

Optometry Coding & Billing Alert

Reader Question: Use G0117 for High-Risk Medicare Patients

Question: I'm a little confused about HCPCS code G0117. I know that V80.1 (Special screening for glaucoma) is the only diagnosis Medicare will accept. But why would we use G0117 rather than an E/M code with "glaucoma suspect" as the ICD-9 code?

New Hampshire Subscriber

Answer: 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) are the codes that Medicare identifies with its benefit of free glaucoma screenings for high-risk patients. The key phrase is "high-risk": the patient must meet Medicare's definition of high-risk in order for you to get paid for G0117.

Use G0117 if the patient does not already have a clinical finding for suspected glaucoma (365.00, Borderline glaucoma [glaucoma suspect]; preglaucoma, unspecified) and if the patient either:

1. has a family history of glaucoma; or
2. has diabetes mellitus; or
3. is over 50 and black.

To report G0117, the patient must have specifically made an appointment just for glaucoma screening. If the patient doesn't fall into one of those three risk groups, Medicare would consider the exam routine eye care and deny the claim. Payment would be the patient's responsibility.

If you're seeing a patient for the glaucoma screening who mentions other eye problems, and you document exam elements not included in the glaucoma screening, bill the appropriate eye code or E/M code.

Caution: Check with your local carrier for policies restricting the frequency of glaucoma exams. Many payers will only reimburse for one glaucoma check each year.