

<b>REIMBURSEMENT POLICY</b>	
<b>Policy Name:</b>	Diabetic Retinal Eye Exam
Policy Number:	PI-012
Original Effective Date:	01/01/2019
Annual Approval Date:	01/01/2022
Products:	Pennsylvania Medicare

### **Disclaimer**

***Highmark Wholecare's medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.***

### **POLICY SCOPE**

This policy applies to claims submitted to Highmark Wholecare under the Medicare Assured Ruby product.

### **DEFINITIONS**

**Highmark Wholecare Medicare Assured Diamond** – Is a Dual Eligible Special Needs Plan (DSNP) and covers those who have Medicare Parts A & B and full medical Assistance (Medicaid) or Qualified Medicare Beneficiary (QMB/QMB Plus) or Specified Low-Income Medicare Beneficiary (SLMB Plus). *Note: The Centers for Medicare & Medicaid Services (CMS) reminds all Medicare providers and suppliers, including pharmacies, that they may not bill beneficiaries enrolled in the QMB Program for Medicare cost-sharing.*

**Highmark Wholecare Medicare Assured Ruby** – Is a Dual Eligible Special Needs Plan (DSNP) and covers those who have both Medicare Parts A & B and receive assistance from the state (benefit categories: Specified Low-Income Medicare Beneficiary (SLMB) or Qualified Individual (QI)).

### **Diabetic Retinal Eye Exam**

Highmark Wholecare Medicare Assured Ruby will cover the CPTs listed for Diabetic Retinal Eye Exams once per year. Services may be provided by Optometrists or Ophthalmologists only and must be billed with an appropriate diabetes ICD-10-CM diagnosis code. If a member requires additional visit, a copay will incur.

CPT	CPT Description
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)

2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral

**Note:** CPT codes ending in F are informational only and must be billed with an accompanying CPT or HCPCS code from this list.

### **POLICY SOURCES**

American Medical Association, *2020 Clinical Quality Measure Flow Narrative for Quality ID #117 NQF #0055: Diabetes: Eye Exam*

[https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2020\\_Measure\\_117\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_117_MIPSCQM.pdf)

American Medical Association, *Current Procedural Terminology (CPT)*

Highmark Wholecare Medicare Assured 2022 Provider Policy and Procedure Manual

<https://highmarkwholecare.com/Portals/8/MedicareManual.pdf>

### **Policy History**

<b>Date</b>	<b>Activity</b>
01/01/2019	Initial effective date
02/01/2021	Reviewed with no changes
01/01/2022	Updated Policy Sources