

## DIABETIC RIDER

Diabetic Care Services	Member Cost	Frequency	Notes
<b>Medical Exam Follow Up</b> Type 1 and Type 2 Diabetics.	Covered 100% \$0 Copay	Up to 2 services every 12 months	Services can be rendered anytime within the 12 month period with no time constraint
<b>Fundus Photography*</b> Type 1 and Type 2 Diabetics.	Covered 100% \$0 Copay	Up to 2 services every 12 months <i>*Not covered if Extended Ophthalmoscopy is provided within 6 months</i>	Services can be rendered every 6 months and will not be covered if Extended Ophthalmoscopy is provided within 6 months
<b>Extended Ophthalmoscopy*</b> Type 1 and Type 2 Diabetics.	Covered 100% \$0 Copay	Up to 2 services every 12 months <i>*Not covered if Fundus Photography is provided within 6 months</i>	Services can be rendered every 6 months and will not be covered if Fundus Photography is provided within 6 months
<b>Gonioscopy</b> Type 1 and Type 2 Diabetics.	Covered 100% \$0 Copay	Up to 2 services every 12 months	Services can be rendered anytime within the 12 month period with no time constraint
<b>Scanning Laser</b> Type 1 and Type 2 Diabetics.	Covered 100% \$0 Copay	Up to 2 services every 12 months	Services can be rendered anytime within the 12 month period with no time constraint

Note: the diabetic rider can only be included on plans with a routine exam benefit.

### FREQUENCY

The diabetic rider allows for two additional exams within a 12 month period with no time constraint.

- 12 Month Routine Exam Frequency – two additional diabetic exams every 12 months

#### 12 Month Routine Exam Frequency

- 1 routine exam within a 12 month period
- 2 follow up diabetic exams every 12 months

### Other Services

There are 2 additional services per service every 12 month period with no time constraint except for *Fundus Photography* and *Extended Ophthalmoscopy* services, which require a 6 month separation between claims.

- 2 fundus photography services 6 months apart **OR**
- 2 extended ophthalmoscopy services 6 months apart **OR**
- 1 fundus photography service and 1 extended ophthalmoscopy 6 months apart (and vice versa)

## DIABETIC EXAM PROCEDURE CODES

There are 5 diabetic exam procedure codes. One of these will need to be included on the follow up diabetic *exam* claim for services to be covered.

Diabetic Exam Codes
99211
99212
99213
99214
99215

## MEDICAL DIRECTOR EXPLANATION

The provider will instruct the member when they should return and will be based on various factors.

Factor examples:

- Are there any early signs of retinopathy?
- How long ago was the member diagnosed with diabetes?
- Type 1 or type 2?
- What are their current blood sugar and HbA1c levels?
- What medications is the member taking?

In some cases, they may want to re-evaluate the patient in 1 month. In other cases, it may be 3 or 6 months.

Whether the provider initially recommends re-examining within 1 month or 6 months, the provider could choose to continue to follow the patient frequently after the second exam and that would likely indicate that they have detected some complication. Those subsequent services would likely be billed to medical insurance.

## PROVIDER DISPLAY

### ONLINE DISPLAY

The diabetic rider will show up in a separate tab in the benefit display – titled Medical, which is shown in the attached screen shot.

Example – our Cura view

Date Of Service

**Frequencies**

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids	Allowed Frequency - Seniors
Eye Surgery and Medical Services	Twice every 12 months from the date of service	Twice every 12 months from the date of service	Twice every 12 months from the date of service

\*Date of Service benefits will not be available again until the same date in the following year(s) when a member has active coverage.

Benefit Category

**Medical Office Visit and Services**

Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Office Visit - Medical Follow Up Exam	\$0 Copay	Up to \$77
Retinal Imaging	\$0 Copay	Up to \$50
Extended Ophthalmoscopy	\$0 Copay	Up to \$15
Gonioscopy	\$0 Copay	Up to \$15
Scanning Laser Imaging Posterior Segment	\$0 Copay	Up to \$33

**Member view**

# Service Eligibility

The table below indicates you are eligible for the services shown. Eligibility is limited by plan period. Please contact us at 855-875-6948 for future benefit information.

[Routine](#)

[Medical](#)

[Additional Purchase](#)

Service	Is Member Eligible?	Member Eligible As Of*	Frequency
Eye Surgery and Medical Services	Yes	07/01/2019	Twice every 12 months from the date of service

Office Visit - Medical Follow Up Exam	\$0 Copay	Up to \$77
Retinal Imaging	\$0 Copay	Up to \$50
Extended Ophthalmoscopy	\$0 Copay	Up to \$15
Gonioscopy	\$0 Copay	Up to \$15
Scanning Laser Imaging Posterior Segment	\$0 Copay	Up to \$33