

MLN Matters Number: MM4365

Related Change Request (CR) #: 4365

Related CR Release Date: March 24, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R48BP and R895CP

Implementation Date: April 3, 2006

Note: This article was updated on November 1, 2012, to reflect current Web addresses. All other information remains unchanged.

Expansion of Glaucoma Screening Services

Provider Types Affected

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

Important Points to Remember

- CR4365 provides notice that 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.).
- Your Medicare FI or carrier will not search for or adjust claims with dates of service January 1, 2006, that were processed before the April 3, 2006, implementation date of CR4365. They will adjust any such claims that you bring to their attention.

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- 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.

Background

On January 1, 2002, CMS implemented regulations at 42 CFR, Section 410.23(a)(2). The regulations set conditions for and limitations on coverage of screening for glaucoma, requiring that the term “eligible beneficiary” be defined to include individuals in the following high-risk categories:

- Individuals with diabetes mellitus;
- Individuals with a family history of glaucoma; or
- African-Americans age 50 and over.

The Physician Fee Schedule for Calendar Year 2006 Final Rule, 70 FR 70270, dated November 21, 2005, expands Medicare coverage of high-risk individuals eligible to receive glaucoma screening services to include Hispanic Americans age 65 and over.

This expansion of coverage is effective for services performed on or after January 1, 2006, and revises 42 CFR, section 410.23(a)(2) accordingly.

Additional Information

The official instructions (CR4365) issued to your FI or Carrier regarding this change can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R48BP.pdf> and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R895CP.pdf> on the CMS website.

If you have questions, please contact your Medicare FI or Carrier at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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