

Clinical Policy: Glaucoma Screening

Reference Number: CP.VP.77

Last Review Date: 01/2022

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for glaucoma screening.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® (Centene) that screenings for glaucoma are **medically necessary** no more than annually for any of the following indications:
 - A. Patients diagnosed with diabetes mellitus;
 - B. Patients with a family history of glaucoma;
 - C. African-Americans age 50 and older;
 - D. Hispanic-Americans age 65 and older.

- II. It is the policy of health plans affiliated with Centene that screenings for glaucoma are **not medically necessary** for patients diagnosed with glaucoma. *See clinical practice guideline CP.VP.30 Glaucoma.*

Background

Glaucoma screenings are targeted examinations designed to monitor the ocular health of a member that is at high risk for developing glaucoma. A systematic review of the literature on this topic concluded that screening an entire population for glaucoma is not cost-effective, but targeted screening of high-risk groups may be. A covered glaucoma screening includes the following elements:

- A. A dilated eye examination (including assessment of vitreous, optic nerve, macula, vessels, peripheral retina);
- B. Intraocular pressure measurement;
- C. A direct ophthalmoscopy examination or a slit-lamp biomicroscopy examination (including evaluation of lids/lashes, conjunctiva, cornea, iris, lens, anterior chamber).

Coding Implications

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HCPCS Codes	Description
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist

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HCPCS Codes	Description
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
E08.00 – E08.9	Diabetes mellitus due to underlying condition
E09.00 – E09.9	Drug or chemical induced diabetes mellitus
E10.00 – E10.9	Type 1 diabetes mellitus
E11.00 – E11.9	Type 2 diabetes mellitus
E13.00 – E13.9	Other specified diabetes mellitus
Z13.5	Encounter for screening of eye and ear disorders
Z83.511	Family history of glaucoma

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	08/2020	10/2020
Annual Review	12/2020	12/2020
Annual Review; Updated References	12/2021	01/2022

References

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2. National Government Services. Manuals: Preventive Services Guide: Glaucoma Screening. Accessed: 8/2020. www.ngsmedicare.com.
3. Ladapo JA, Kymes SM, Ladapo JA, Nwosu VC, Pasquale LR. Projected Clinical Outcomes of Glaucoma Screening in African American Individuals. Arch Ophthalmol. 2012;130(3):365–372.
4. Weinreb RN, Healy PR, Topouzis F, eds. Glaucoma Screening. World Glaucoma Association Consensus Series - 5. The Netherlands: Kugler Publications; 2008.
5. Burr JM, Mowatt G, Hernandez R, et al. The clinical effectiveness and cost-effectiveness of screening for open angle glaucoma: a systematic review and economic evaluation. Health Technol Assess 2007;11:iii-iv, ix-x, 1-190.
6. American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, Primary Angle-Closure Disease, San Francisco, CA, American Academy of Ophthalmology, 2020, <https://www.aao.org/preferred-practice-pattern/primary-angle-closure-disease-ppp>
7. American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, Primary Open-Angle Glaucoma, San Francisco, CA, American Academy of Ophthalmology, 2020, <https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-ppp>

8. American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, Primary Open-Angle Glaucoma Suspect, San Francisco, CA, American Academy of Ophthalmology, 2020, <https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-suspect-ppp>

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be

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bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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