



UEI Coding Alert #3 November 2, 2005

If You Forget The Proper Glaucoma Screening Code....

Forget Payment From Medicare

Report V80.1 first for G0117, followed by any identified disease

V codes play a vital role in Medicare's reimbursement for glaucoma screening services - and failure to use them can torpedo your claims.

When submitting claims for G0117 (*Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist*) you need to report only the reason the patient is being seen - the screening - not any differential diagnosis that were found.

For a screening, you have to submit a primary diagnosis code that indicates to the carrier that the patient presented without symptoms.

So even if a patient presents for a glaucoma screening and the doctor finds concrete signs of glaucoma, such as elevated intraocular pressure, you should still link V80.1 (*Special screening for neurological, eye, and ear diseases; glaucoma*) to G0117.

Report Glaucoma Findings as Secondary

If the doctor does find indications of disease, list the diagnosis as the secondary ICD-9 code.

The *Medicare Carriers Manual*, section 15021.1, states, "When a diagnostic test is ordered in the absence of signs/symptoms or other evidence of illness or injury, the testing facility or the physician interpreting the diagnostic test should report the screening code as the primary diagnosis code. Any condition discovered during the screening should be reported as a secondary diagnosis."

Example: While performing a glaucoma screening on a 67-year-old, Medicare eligible, black patient, a doctor finds elevated intraocular pressure.

Report G0117 linked to V80.1 as a primary diagnosis. As a secondary diagnosis, report 365.01 (*glaucoma suspect*).

If the doctor diagnoses the patient with a type of glaucoma or other condition, schedule the patient to return for the appropriate, more extended service that may be indicated.

Beginning January 1, 2006

CMS proposes making Hispanics 65 and older eligible for G0117

Next year you may have to ask one more question when determining whether a patient is eligible for a Medicare-covered glaucoma screening: "Are you a Medicare eligible, Hispanic, age 65 or older?"

Medicare wants to add that criterion to the list of high-risk indicators that qualify a patient for a glaucoma screening, G0117 (*Glaucoma screening for high-risk patient furnished by an optometrist* the glaucoma screening is only for high-risk patients. Effect January 1, 2006, Medicare wants to define "high-risk" patients as:

- People with a family history of glaucoma
- People with diabetes mellitus (250.xx)
- Blacks age 50 and over.
- Hispanics age 65 or older

Recent studies on the prevalence of glaucoma that separated data for Hispanic persons found that "Hispanic subjects had a marked higher prevalence in the oldest age group," according to the proposed rule, found in the Aug. 8, 2005, *Federal Register*.

"The prevalence of open angle glaucoma in Hispanic persons age 65 years and older was significantly higher than among whites."

If Medicare adopts this proposal in the final rule, then effective Jan. 1, 2006, "Hispanic Americans age 65 and older would qualify for Medicare coverage and payment for glaucoma screening services," says the proposed rule.