

CMS Measure ID 117: Diabetes: Eye Exam (CMS131v10)

07/24/2024 12:44 pm EDT

You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our [article](#) on all the areas in DrChrono where you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

My Measures

select, review, and change the measures you will be reporting.

Notifications

- ✔ You have met the measure selection requirements
- ✔ You may now proceed with entering patient visits

Checklist

Select Measures

Selected Measures

- #117 **Diabetes: Eye Exam** ✕
- Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period

[View details](#) 

Description

Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period.

Instructions

This measure is to be submitted a minimum of **once per performance period** for patients with diabetes mellitus seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS-eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

Denominator

Patients 18 - 75 years of age on date of encounter. This information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

The screenshot shows a patient record for Jenny (Jen) Harris. The Demographics tab is selected in the left sidebar. The patient's information is displayed as follows:

- Demographics:** Jenny (Jen) Harris (Female | 40 years old | Feb. 11, 1980)
- Phone:** (844) 569-8628
- Email:** Missing
- Date Added:** Nov. 3, 2020
- Address:** 1001 N Rengstorff Ave, Mountain View, CA 94040
- Last Scheduled Appt:** Fri Jan 22, 2021
- Next Scheduled Appt:**
- CDS:** Adult Immunization Schedule Age: 27-49

Below the patient information, there are buttons for "New Referral", "Fax Demographics", and "Print Demographics". The "Demographics" tab is active, and the "Patient Date of Birth" field is highlighted with an arrow. The field contains "02/11/1980" and has a placeholder "e.g. 8/8/1979".

AND

- An **ICD-10** diagnosis for diabetes documented in one of the ICD-10 entry points. See your Healthmonix [MIPSPRO](#) account, the attached document, or the [CMS website](#) for a full list.
- A relevant **CPT** or **HCPCS** code: 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

DENOMINATOR NOTE: To assess the age for exclusions, the patient's age at the end of the measurement period should be used.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status **HCFA Box 10 - Is patient's condition related to:**

ICD Version ICD-10

Patient Payment \$ 0 Copay: \$20 +

Pre Authorization Approval

Referral #

Payment Profile Cash

Billing Profile +

Billing Pick List Choose Codes from Pick List

Diagnosis Pick List Choose Codes from Pt Problems

Credit Card Payment

Employment No

Auto Accident No

Other Accident No

Onset Date Type Onset of Current Symptoms

Onset Date

Other Date Type - Other Date Type -

Other Date

Claim Bill: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes

#	Code	Description
1	E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral

ICD-9 Codes to Convert Find Diagnosis codes

#	Code	Description
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NDC Codes Find NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes

CPT Codes Find CPT Procedure codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	175.00

Modifiers: --- --- --- ---

Quantity/Minutes: 1

Diagnosis Pointers: 1:0:0:0

HCPCS Codes Find HCPCS Procedure codes

Code	Description	Price (\$)
1 G0439	Ppps subseq visit	0

AND NOT

DENOMINATOR EXCLUSION:

Hospice services provided to patient any time during the measurement period: **G9714**

OR

Patient is using palliative care services any time during the measurement period: **G9994**

OR

Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period: **G2105**

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: **G2106**

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: **G2107**.

Please see your Healthmonix [MIPsPro](#) account, the attached document, or the [CMS website](#) for a full list of codes

that identify frailty and/or advanced illness.

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigimine
Miscellaneous central nervous system agents	Memantine

Numerator

Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:

- Diabetic with a diagnosis of retinopathy that overlaps the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period
- Diabetic with no diagnosis of retinopathy overlapping the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period or the year prior to the measurement period

NUMERATOR NOTE: The eye exam must be performed or reviewed by an ophthalmologist or optometrist.

Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.

Numerator Options: The CPT codes associated with the numerator can be entered in the billing section for the appointment.

Performance Met:

Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (2023F)

OR

Performance Met:

7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (2024F)

OR

Performance Met:

7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (2025F)

OR

Performance Met:

Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed (2026F)

OR

Performance Met:

Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed, without evidence of retinopathy (2033F)

OR

Performance Met:

Low risk for retinopathy (no evidence of retinopathy in the prior year)* (3072F)

*Note: This code can only be used if the claim/encounter was during the measurement period because it indicates that the patient had “no evidence of retinopathy in the prior year”. This code definition indicates results were negative; therefore, a result is not required.

Schedule Appointment

Appointment | **Billing** | Eligibility | Vitals | Growthcharts | Flags | Log Comm. | Revisions | Custom Data | MU Helper

Patient SuperBill | Clinical Note | Billing Details | Other Forms

Billing Status [dropdown] **ICD Version** ICD-10 [dropdown]

Patient Payment \$ 0 Copay: \$20 [plus]

Pre Authorization Approval [input] Referral # [input]

Payment Profile Cash [dropdown] Billing Profile [dropdown] [plus]

Billing Pick List Choose Codes from Pick List

Diagnosis Pick List Choose Codes from Pt Problems

Credit Card Payment **Process Credit Card**

HCFA Box 10 - Is patient's condition related to:

Employment No [dropdown] Auto Accident No [dropdown] Other Accident No [dropdown]

Onset Date Type Onset of Current Symptoms [dropdown] Onset Date [input]

Other Date Type - Other Date Type - [dropdown] Other Date [input]

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes Find Diagnosis codes [dropdown]

#	Code	Description
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ICD-9 Codes to Convert Find Diagnosis codes [dropdown]

#	Code	Description
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NDC Codes Find NDC Codes [dropdown]

NDC Code	Quantity	Units	Line Item
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Custom Codes Find Custom Procedure codes [dropdown]

Code	Description	Price (\$)
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CPT Codes Find CPT Procedure codes [dropdown]

Code	Description	Price (\$)
1 2024F	7 FLD RTA PHOTO EVC RTNOPHY	0

Modifiers: [dropdown] [dropdown] [dropdown] [dropdown]

Quantity/Minutes: 1 [input]

Diagnosis Pointers: 1:0:0:0 [input]

HCPCS Codes Find HCPCS Procedure codes [dropdown]

Code	Description	Price (\$)
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Include note in FDI Billing: Custom NTE FDI Billing Note (a.k.a. HCFA/CMS-1500 Line 19)

OR

Performance Not Met:

The dilated eye exam was not performed, reason not otherwise specified (2022F or 2024F or 2026F with 8P)

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status
 ICD Version
 Patient Payment \$ Copay: \$20
 Pre Authorization Approval
 Referral #
 Payment Profile
 Billing Profile
 Billing Pick List
 Diagnosis Pick List
 Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment
 Auto Accident
 Other Accident
 Onset Date Type
 Onset Date
 Other Date Type
 Other Date

Claim Billed: \$0.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
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ICD-9 Codes to Convert

#	Code	Description
---	------	-------------

NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description	Price (\$)
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CPT Codes

Code	Description	Price (\$)
1 2026F	EYE IMG VALID EVC RTNOPHY	0

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
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