



Eye exam confirmation form

To optimize care for your patient, the screening documentation and claim or encounter for diabetic retinal disease should reflect that a retinal or dilated eye exam was performed by an eye doctor (optometrist or ophthalmologist). Also, Humana requires an indication of the exam results (i.e., negative or positive for retinopathy).

Form instructions for eye care doctor

1. Discuss the tests included in the exam with your patient.
2. Document the services rendered on this form under "Eye care office" section.
3. Sign this form.
4. Place this form in your patient's medical chart.
5. Fax a copy of the completed form to the patient's primary care physician using a cover sheet.
6. Provide a copy of the completed form to Humana via secure fax at 1-800-391-2361.

Patient information (please print)

Name:			
Humana ID number:			
Date of birth:	Month:	Day:	Year:
Primary care physician's name and fax number:			

Eye care office (please print)

Date of exam:		Month:	Day:	Year:
Eye care office name:				
Eye care office National Provider Identifier (NPI):				
Rendering optometrist/ophthalmologist name:				
Rendering optometrist/ophthalmologist NPI (if part of a group):				
Street address:				
City, state, ZIP:				
Phone number, including area code:				



The following are the most common Healthcare Effectiveness Data and Information Set (HEDIS®) claim codes to identify retinal or dilated eye exams:

Code	Code system	Definition
92002	CPT	Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	CPT	Medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
92012	CPT	Medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	CPT	Medical examination and evaluation with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits
92134	CPT	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92225	CPT	Ophthalmoscopy, extended, with retinal drawing, with interpretation and report; initial
92226	CPT	Ophthalmoscopy, extended, with retinal drawing, with interpretation and report; subsequent
92227	CPT	Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral
92228	CPT	Remote imaging for monitoring and management of active retinal disease with physician review, interpretation and report, unilateral or bilateral
92230	CPT	Fluorescein angiography
92250	CPT	Fundus photography with interpretation and report
92260	CPT	Ophthalmodynamometry
2022F	CPT Category II	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
3072F	CPT Category II	Low risk for retinopathy (no evidence of retinopathy in the prior year)
E10.9	ICD-10	Type 1 diabetes mellitus without complications
E11.9	ICD-10	Type 2 diabetes mellitus without complications
E13.9	ICD-10	Other specified diabetes mellitus without complications
E10.351	ICD-10	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.351	ICD-10	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	ICD-10	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.359	ICD-10	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.321	ICD-10	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.321	ICD-10	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.329	ICD-10	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.329	ICD-10	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema



Additional HEDIS claim codes to identify retinal or dilated eye exams

CPT	CPT Category II	HCPCS
65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039 – 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92018, 92019, 92235, 92240, 99203 – 99205, 99213 – 99215, 99242 – 99245	2024F, 2026F	S0620, S0621, S3000

Patient's name and ID: _____

Indicate all HEDIS eye exam codes that apply to services rendered on the above referenced date of service:

Findings

☐ No retinopathy (diabetic or hypertensive) is found in either eye.

Retinal exam abnormalities detected, as follows:

☐ Nonproliferative changes noted in:

Right (grade) ☐ N/A mild moderate severe

Clinically significant diabetic macular edema? Yes No

Left (grade) ☐ N/A mild moderate severe

Clinically significant diabetic macular edema? Yes No

☐ Proliferative changes noted in:

Right (grade) ☐ N/A active regressed/stable

Left (grade) ☐ N/A active regressed/stable

Other: _____

Recommended follow-up: 12 months ☐ Six months ☐ Other: _____

Additional comments/treatment plan: _____

Physician attestation statement: I have examined the Humana-covered patient listed and confirm he or she has received the services indicated on this form.

Rendering optometrist/ophthalmologist signature

Date