



Eye Exam for Patients with Diabetes (EED) 2025

Healthcare Effectiveness Data Information Set® (HEDIS) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

HEDIS measure

This measure assesses the percentage of patients 18 to 75 years of age with diabetes (types 1 or 2) who had a retinal eye exam.

Numerator

Medicare Advantage patients ages 18-75 with diabetes who had a retinal or dilated eye exam by optometrist or ophthalmologist in 2025 OR a negative retinal or dilated eye exam by an eye care professional in 2024

Denominator

Patients 18-75 years of age with type 1 or type 2 diabetes



Criteria:

- Claims/encounter data: two diagnoses of diabetes on different dates of service during 2024 or 2025
- Pharmacy data: patients who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior **and** have at least one diagnosis of diabetes during 2024 or 2025

Note: Laboratory claims with a POS code 81 are not included.

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Exclusions:

- Bilateral eye enucleation any time during the patient's history through December 31, 2025:
 - Unilateral eye enucleation with a bilateral modifier (CPT® Modifier code 50)
 - Two unilateral eye enucleations with service dates 14 days or more apart
 - Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service
 - A unilateral eye enucleation and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart
 - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart
- Patients 66 years of age and older as of December 31, 2025, who meet either of the following:
 - Enrolled in an institutional SNP (I-SNP) any time during the measurement year
 - Living long-term in an institution any time during the measurement year
- Patients 66 years of age and older as of December 31, 2025, (all product lines) with frailty and advanced illness; patients must meet both frailty and advanced illness criteria to be excluded; do not include laboratory claims with POS code 81.
- Patients receiving palliative care any time in 2025; do not include laboratory claims with POS code 81.
- Patients who had an encounter for palliative anytime in 2025
- Patients who use hospice services or elect to use a hospice benefit any time in 2025
- Patients who die any time in 2025

Closing the gap

Documentation needed:

- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other health care professional that an ophthalmoscopic exam was completed by an optometrist or ophthalmologist, the date when the procedure was performed, and the results of the procedure.
- A chart or photograph indicating the date when the fundus photography was performed and one of the following:
 - Evidence that an optometrist or ophthalmologist reviewed the results
 - Evidence results were read by a system that provides an artificial intelligence (AI) interpretation
 - Evidence that the member had bilateral eye enucleation or acquired absence of both eyes; look as far back as possible in the member's history through December 31 of the measurement year
- Documentation of a negative retinal or dilated exam by an optometrist or ophthalmologist in 2024, where results indicate retinopathy was not present

Eye exam with evidence of retinopathy (billed by any provider type in 2025)

CPT II: 2022F, 2024F, 2026F

Eye exam without evidence of retinopathy (billed by any provider type in 2024 or 2025)

CPT II: 2023F, 2025F, 2033F

Retinal eye exam

CPT: 92235, 92230, 92250, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99215, 99213, 99214, 92018, 92019, 92004, 92002, 92014, 92012, 92202, 92201, 92134,

HCPCS: S0620, S0621, S3000

Retinal imaging

CPT: 92227, 92228, 92229

Unilateral eye enucleation

CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

Best practices:

- Educate patients on why this exam is necessary when you have diabetes.
- Let patients know that they use their medical benefits for a retinal eye exam for diabetes, not their vision benefits. There should be a \$0 copay for in-network providers.
- Engage vision providers in your medical neighborhood consider collaborating for a mobile EED event.
- Verify open gap in PCMS, and/or current gap list.
- Consider purchasing a retinal camera to perform exam in provider's office.
- Obtain and place a copy of retinal eye exams/results in the patient's medical record.
- Add ticklers to EMR for advanced illness and frailty exclusions.

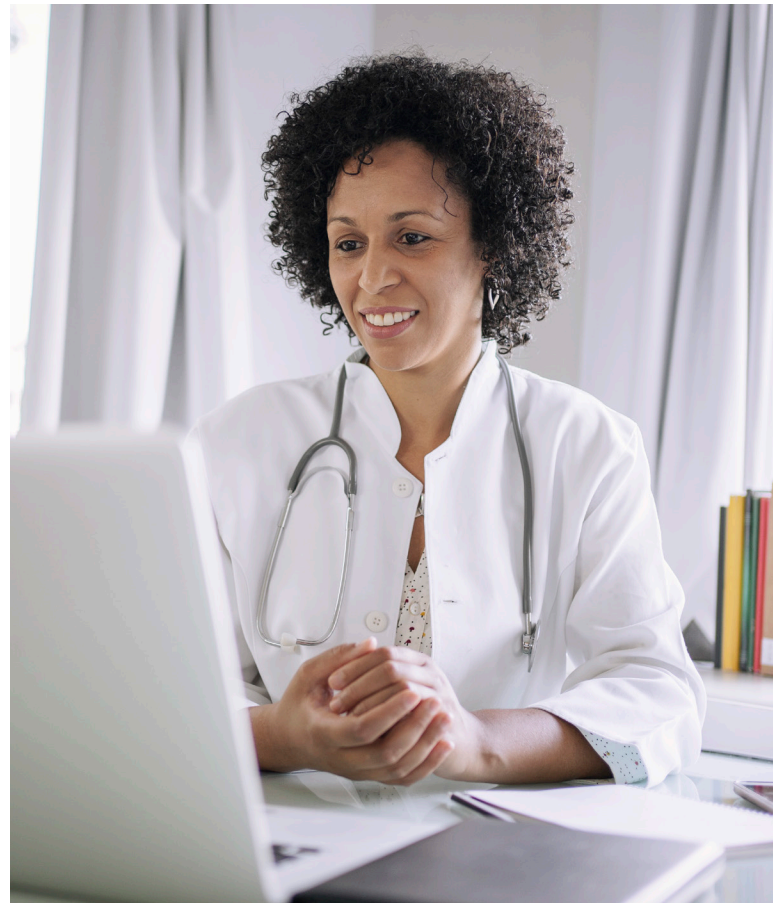
Common chart errors:

- Incomplete information from consultants in the primary care provider's medical record
- Failure to use a Diabetes Mellitus diagnosis code for the appointment

Let's Work Together

Measure is closed via:

- Claims
- SFTP / Flat Files
- CCDA
- Cotiviti



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