



2021

Diabetic Retinal Eye Exam

Diabetic Retinal Eye Exam:

It is recommended that members with diabetes have a retinal eye exam once a year. According to the National Institute of Health, between 40 and 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy.

This eye exam is offered at no cost to Medicare members who need it. It must be completed during 2021 in order for you to be eligible to receive a reward card.

Provider: Please fill out this form, then fax it and proof of service to 410-779-3957. Please note, all data fields must be completed in order for your CareFirst BlueCross BlueShield Medicare Advantage patient to receive their reward card.

Member Name: _____

Member ID: _____

Member Date of Birth: _____

Date of Eye Exam: _____

Result: _____

Today's Date: _____

Name of Provider/Practice: _____

Location Address: _____

Location Phone: _____

Location Fax: _____

Signature of Eye Care Professional: _____

Provider Use Only: Please use one of these codes

Diabetic Retinal Screening: 67028, 67030, 67031, 67036, 67039, 67040 to 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-28, 92230, 92235, 92240, 92250, 92260, 99203-05, 99213-15, 99242-45, S0620, S0621, or S3000

Diabetic Retinal Screening Negative in Year Prior: 3072F (CPTII)

Eye Exam with Evidence of Retinopathy: 2022F, 2024F, or 2026F

Eye Exam without Evidence of Retinopathy: 2023F, 2025F, or 2033F

2021

Diabetic Retinal Eye Exam

Getting your reward card is easy.



Call the ophthalmologist or optometrist to schedule your retinal eye exam. If you prefer, we can assist you in scheduling your visit, just call our Member Services number.

Take this booklet with you to your appointment.



During your appointment, ask the eye care professional to complete the form, sign, and date it.

Write your full name and member identification number (located on the front of your member ID card) on the form.



Ask the office staff to fax the completed form to CareFirst BlueCross BlueShield Medicare Advantage at 410-779-3957.

Your reward card will arrive in the mail within six (6) to eight (8) weeks after we receive the completed form from your doctor and have verified the services. Reward cards cannot be used to buy tobacco or alcohol. Reward cards cannot be converted to cash. You can only receive one (1) reward card for one (1) eye exam visit in 2021.

PROVIDER USE:

- Review the patient's medical record and complete the form.
- Make sure the form is signed and dated. By signing this form, you are attesting to the accuracy of information.
- Make sure the patient's name and Member ID are included.
- Please file a copy of the completed form in the patient's medical records.
- Please share a copy of the results with the patient's PCP.