Category: Diabetes
Program: Adult
Stars Measure

Measure Requirements

Members with diabetes (type 1 or type 2) who had a retinal eye exam in the measurement year (2024) or a dilated retinal eye exam that is negative for retinopathy in the year prior to the measurement year (2023) by an ophthalmologist or optometrist or Bilateral eye enucleation anytime during the member's history through December 31, 2024.



Member Requirements

Members who were with a practice for 11 consecutive months within the measurement year (2024) and who were 18 through 75 as of December 31 of the measurement year (2024) who were identified as diabetics through pharmacy data and claims/encounter data in the measurement year (2024) or the year prior to the measurement year (2023).



QPM Targets*						
Band 1	76% – 100%					
Band 2	70% – 75.99%					
Band 3	65% – 69.99%					
Band 4	55% – 64.99%					
Band 5	<55%					

See payment details in section 5 of guide.

^{*}These targets include the performance of more than one measure. This represents the combined performance for all the measures in this category.

Options to close Care Gaps

• Option 1: Claim/encounter submission with appropriate coding.

Diabetic Retinopathy Screening Codes

- **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
- **2024F** 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)
- **2025F** 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
- **2026F** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed (DM)
- **2033F** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
- **3072F** Low risk for retinopathy (no evidence of retinopathy in the prior year)
- **92227*** Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral
- **92229** Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral
- 92250* Fundus photography with interpretation and report

Unilateral Eye Enucleation Codes										
CPT®	65091	65093	65101	65103	65105	65110	65112	65114		

• Option 2: PEAR CV form submission.

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^{*} Codes are eligible to be paid above capitation to Health Maintenance Organization (HMO) and Health Maintenance Organization Point-of-Service (HMO-POS) primary care providers (PCP). Review the full policy on the Medical and Claim Payment Policy Portal for Independence Blue Cross.