

# VISION SERVICES AND OPTOMETRY METRICS

<i>Vision Services</i>	<i>Individuals with Diabetes Mellitus</i>	<i>Adults</i>	<i>Children</i>
<b><i>Preventative Care</i></b>			
<i>Number of Comprehensive Eye Exams* (CPT level 92004/92014)</i>			
<b><i>Treatment</i></b>			
<b>Refractive Error</b> <i>Number of prescriptions written for eye glasses</i>			
<b>Glaucoma</b> <i>Number of prescriptions written for medications</i>			
<b><i>Outcomes</i></b>			
<b>Best Corrected Visual Acuity</b> <i>20/40 or better in each eye</i>			

**\*Comprehensive eye exam (CPT codes 92004/92014) includes but is not limited to the following components:**

*History*

*Visual acuities/refraction*

*Dilated retinal exam*

*Tonometry/Intraocular pressure measurement*