



As a person with diabetes you are at higher risk of having problems develop over time that could impact your vision. Your primary care doctor may recommend that you have a diabetic retinal eye exam every 1 to 2 years by an eye doctor. It is important to get your eyes checked by an eye care doctor because they have specialized equipment that can detect eye problems caused by diabetes.

If you need help setting up an eye exam, your primary care provider's office can recommend someone, or you can call Customer Service at 1.800.455.9776 (TTY user should call 1.800.743.3333). Hours of operation beginning Oct. 1st to March 31st are 8 a.m. to 8 p.m. Monday-Friday or beginning April 1st to Sept. 31st are 8 a.m. to 8 p.m. seven days a week.

How to use this form:

Patient	Eye Care Doctor
1. Set up an eye exam with an optometrist or ophthalmologist. If you need help your primary care provider's office can recommend someone, or you can call Customer Service.	1. Discuss the tests included in the exam with your patient.
2. Take this with you to your exam so the eye doctor can record the results.	2. Document the services rendered on this form.
3. After the eye doctor completes this form, ask the doctor to send it to your Primary Care Physician (PCP).	3. Sign form.
	4. Fax or send a copy of the completed form to the patient's primary physician.

Patient Information		Eye Care Provider Information	
Name:		Date of exam:	
Date of birth:		Eye care office:	
PCP name and fax number:		Rendering provider name:	
PCP practice and address:		Phone number, including area code:	

Healthcare Effectiveness Data and Information Set (HEDIS) codes to identify eye exams:

CPT	CPT Category II	HCPCS
67028, 67030, 37031, 67036, 67039 - 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225 - 92228, 92230, 92235, 92240, 92250, 92260, 99203 - 99205, 99213 - 99215, 99242 - 99245	2022F 2024F 2026F 3072F	S0620 S0621 S3000

Findings	
<input type="checkbox"/> No diabetic retinopathy is found in either eye	
Non-proliferative changes noted in: Right (grade) <input type="checkbox"/> N/A <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Clinically significant diabetic macular edema? <input type="checkbox"/> Yes <input type="checkbox"/> No Left (grade) <input type="checkbox"/> N/A <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Clinically significant diabetic macular edema? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proliferative changes noted in: Right (grade) <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Regressed/Stable Left (grade) <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Regressed/Stable Other: _____ _____
Recommended follow-up: <input type="checkbox"/> 12 months <input type="checkbox"/> Six months <input type="checkbox"/> Other: _____	
Additional comments/treatment plan: _____ _____ _____	

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

Rendering Optometrist/Ophthalmologist Signature

Date