

DIABETIC RETINOPATHY EVALUATION

Patient Information

Patient Name: _____ Patient DOB: _____
Date of Exam: _____ Patient Health Plan ID: _____
Health Plan: _____

Primary Care Physician Information

Physician: _____ Fax: _____
Address: _____ Phone: _____
City: _____ State: _____ ZIP: _____

FINDINGS

- No diabetic retinopathy is found in either eye. **OR**
- RETINAL EXAM ABNORMALITIES DETECTED, AS FOLLOWS:
- Background changes noted in:
- | | | | |
|--|--|----------|--------|
| <input type="checkbox"/> Right (<i>Circle Grade</i>) | Mild | Moderate | Severe |
| | Clinically significant diabetic macular edema? | Yes | No |
- Left (*Circle Grade*)
- | | | | |
|------|--|--------|----|
| Mild | Moderate | Severe | |
| | Clinically significant diabetic macular edema? | Yes | No |
- Proliferative changes noted in:
- | | | |
|--|--------|------------------|
| <input type="checkbox"/> Right (<i>Circle Grade</i>) | Active | Regressed/Stable |
| <input type="checkbox"/> Left (<i>Circle Grade</i>) | Active | Regressed/Stable |

FOLLOW UP

- Routine follow-up exam is recommended in one year. **OR**
- Follow-up of abnormalities in my office is recommended in _____ (timeframe).
- Referral to Dr. _____ is recommended in _____ (timeframe).
- Cataracts or Glaucoma detected **OR** laser treatment is needed. Letter to follow.

Thank you for referring this patient for diabetic retinal evaluation.

Sincerely,

(Signature)
(Practitioner's Printed Last Name)

Please fax or mail this document to the patient's Primary Care Physician identified above.

Billing Instructions: Please include on the claims form a Diabetes diagnosis code (250, 357.2, 362.0, 366.41, 648.0) and the appropriate CPT Codes. HEDIS eligible codes include: 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 92287, 99204, 99205, 99214, 99215, 99242-99245, 67101, 67105, 67107-67108, 67110, 67112, 67141, 67145, 67208, 67210, 67218, 67227, 67228

Participating Health Plans: Botsford Health Plan, CAPE Health Plan, Care Choices HMO, Community Care Plan, Community Choice Michigan, Great Lakes Health Plan, Health Alliance Plan, HealthPlus, M-CARE, McLaren Health Plan, Midwest Health Plan, Molina Healthcare of Michigan, Omnicare Health Plan, PHP- Mid Michigan, PHP South, PHP-SW, Priority Health, The Wellness Plan, Total Health Care and Ultimeid.