Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Member ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Notification and Acknowledgement: This service is ONLY a screening for diabetic eye disease and is NOT a comprehensive eye exam. It is strongly recommended that you contact your eye care provider for your annual, routine, comprehensive eye examination to fully assess the health of your eyes and determine the need for glasses. THIS SCREENING DOES NOT USE YOUR ANNUAL BENEFIT FOR YOUR ROUTINE, COMPREHENSIVE EYE EXAMINATION.**

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**→ Attention PCP staff - Please complete this section PRIOR to member screening ←**

**FBS \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**  **Type 1 DM**  **controlled**  **uncontrolled x \_\_\_\_\_ yrs**

**HbA1C \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**  **Type 2 DM**  **controlled**  **uncontrolled x \_\_\_\_\_ yrs**

**REST OF THIS FORM TO BE COMPLETED BY SCREENING DOCTOR**

DV s / c Rx: **OD:** \_\_\_\_\_\_\_\_\_ **OS**: \_\_\_\_\_\_\_\_\_ Last Eye Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IOP: **OD:** \_\_\_\_\_\_mmHg **OS** \_\_\_\_\_\_mmHg @ \_\_\_\_\_\_\_ am / pm Ta (Fluress / Fluorocaine) Tp

Angles: **OD:** open moderate narrow / 1 2 3 4 **OS:** open moderate narrow / 1 2 3 4

Dilation: 0.5% M / 1% M / 2.5% N @ \_\_\_\_\_\_\_ am / pm

**Exam findings:**  No diabetic eye disease (retinopathy)  Background diabetic retinopathy  Proliferative diabetic retinopathy

Positive exam findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis Codes:** E 13.9 Other diabetes, without complications

**T2DM T1DM Description T2DM T1DM Description**

E 11.9 E 10.9 DM controlled, no ocular manif. E 11.321E 10.321 Nonprolif, mild DR, w/ ME

E 11.65 E 10.65 DM uncontrolled, no ocular manif. E 11.339E 10.339 Nonprolif, mod DR, no ME

E 11.39 E 10.39 Diabetes with ocular manif.\* E 11.331E 10.331 Nonprolif, mod DR, w/ ME

**\* If w/ oc manif, must also code one of the following 10 sets of codes** E 11.349E 10.349 Nonprolif, severe DR, no ME

E 11.319 E 10.319 Unspecified DR, no ME E 11.341E 10.341 Nonprolif, severe DR, w/ ME

E 11.311 E 10.311 Unspecified DR, w/ ME E 11.359E 10.359 Proliferative DR, no ME

E 11.329 E 10.329 Nonprolif, mild DR, no ME E 11.351E 10.351 Proliferative DR, w/ ME

**Recommendations Procedure Codes**

 Comprehensive Eye Exam \_\_\_\_\_\_ Days / Wks / Mos  S3000: Diabetic retinal exam; dilated, bilateral

 Referral to Ophthalmology \_\_\_\_\_\_ Days / Wks / Mos  2022F / 8P: DFE / no DFE w/ review by OD and documented

 Referral to Retinal Specialist \_\_\_\_\_\_ Days / Wks / Mos  5010F: PCP report – dilated macular/fundus exam

 3072F: Low risk for DR (no evidence of retinopathy in prior yr)

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Optometric Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_