

ENROLLMENT FORM

Section 1: Patient Information

First Name: _____ Middle Initial: _____ Last Name: _____ Gender: Male Female
 Date of Birth: _____ Home Phone: _____ Cell Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Preferred Language: English Spanish Other: _____
 Patient Contact Information Attached

Section 2: Patient Insurance Information

Does the patient have insurance (third-party or private insurance)? Yes No*

*If No is selected, the patient may qualify for the Patient Assistance Program (PAP). Please see PAP in section 7.

Primary Insurance (If copy of insurance card attached, check here)

Payer Name: _____
 Phone: _____
 Policyholder Name: _____
 Policy Number: _____
 Employer/Group Number: _____

Secondary Insurance (If copy of insurance card attached, check here)

Payer Name: _____
 Phone: _____
 Policyholder Name: _____
 Policy Number: _____
 Employer/Group Number: _____

Medicare Beneficiary ID# (Medicare/Medicare Advantage plans only):

Section 3: Financial Information – Patient Assistance Program (PAP) Requests ONLY

How many people live in your household? _____

Total annual household income (including salary/wages; Social Security income; disability income; any other income)[†]:

\$0 to \$100,000 \$100,001 to \$150,000 Greater than \$150,000

[†]Supporting documentation will be required. EYLEA4U may also ask for proof of income at any time for audit/verification.

Section 4: Patient Authorization

HIPAA Authorization

I have read and agree to the Authorization to Disclose/Use Health Information in Section 10

 Patient Signature: _____
 Date: _____

Enrollment Into EYLEA4U Program Services

I have read and agree to enroll in EYLEA4U program services and to the Patient Certification included in Section 11

 Patient Signature: _____
 Date: _____

Section 5: Physician Authorization

Must be signed by the physician for all Enrollment Form submissions, including ePortal.

My signature certifies the following: (i) that the person named on this Enrollment Form is my patient, (ii) that I have obtained his/her written authorization and certification under Section 4 of this form, (iii) that to the best of my knowledge the information, if applicable, under Section 3 of this form is accurate and complete, (iv) that I will retain in my files the complete patient-executed Enrollment Form, and (v) that upon request, I will promptly provide a copy of this patient-executed Enrollment Form on file to EYLEA4U.

My signature below certifies that the person named on this form is my patient, the information provided on this application, to the best of my knowledge, is complete and accurate, and that EYLEA HD and/or EYLEA received in response to this application is only for the use of EYLEA HD and/or EYLEA for the patient named on this form. With regard to any patient eligible for patient assistance through the EYLEA4U program, I acknowledge that this medication will not be offered for sale, trade, or barter and EITHER no claim for reimbursement of either EYLEA HD and/or EYLEA or related medical procedures and services will be submitted to Medicare, Medicaid, or any third-party payer OR I will provide appropriate denial and appeals documentation to support requests for patients who are deemed uninsured after a claim was submitted. I consent to Regeneron Pharmaceuticals, Inc. and its affiliates, representatives, agents, and contractors contacting me by fax, phone, mail, or email to confirm receipt of EYLEA HD and/or EYLEA or provide additional information about EYLEA HD and/or EYLEA or the EYLEA4U program and that Regeneron Pharmaceuticals, Inc. may revise, change, or terminate any program services at any time without notice to me.

 Physician Signature: _____ Date: _____
 Signature required; this form cannot be processed without an original or stamped signature.

Patient Name

First Name: _____ Middle Initial: _____ Last Name: _____
Date of Birth: _____/_____/_____



Section 6: Product Selection/Diagnosis

Please select based on HCP clinical decision.

EYLEA HD (afibercept) Injection 8 mg

Primary (required) [][][][] . [][][][]

Secondary [][][][] . [][][][]

Other (may be used for PAP) _____

Dispense: [] Vial kit with injection components NDC: 6175505001

SIG: [] Inject 8 mg (0.07 mL of 114.3 mg/mL solution) every 4 weeks (monthly) for the first 3 injections followed by 8 mg (0.07 mL of 114.3 mg/mL solution) once every 8 to 16 weeks

SIG: [] Inject 8 mg (0.07 mL of 114.3 mg/mL solution) every 4 weeks (monthly) for the first 3 injections followed by 8 mg (0.07 mL of 114.3 mg/mL solution) once every 8 to 12 weeks

Has patient started treatment? [] Yes [] No

Anticipated date of treatment: _____

EYLEA (afibercept) Injection 2 mg

[] Check here if diagnosis is same as EYLEA HD

Primary (required) [][][][] . [][][][]

Secondary [][][][] . [][][][]

Other (may be used for PAP) _____

Dispense: [] Vial kit with injection components NDC: 6175500502
[] PFS(s) NDC: 6175500501

SIG: [] Inject 2 mg (0.05 mL of 40 mg/mL solution) every 4 weeks (monthly) for the first 3 injections followed by 2 mg (0.05 mL of 40 mg/mL solution) once every 8 weeks

SIG: [] Inject 2 mg (0.05 mL of 40 mg/mL solution) every 12 weeks (3 months) after one year of effective therapy with regular assessment

SIG: [] Inject 2 mg (0.05 mL of 40 mg/mL solution) every 4 weeks (monthly) for the first 5 injections followed by 2 mg (0.05 mL of 40 mg/mL solution) once every 8 weeks

SIG: [] Inject 2 mg (0.05 mL of 40 mg/mL solution) every 4 weeks (monthly)

Has patient started treatment? [] Yes [] No

Anticipated date of treatment: _____

Section 7: EYLEA4U Program Support Requested

[] Update Patient Record

Insured

- [] Benefit verification
[] Copay Card Program (commercial patients only)*

Uninsured/Not Covered

- [] Patient Assistance Program (PAP)

Claims, appeal, and PA support are still available through the EYLEA4U Program. These support services are available for all patients enrolled in EYLEA4U. Please reach out directly to EYLEA4U if needed.

*Commercial Copay Program eligibility requires a diagnosis for an FDA-approved indication at time of injection. Refer to pages 5-10 for a listing of eligible diagnosis codes.

Section 8: Prescribing Physician Information

Site of Service: [] Physician Office [] Hospital Outpatient [] Ambulatory Surgical Center Practice/Facility Name: _____
Physician Name: _____ E-Mail: _____ Phone: _____ Fax: _____
Physician Specialty: _____ Address: _____ City: _____ State: _____ ZIP: _____
Physician's St Lic#: _____ Physician's DEA#: _____ Physician's PTAN: _____
Physician's Tax ID#: _____ Physician's National Provider Identifier (NPI): _____
Site/Billing Entity NPI: _____

Section 9: Office Contact Information

Primary Office Contact: _____ Phone: _____ Fax: _____ E-Mail: _____

Please complete this application and submit pages 1-2 by fax to 1-888-335-3264 or retain completed and patient-signed form on file at your office if submission is entered via the EYLEA4U ePortal.

Please see full Prescribing Information for EYLEA HD and EYLEA, available at eyleahcp.us



Section 10: Authorization to Disclose/Use Health Information

I authorize my health care providers and staff, my health insurer, health plan or programs that provide me health care benefits (together, “Health Insurers”) and any specialty pharmacy(s) that dispense my medication to disclose to Regeneron Pharmaceuticals, Inc. and its affiliates, representatives, agents and contractors (together, “Regeneron”) health information about me, including information related to my medical condition, treatment with EYLEA® HD (aflibercept) Injection and/or EYLEA® (aflibercept) Injection, health insurance coverage, claims, prescription, and referral to and enrollment in the EYLEA4U® Programs (together, “My Information”). My health care providers, Health Insurers, specialty pharmacy(s) and Regeneron may use and disclose My Information for the purposes of providing certain support services, including:

- to determine if I am eligible to participate in Regeneron’s reimbursement and coverage assistance program(s), patient assistance programs and other support programs (together, “EYLEA4U Programs”);
- for the operation and administration of the EYLEA4U Programs;
- to investigate my health insurance coverage benefits;
- to obtain prior authorization for coverage/reimbursement;
- to assist with appeals of denied claims for coverage/reimbursement.

I understand and agree that my health care providers, Health Insurers and specialty pharmacy(s) may receive remuneration from Regeneron in exchange for disclosing My Information to Regeneron and/or for providing me with support services in connection with EYLEA HD and/or EYLEA or the EYLEA4U Programs. Once My Information has been disclosed to Regeneron, I understand that federal privacy laws may no longer protect it from further disclosure. However, Regeneron agrees to protect My Information by using and disclosing it only for the purposes authorized in this Authorization or as otherwise required by law.

I understand that if I refuse to sign this Authorization, I will not be able to participate in the EYLEA4U Programs, but it will not affect my eligibility to obtain medical treatment, my ability to seek payment for this treatment or affect my insurance enrollment or eligibility for insurance coverage.

Further, I understand that I may withdraw (take back) this Authorization at any time by mailing or faxing a written request to Regeneron at PO Box 220578, Charlotte, NC 28222-0578; Fax: (888) 335-3264. Withdrawal of this Authorization will end further uses and disclosures of My Information by the parties identified in this Authorization except to the extent those uses and disclosures have been made in reliance upon this Authorization.

This Authorization expires 18 months from the date support is last provided under any EYLEA4U Program, subject to applicable law, unless I withdraw it earlier. I understand that I may request a copy of this Authorization.

Section 11: Patient Certification/Patient Consent to Enroll in EYLEA4U Program Services

By signing, I am enrolling in the EYLEA4U Programs, and authorize Regeneron to provide me with the EYLEA4U Programs. I verify that the information on this application and other supporting documentation is complete and accurate. I also verify that unless I have identified otherwise in this application, I have no other coverage for prescription medications, including Medicaid, Medicare or any public or private assistance programs, or any other form of insurance.

I also agree that Regeneron may verify my eligibility for the EYLEA4U Programs, and I understand that such verification may include contacting me or my health care provider for additional information and/or reviewing additional financial, insurance, and/or medical information. I authorize Regeneron to use my Social Security number and/or additional demographic information to access reports on my individual credit history from consumer reporting agencies. I understand that upon request, Regeneron will tell me whether an individual consumer report was requested and the name and address of the agency that furnished it. I further understand and authorize Regeneron to use any consumer reports about me and information collected from me, along with other information they obtain from public and other sources to estimate my income in conjunction with the patient assistance program eligibility determination process, if applicable.

I authorize Regeneron to contact me by mail, telephone, or email, with information about the EYLEA4U Programs, FDA-approved indications of EYLEA HD and/or EYLEA, related disease state information and products, promotions, services and research studies, and to ask my opinion about such information and topics, including market research and disease-related surveys. I further authorize Regeneron to de-identify my health information and use it in performing research, education, business analytics, marketing studies or for other commercial purposes. I understand that members of Regeneron may share identifiable health information with one another in order to de-identify it for these purposes and as needed to perform the EYLEA4U Programs or to send the communications listed above (the "Communications"). I understand and agree that Regeneron may use my health information for these purposes and may share my health information with my doctors, specialty pharmacies, and insurers.

In connection with administering the EYLEA4U Programs, I understand that Regeneron may contact me or my health care provider directly to confirm receipt of medications or to provide other information related to the EYLEA4U Programs. I also understand that Regeneron may revise, change or terminate the EYLEA4U Programs at any time.

I understand that I do not have to enroll in the EYLEA4U Programs or receive the Communications, and that I can still receive EYLEA HD and/or EYLEA as prescribed by my physician. I may opt out of receiving Communications, individual programs offered by the EYLEA4U Programs or opt out of the EYLEA4U Programs entirely at any time by mailing or faxing a written request to Regeneron at PO Box 220578, Charlotte, NC 28222-0578; Fax: (888) 335-3264.

Wet Age-Related Macular Degeneration (Wet AMD)

Exudative age-related macular degeneration	Right eye	Left eye	Bilateral	Unspecified eye
With active choroidal neovascularization	H35.3211	H35.3221	H35.3231	H35.3291
With inactive choroidal neovascularization	H35.3212	H35.3222	H35.3232	H35.3292
With inactive scar	H35.3213	H35.3223	H35.3233	H35.3293
Stage unspecified	H35.3210	H35.3220	H35.3230	H35.3290

Diabetic Macular Edema (DME)

Diabetes mellitus due to underlying condition with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E08.3211	E08.3212	E08.3213	E08.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E08.3311	E08.3312	E08.3313	E08.3319
Severe nonproliferative diabetic retinopathy with macular edema	E08.3411	E08.3412	E08.3413	E08.3419
Proliferative diabetic retinopathy with macular edema	E08.3511	E08.3512	E08.3513	E08.3519
Unspecified diabetic retinopathy with macular edema	E08.311			

Drug or chemical induced diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E09.3211	E09.3212	E09.3213	E09.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E09.3311	E09.3312	E09.3313	E09.3319
Severe nonproliferative diabetic retinopathy with macular edema	E09.3411	E09.3412	E09.3413	E09.3419
Proliferative diabetic retinopathy with macular edema	E09.3511	E09.3512	E09.3513	E09.3519
Unspecified diabetic retinopathy with macular edema	E09.311			

Type 1 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E10.3211	E10.3212	E10.3213	E10.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E10.3311	E10.3312	E10.3313	E10.3319
Severe nonproliferative diabetic retinopathy with macular edema	E10.3411	E10.3412	E10.3413	E10.3419
Proliferative diabetic retinopathy with macular edema	E10.3511	E10.3512	E10.3513	E10.3519
Unspecified diabetic retinopathy with macular edema	E10.311			

Type 2 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E11.3211	E11.3212	E11.3213	E11.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E11.3311	E11.3312	E11.3313	E11.3319
Severe nonproliferative diabetic retinopathy with macular edema	E11.3411	E11.3412	E11.3413	E11.3419
Proliferative diabetic retinopathy with macular edema	E11.3511	E11.3512	E11.3513	E11.3519
Unspecified diabetic retinopathy with macular edema	E11.311			

Other specified diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E13.3211	E13.3212	E13.3213	E13.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E13.3311	E13.3312	E13.3313	E13.3319
Severe nonproliferative diabetic retinopathy with macular edema	E13.3411	E13.3412	E13.3413	E13.3419
Proliferative diabetic retinopathy with macular edema	E13.3511	E13.3512	E13.3513	E13.3519
Unspecified diabetic retinopathy with macular edema	E13.311			

Please see full Prescribing Information for EYLEA HD and EYLEA, available at eyleahcp.us

Diabetic Retinopathy (DR)

Diabetes mellitus due to underlying condition with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E08.3291	E08.3292	E08.3293	E08.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E08.3391	E08.3392	E08.3393	E08.3399
Severe nonproliferative diabetic retinopathy without macular edema	E08.3491	E08.3492	E08.3493	E08.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E08.3521	E08.3522	E08.3523	E08.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E08.3531	E08.3532	E08.3533	E08.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E08.3541	E08.3542	E08.3543	E08.3549
Stable proliferative diabetic retinopathy	E08.3551	E08.3552	E08.3553	E08.3559
Proliferative diabetic retinopathy without macular edema	E08.3591	E08.3592	E08.3593	E08.3599
Unspecified diabetic retinopathy without macular edema	E08.319			

Drug or chemical induced diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E09.3291	E09.3292	E09.3293	E09.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E09.3391	E09.3392	E09.3393	E09.3399
Severe nonproliferative diabetic retinopathy without macular edema	E09.3491	E09.3492	E09.3493	E09.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E09.3521	E09.3522	E09.3523	E09.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E09.3531	E09.3532	E09.3533	E09.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E09.3541	E09.3542	E09.3543	E09.3549
Stable proliferative diabetic retinopathy	E09.3551	E09.3552	E09.3553	E09.3559
Proliferative diabetic retinopathy without macular edema	E09.3591	E09.3592	E09.3593	E09.3599
Unspecified diabetic retinopathy without macular edema	E09.319			

Type 1 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E10.3291	E10.3292	E10.3293	E10.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E10.3391	E10.3392	E10.3393	E10.3399
Severe nonproliferative diabetic retinopathy without macular edema	E10.3491	E10.3492	E10.3493	E10.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E10.3521	E10.3522	E10.3523	E10.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E10.3531	E10.3532	E10.3533	E10.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E10.3541	E10.3542	E10.3543	E10.3549
Stable proliferative diabetic retinopathy	E10.3551	E10.3552	E10.3553	E10.3559
Proliferative diabetic retinopathy without macular edema	E10.3591	E10.3592	E10.3593	E10.3599
Unspecified diabetic retinopathy without macular edema	E10.319			

Please see full Prescribing Information for EYLEA HD and EYLEA, available at eyleahcp.us

Diabetic Retinopathy (DR) (cont'd)

Type 2 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E11.3291	E11.3292	E11.3293	E11.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E11.3391	E11.3392	E11.3393	E11.3399
Severe nonproliferative diabetic retinopathy without macular edema	E11.3491	E11.3492	E11.3493	E11.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E11.3521	E11.3522	E11.3523	E11.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E11.3531	E11.3532	E11.3533	E11.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E11.3541	E11.3542	E11.3543	E11.3549
Stable proliferative diabetic retinopathy	E11.3551	E11.3552	E11.3553	E11.3559
Proliferative diabetic retinopathy without macular edema	E11.3591	E11.3592	E11.3593	E11.3599
Unspecified diabetic retinopathy without macular edema	E11.319			

Other specified diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E13.3291	E13.3292	E13.3293	E13.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E13.3391	E13.3392	E13.3393	E13.3399
Severe nonproliferative diabetic retinopathy without macular edema	E13.3491	E13.3492	E13.3493	E13.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E13.3521	E13.3522	E13.3523	E13.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E13.3531	E13.3532	E13.3533	E13.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E13.3541	E13.3542	E13.3543	E13.3549
Stable proliferative diabetic retinopathy	E13.3551	E13.3552	E13.3553	E13.3559
Proliferative diabetic retinopathy without macular edema	E13.3591	E13.3592	E13.3593	E13.3599
Unspecified diabetic retinopathy without macular edema	E13.319			

Wet Age-Related Macular Degeneration (Wet AMD)

Exudative age-related macular degeneration	Right eye	Left eye	Bilateral	Unspecified eye
With active choroidal neovascularization	H35.3211	H35.3221	H35.3231	H35.3291
With inactive choroidal neovascularization	H35.3212	H35.3222	H35.3232	H35.3292
With inactive scar	H35.3213	H35.3223	H35.3233	H35.3293
Stage unspecified	H35.3210	H35.3220	H35.3230	H35.3290

Macular Edema Following Retinal Vein Occlusion (MEfRVO)

Central retinal vein occlusion	Right eye	Left eye	Bilateral	Unspecified eye
With macular edema	H34.8110	H34.8120	H34.8130	H34.8190
Tributary (branch) retinal vein occlusion	Right eye	Left eye	Bilateral	Unspecified eye
With macular edema	H34.8310	H34.8320	H34.8330	H34.8390

Diabetic Macular Edema (DME)

Diabetes mellitus due to underlying condition with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E08.3211	E08.3212	E08.3213	E08.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E08.3311	E08.3312	E08.3313	E08.3319
Severe nonproliferative diabetic retinopathy with macular edema	E08.3411	E08.3412	E08.3413	E08.3419
Proliferative diabetic retinopathy with macular edema	E08.3511	E08.3512	E08.3513	E08.3519
Unspecified diabetic retinopathy with macular edema	E08.311			

Drug or chemical induced diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E09.3211	E09.3212	E09.3213	E09.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E09.3311	E09.3312	E09.3313	E09.3319
Severe nonproliferative diabetic retinopathy with macular edema	E09.3411	E09.3412	E09.3413	E09.3419
Proliferative diabetic retinopathy with macular edema	E09.3511	E09.3512	E09.3513	E09.3519
Unspecified diabetic retinopathy with macular edema	E09.311			

Type 1 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E10.3211	E10.3212	E10.3213	E10.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E10.3311	E10.3312	E10.3313	E10.3319
Severe nonproliferative diabetic retinopathy with macular edema	E10.3411	E10.3412	E10.3413	E10.3419
Proliferative diabetic retinopathy with macular edema	E10.3511	E10.3512	E10.3513	E10.3519
Unspecified diabetic retinopathy with macular edema	E10.311			

Type 2 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E11.3211	E11.3212	E11.3213	E11.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E11.3311	E11.3312	E11.3313	E11.3319
Severe nonproliferative diabetic retinopathy with macular edema	E11.3411	E11.3412	E11.3413	E11.3419
Proliferative diabetic retinopathy with macular edema	E11.3511	E11.3512	E11.3513	E11.3519
Unspecified diabetic retinopathy with macular edema	E11.311			

Other specified diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy with macular edema	E13.3211	E13.3212	E13.3213	E13.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E13.3311	E13.3312	E13.3313	E13.3319
Severe nonproliferative diabetic retinopathy with macular edema	E13.3411	E13.3412	E13.3413	E13.3419
Proliferative diabetic retinopathy with macular edema	E13.3511	E13.3512	E13.3513	E13.3519
Unspecified diabetic retinopathy with macular edema	E13.311			

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Diabetic Retinopathy (DR)

Diabetes mellitus due to underlying condition with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E08.3291	E08.3292	E08.3293	E08.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E08.3391	E08.3392	E08.3393	E08.3399
Severe nonproliferative diabetic retinopathy without macular edema	E08.3491	E08.3492	E08.3493	E08.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E08.3521	E08.3522	E08.3523	E08.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E08.3531	E08.3532	E08.3533	E08.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E08.3541	E08.3542	E08.3543	E08.3549
Stable proliferative diabetic retinopathy	E08.3551	E08.3552	E08.3553	E08.3559
Proliferative diabetic retinopathy without macular edema	E08.3591	E08.3592	E08.3593	E08.3599
Unspecified diabetic retinopathy without macular edema	E08.319			

Drug or chemical induced diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E09.3291	E09.3292	E09.3293	E09.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E09.3391	E09.3392	E09.3393	E09.3399
Severe nonproliferative diabetic retinopathy without macular edema	E09.3491	E09.3492	E09.3493	E09.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E09.3521	E09.3522	E09.3523	E09.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E09.3531	E09.3532	E09.3533	E09.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E09.3541	E09.3542	E09.3543	E09.3549
Stable proliferative diabetic retinopathy	E09.3551	E09.3552	E09.3553	E09.3559
Proliferative diabetic retinopathy without macular edema	E09.3591	E09.3592	E09.3593	E09.3599
Unspecified diabetic retinopathy without macular edema	E09.319			

Type 1 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E10.3291	E10.3292	E10.3293	E10.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E10.3391	E10.3392	E10.3393	E10.3399
Severe nonproliferative diabetic retinopathy without macular edema	E10.3491	E10.3492	E10.3493	E10.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E10.3521	E10.3522	E10.3523	E10.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E10.3531	E10.3532	E10.3533	E10.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E10.3541	E10.3542	E10.3543	E10.3549
Stable proliferative diabetic retinopathy	E10.3551	E10.3552	E10.3553	E10.3559
Proliferative diabetic retinopathy without macular edema	E10.3591	E10.3592	E10.3593	E10.3599
Unspecified diabetic retinopathy without macular edema	E10.319			

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Diabetic Retinopathy (DR) (cont'd)

Type 2 diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E11.3291	E11.3292	E11.3293	E11.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E11.3391	E11.3392	E11.3393	E11.3399
Severe nonproliferative diabetic retinopathy without macular edema	E11.3491	E11.3492	E11.3493	E11.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E11.3521	E11.3522	E11.3523	E11.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E11.3531	E11.3532	E11.3533	E11.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E11.3541	E11.3542	E11.3543	E11.3549
Stable proliferative diabetic retinopathy	E11.3551	E11.3552	E11.3553	E11.3559
Proliferative diabetic retinopathy without macular edema	E11.3591	E11.3592	E11.3593	E11.3599
Unspecified diabetic retinopathy without macular edema	E11.319			
Other specified diabetes mellitus with...	Right eye	Left eye	Bilateral	Unspecified eye
Mild nonproliferative diabetic retinopathy without macular edema	E13.3291	E13.3292	E13.3293	E13.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E13.3391	E13.3392	E13.3393	E13.3399
Severe nonproliferative diabetic retinopathy without macular edema	E13.3491	E13.3492	E13.3493	E13.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E13.3521	E13.3522	E13.3523	E13.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E13.3531	E13.3532	E13.3533	E13.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E13.3541	E13.3542	E13.3543	E13.3549
Stable proliferative diabetic retinopathy	E13.3551	E13.3552	E13.3553	E13.3559
Proliferative diabetic retinopathy without macular edema	E13.3591	E13.3592	E13.3593	E13.3599
Unspecified diabetic retinopathy without macular edema	E13.319			

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