



2020 Quality Measure Highlight Comprehensive Diabetes Care (CDC) Eye Exam

MEASURE DESCRIPTION

The number of continuously enrolled Medi-Cal members 18 - 75 years of age (DOB between January 1, 1945 and December 31, 2003) with diabetes identified as of December 31, 2020. (**Denominator**)

The number of members from the denominator who had a screening and monitoring of retinal disease during the measurement year. (**Numerator**)

There are two ways to identify members with diabetes: by pharmacy data and by claim or encounter data. PHC will use both methods to identify the eligible population; a member only needs to be identified by one method to be included in the measure. PHC may count services that occur during the measurement year or the year prior, e.g., January 1, 2019 - December 31, 2020.

Coding

Eye care providers can bill the following as no evidence of retinopathy: E10.9, E11.9, E13.9

Diabetic retinal screening negative in prior year (PCP) CPT Cat. II* 3072F

PCPs using store and forward retinal screening services (e.g., EyePACS, RetinaVue) CPT: 92250, 92227, T1014, HCPCS Q3014 and CPT Cat. II* 2026F

Claims / Encounter Data: Members who met any of the following criteria during the measurement year or the year prior (count services that occur over both years, January 1, 2019 - December 31, 2020).

- At least two outpatient visits, observation visits, ED visits, or non-acute inpatient encounters, on different dates of service, with a diagnosis of diabetes. The visit type doesn't need to be the same for the two visits.
- At least one acute inpatient encounter with a diagnosis of diabetes.

Pharmacy Data: Members who were dispensed insulin or hypoglycemic / antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

Measure Type: Hybrid (medical record / claims / encounter)

Intent / Importance: Diabetes (Type 1 and 2) can affect the eye by raising the risk of cataracts and glaucoma. Increased blood sugar in both types, can damage blood vessels in the eye leading to vision loss and/or blindness. Early detection of diabetic eye disease can help prevent permanent damage.

<u>PCP QIP 2020</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	5 points	69.53%	90 th
	Internal Medicine	7.5 points		
Partial Points	Family Medicine	2.5 points	64.72%	75 th
	Internal Medicine	3.75 points		
Relative Improvement Points	Family Medicine	2.5 points	58.88%	50 th
	Internal Medicine	3.75 points		

Please Note

- PHC will apply a Gateway Measure to QIP final payment rates for Measurement Year 2020. Final QIP incentive payments issued in 2021 are subject to a reduction for either of the following:
 - 1) Timely claims submission – if more than 25 percent of parent organization level claim submissions are more than 90 days after the date of service, or 2) site average PCP Office Visits are less than 2.1 per member for the measurement year.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershipphp.org.

Notes for eReports and PQD

- All CDC measures will have the same denominator because they share the same eligible population.

Compliant Documentation

Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional (Optometrist or ophthalmologist) in year prior to the measurement year.
- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
- 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 eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
- Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy. However, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present.

Non-Compliant Documentation

Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.

Notes:

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.

Members who have undergone bilateral eye enucleation or have an absence of both eyes for some other reason, obviously are not screened for retinopathy. These members are included in the numerator as screened, provided the records include clear documentation of the absence of both eyes. The other CDC indicators remain important for these members and they remain in the denominator for all CDC measures, including that for the eye exam.

Documentation of hypertensive retinopathy counts toward diabetic retinopathy when reporting the eye exam indicator. For example, an eye exam documented as positive for hypertensive retinopathy is counted as positive for diabetic retinopathy, and an eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. The intent of the eye exam indicator is to ensure that members with evidence of any type of retinopathy have an eye exam annually, while members who remain free of retinopathy (e.g., the retinal exam was negative for retinopathy) are screened at least every other year.

Exclusions

- Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to measurement year, **and** who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to measurement year.
- Members in hospice are excluded from the eligible population.

Best and Promising Practices

- Schedule annual eye exam in real time (prior to member leaving the office).
- Send one week appointment reminder (e.g., post card / letter signed by the provider) and remind via phone or text one day prior.
- If appointment missed, call the member within one week to reschedule.
- Ensure specialist exam findings and recommendations are communicated to the PCP.
- Make hard stop questions a standard part of assessment documentation (e.g., last eye exam and results, BP and glucose control, medication management, patient education, A1C testing).
- Offer retinal screening in PCP office.
- Submit claims and encounter data within 90 days of service.