

DOCUMENTATION

Medical record documentation must show that the beneficiary is a member of one of the high risk groups. The documentation must also show that the appropriate screening was performed (i.e., either a dilated eye examination with an IOP measurement and a direct ophthalmoscopic examination or a slit-lamp biomicroscopic examination).

RESOURCES

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare. For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit http://www.cms.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MEDICARE LEARNING NETWORK® (MLN)

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called 'MLN Opinion Page' in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at <http://www.medicare.gov>, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This brochure was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



GLAUCOMA SCREENING





The summary of information presented in this brochure is intended for Medicare Fee-For-Service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefit discussed in this brochure.

GLAUCOMA

Glaucoma represents a family of diseases commonly associated with optic nerve damage and visual field changes (a narrowing of the eyes' usual scope of vision). Of the various forms of glaucoma (such as congenital, angle-closure, and secondary), open-angle glaucoma is the most common.

Glaucoma occurs when increased fluid pressure in the eye presses against the optic nerve, causing damage. The damage to optic nerve fibers can cause blind spots to develop. These blind spots usually go undetected until the optic nerve is significantly damaged. If the entire optic nerve is destroyed, blindness results.

Since glaucoma progresses with few or no warning signs or symptoms and vision loss from glaucoma is irreversible, annual screening of people at high risk for the disease is vitally important. Studies show that early detection and treatment of glaucoma, before it causes major vision loss, is the best way to control the disease.

GLAUCOMA SCREENING

The glaucoma screening covered by Medicare includes the following:

- A dilated eye examination with an intraocular pressure (IOP) measurement, and
- A direct ophthalmoscopy examination or a slit-lamp biomicroscopic examination.

Increased IOP is common with glaucoma. In the past, health care professionals followed the treatment protocol associated with increased IOP measurement for an indication of glaucoma; an IOP measurement using non-contact tonometry (more commonly known as the "air puff test") alone was commonly used to diagnose glaucoma. Now, health care professionals know that glaucoma can be present with or without increased IOP, which makes the examination of the eye and optic nerve (along with the IOP measurement) a critical part of the glaucoma screening.

RISK FACTORS

While anyone can develop glaucoma, certain groups of people are at higher risk for the disease. Risk factors that may increase an individual's chances of developing glaucoma include the following:

- Age,
- Race,
- Family history, and
- Medical history.

COVERAGE INFORMATION

Medicare provides coverage of an annual glaucoma screening (i.e., at least 11 months after the last covered glaucoma screening was performed) for beneficiaries in at least one of the following high risk categories:

- Individuals with diabetes mellitus,
- Individuals with a family history of glaucoma,
- African-Americans aged 50 and older, and
- Hispanic-Americans aged 65 and older.

Because of the prevalence of glaucoma in these groups, health care professionals should encourage all eligible Medicare beneficiaries who are members of one of the high risk groups to get regular glaucoma screenings.

Medicare pays for glaucoma screenings in an office setting furnished by or under the direct supervision of an optometrist or ophthalmologist legally authorized to perform services under State law.

NOTE: Medicare does not provide coverage for routine eye refractions.

Calculating Frequency

When calculating frequency to determine the 11-month period, the count starts beginning with the month after the month in which a previous test was performed.

EXAMPLE: The beneficiary received a glaucoma screening in January 2010. The count starts beginning February 2010. The beneficiary is eligible to receive another glaucoma screening in January 2011 (the month after 11 months have passed).

Coverage of the glaucoma screening service is provided as a Medicare Part B benefit. Both coinsurance or copayment and the Medicare Part B deductible apply.

NOTE: The Medicare Part B deductible does not apply to Federally Qualified Health Center (FQHC) services.

