document and bill exclusions annually (see the Advanced Illness and Frailty Guide for details).

Resources

1. National Eye Institute. 2024. "Diabetic Retinopathy." nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/diabetic-retinopathy
2. American Diabetes Association (ADA). 2024. "Taking Charge of Your Diabetes & Eye Health." diabetes.org/health-wellness/eye-health/take-charge
3. Centers for Disease Control and Prevention (CDC). 2024. "Promoting Eye Health." cdc.gov/diabetes/hcp/clinical-guidance/promote-eye-health.html

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