AAVBC

AMERICAN ACADEMY OF VALUE BASED CARE

Diabetic Eye Disease

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Diabetic retinopathy (DR) is a progressive **neurovascular complication of chronic hyperglycemia** in type 1 or type 2 diabetes. Persistent hyperglycemia promotes glycation, oxidative stress, inflammation, endothelial injury, and breakdown of the blood-retinal barrier. These changes cause **capillary leakage, microaneurysms, retinal hemorrhage, ischemia, and abnormal neovascularization**. DR progresses from mild, moderate, or severe nonproliferative diabetic retinopathy (NPDR) to proliferative diabetic retinopathy (PDR). **Diabetic macular edema (DME)** may occur at any stage when damaged retinal vessels leak fluid into the macula.[1,2] Severe NPDR, PDR, and center-involved DME are vision-threatening and may lead to vitreous hemorrhage, tractional retinal detachment, and irreversible vision loss.[2,3,]

ICD-10 Codes:

Diabetic retinopathy codes require four documented elements: **diabetes type, retinopathy severity, macular-edema status, and laterality**. Use the complete code identified from the ophthalmology diagnosis. Examples include **E11.3411/E11.3412/E11.3413** for severe NPDR with macular edema in the right, left, or bilateral eyes and **E11.3491/E11.3492/E11.3493** for severe NPDR without macular edema. Avoid abbreviated code stems in the final assessment when the complete laterality-specific code is known.[2,4-6]

Prevalence: Diabetic retinopathy affects approximately **one-quarter of U.S. adults with diabetes**, and about **5.1% have vision-threatening disease**, including severe NPDR, PDR, or diabetic macular edema. Recent U.S. estimates indicate that approximately **9.6 million people** are living with diabetic retinopathy, including **1.84 million with vision-threatening diabetic retinopathy**.[1,7] Risk rises with **longer diabetes duration, poor glycemic control, hypertension, chronic kidney disease, albuminuria, pregnancy, and missed retinal screening**. Retinopathy generally develops **≥5 years after the onset of type 1 diabetes** but may already be present at the time of **type 2 diabetes diagnosis**. After approximately **20 years of type 1 diabetes, nearly all patients show some degree of retinopathy**, and a substantial proportion develop proliferative disease. Diabetic retinopathy may remain clinically silent until advanced; many patients with mild or even vision-threatening disease are unaware that retinal damage is present. Screening gaps remain common, especially in underserved and older populations, increasing the risk of preventable vision loss, falls, medication errors, loss of independence, depression, transportation barriers, and caregiver dependence.[8-10]