Everyone with diabetes should get a comprehensive eye exam at least once a year to prevent potential vision loss. *Based on our records, you are due for a diabetic eye exam*. Please present this form to your eye care specialist and request the completed report be returned to your primary care physician (PCP) via fax**.**

Section to be completed by primary care physician (PCP): PCP name: _____

Physician Address: _____

Phone: _____ Fax:_____

Patient Name: _____ Date of Birth: _____

Address: _____

Day Phone: _____

Eye care specialist:
Please complete this portion of the form and return to patient's primary care professional via fax (above).

Name of eye care practice/facility: _____

Address: _____

Phone: _____ Fax: _____

Date of exam: _____

Patient received a dilated fundus examination with the following results:

- □ **Normal diabetic eye exam**
- □ **No diabetic retinopathy was detected**
- □ **Non-proliferative retinopathy was detected (requires monitoring). No treatment is indicated at this time.**
- □ **Retinopathy requiring further testing and/or treatment was detected. See comments below.**

Comments / Recommendations: _____

Choose the appropriate procedure(s) and diagnostic code(s) by circling the service performed:

E/M Codes (Office visit)	New Patient 99203-99205 Established Patient 99213-99215
Ophthalmology service codes	**New Patient 92002 and 92004 Established Patient 92012 and 92014 (92004 and 92014 requires dilation unless medically contraindicated)**
CPT Category II codes	**2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F MUST BE INCLUDED**

If your diabetic patient has a negative eye exam, submit your eye exam claim with either of the following ICD-10 codes: E10.9 for DM1 or E11.9 for DM2 without complications.
If your diabetic patient has a positive exam, submit your eye exam claim with the appropriate diagnosis codes:

Diagnosis	DM Type 1	DM Type 2
No Retinopathy	E10.9	E11.9
PDR and ME	E10.351_	E11.351_
PDR and no ME	E10.359_	E11.359_
Mild NPDR and ME	E10.321_	E11.321_
Mild NPDR and no ME	E10.329_	E11.329_
Moderate NPDR and ME	E10.331_	E11.331_
Moderate NPDR and no ME	E10.339_	E11.339_
Severe NPDR and ME	E10.341_	E11.341_
Severe NPDR and no ME	E10.349_	E11.349_

ME: Macular Edema, PDR: Proliferative DM Retinopathy, NPDR: Non-proliferative DM Retinopathy
_ = Additional required digit for diagnosis codes: E10.3513 = PDR and ME, DM 1, Bilateral eyes

Patient is to return for re-evaluation in _____ months. Appointment Date: _____

Print name of eye care professional _____

Eye care professional signature: _____ **Date:** _____