



Related MLN Matters Article #: MM4365

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Expansion of Glaucoma Screening Services

Key Words

MM4365, CR4365, R48BP, R895CP, Glaucoma, Screening

Provider Types Affected

Physicians and providers who submit claims to Medicare fiscal intermediaries (FIs) and carriers for glaucoma screening examinations

Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is April 3, 2006.
- Beginning January 1, 2006, the definition of an eligible beneficiary in a high-risk category is expanded to include Hispanic Americans age 65 and over.
- Because of this revised definition, Medicare will pay for glaucoma screening examinations for Hispanic Americans age 65 and older when they are furnished by or under the direct supervision in the office setting of an ophthalmologist or optometrist who is legally authorized to perform the services under state law.
- If service is denied because the individual does not meet the age-related and/or ethnic-related coverage criteria, Medicare contractors will return Medicare Summary Notice 21.21 (This service was denied because Medicare only covers this service under certain circumstances).
- If service is denied because the individual is not Hispanic-American age 65 or over, the remittance advice claim will show reason adjustment code 96 (Non-covered charge), and existing remark codes M83 (Services not covered unless the patient is classified as at high risk) and N129 (This amount represents the dollar amount not eligible due to patient's age).
- Medicare FIs or carriers will not search for or adjust claims with dates of service from January 1, 2006 through April 3, 2006, but will adjust any such claims that are brought to their attention.
- The following HCPCS codes apply for glaucoma screening:

- **G0117** – Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist; and
- **G0118** –Glaucoma screening for high risk patients furnished under the direct supervision of an optometrist or ophthalmologist.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4365.pdf>

The official instructions (CR4365) issued to FIs or carriers regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R48BP.pdf> and <http://www.cms.hhs.gov/Transmittals/downloads/R895CP.pdf> on the CMS web site.

If providers have any questions, they may contact their carrier or intermediary at their toll-free number, which is available at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.