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MAXIMIZE YOUR OPPORTUNITY TO USE THE NEW GLAUCOMA SCREENING CODES

The newly enacted Benefits Improvements and Protection Act of 2000 (BIPA) provides annual coverage for glaucoma screening of Medicare patients. Eligible criteria include diabetes, family history of glaucoma, and African-Americans 50 or older. This allows one exam per 12-month period, and covers dilated exam with IOP measurement and ophthalmoscopy. Ancillary testing (such as visual fields, nerve fiber layer analysis, and gonioscopy) are *NOT* covered and glaucoma suspects identified by this screening should be rescheduled for these tests on a separate day.

Medicare has assigned a new code for this glaucoma-screening exam: G0117 (glaucoma screening for high risk patients). Medicare has specified that these exams will only be paid with diagnosis code V80.1. The code V80.1 should be used for all of these claims regardless of whether glaucoma is diagnosed during the exam. The national Medicare-allowable amount for G0117 is \$52.13 (will be adjusted locally).

Patients identified during V80.1 may then be brought back for a follow-up exam coded with "Glaucoma Suspect" linked to a routine office code and the appropriate ancillary testing.

This is a great opportunity to screen these high-risk patients, and we continue to offer our support for glaucoma suspect consultation including specialized testing such as nerve fiber layer analysis or visual field testing.

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We dedicate ourselves to enhancing the quality of life for every individual we treat by helping each to see his or her best, and by preserving our patients' vision and eye health throughout life.

The Best VisionNewsletter is YOUR Newsletter

Send us your ideas for future issues.

Do you want information on:

Cataracts? Glaucoma? Laser Vision Correction? Corneal Transplants?
Practice Management? Coding?

Send your suggestions to Patrick Janson, O.D.

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