



Related MLN Matters Article #: MM3816

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New Requirements for Low Vision Rehabilitation Demonstration Billing

Key Words

MM3816, CR3816, Vision, Impairment, Rehabilitation, Demonstration, Billing, Project, Physician, Therapist, Payment, ICD-9-CM, Diagnostic, G-Code

Provider Types Affected

Physicians, providers, and suppliers

Note: Please note that additional information and revisions to CR3816 have been released. Please refer to the end of this CSR for links to these articles and Change Requests (CRs).

Key Points

- The effective date of the instruction is April 1, 2006.
- The implementation date is April 3, 2006.
- The Secretary of the Department of Health and Human Services is directed to carry out an outpatient vision rehabilitation demonstration project as part of the FY 2004 appropriations conference report to accompany Public Law HR 2673.
- This demonstration project will examine the impact of standardized Medicare coverage for vision rehabilitation services provided in the home, office, or clinic, under the general supervision of a physician.
- The services may be supplied by the following:
 - Physicians;
 - Occupational therapists;
 - Certified low vision therapists;
 - Certified orientation and mobility specialists; and
 - Certified vision rehabilitation therapists.

- Under this Low Vision Rehabilitation Demonstration, Medicare is extending coverage under Part B for the same rehabilitation services to treat vision impairment that would otherwise be payable when provided by an occupational or physical therapist if they are now provided by a certified vision rehabilitation professional under the general supervision of a qualified physician.
- This demonstration will last for five years through March 31, 2011, and is limited to services provided specifically in New Hampshire, New York City (all five boroughs), North Carolina, Atlanta, Kansas, and Washington State.
- Payment for vision rehabilitation services under this demonstration may be made to:
 - Either the qualified physician who is supervising the occupational therapist or certified vision rehabilitation professional; **or**
 - An occupational therapist in private practice; **or**
 - A qualified facility, such as a rehabilitation agency or clinic that has a contractual relationship with the certified vision rehabilitation professional; **and**
 - Where the services are furnished under the individualized written plan of care.
- Under this Low Vision Rehabilitation Demonstration, Medicare will cover low vision rehabilitation services to people with a medical diagnosis of moderate or severe vision impairment that is not correctable by conventional methods or surgery (i.e., cataracts).
- Rehabilitative services will be conducted within a three-month period of time, in intervals appropriate to the patient's rehabilitative needs, and will not exceed 36 units of 15 minutes each, or nine hours total.
- All services covered under this demonstration are one-on-one, face-to-face services.
- Payment for vision rehabilitation services will be made to the qualified physician under the Medicare Physician Fee Schedule (MPFS) or to a facility, including the following:
 - Hospitals;
 - Comprehensive Outpatient Rehabilitation Facilities (CORF);
 - Other rehabilitation agencies or clinics; or
 - Facilities that bill Medicare for providing occupational therapy, through which services are furnished under an individualized, written plan of care.
- Payable Places Of Service (POS) for Part B claims include:
 - Office (11);
 - Home (12);
 - Assisted-living facility (13);
 - Group home (14);
 - Custodial care facility (33); and
 - Independent clinic (49).

- Facilities that are qualified to submit claims include the following:
 - Outpatient hospital clinics (TOB 13x);
 - Outpatient critical access hospital (CAH) clinics (TOB 85x);
 - CORFs (TOB 75x); and
 - Free-standing rehabilitation clinics (TOB 74x).
- Fiscal intermediaries will use the claim related condition code 79 to indicate when services are provided outside the facility.
- Facility claims will also use the revenue code 0949 (other rehabilitation services) in addition to the demonstration G-code, which indicates the type of professional who provided the rehabilitation service.
- CAHs that elect to use Method II billing will use revenue code 0969 or revenue code 0962, whichever is most appropriate.
- Carriers will accept and process claims from qualified physicians when those claims include:
 - An appropriate ICD-9-CM code that supports medical necessity;
 - An appropriate rehabilitation ("G") code for the demonstration; and
 - Evidence of a written plan of care that specifies the type and duration of the rehabilitative services being furnished.
- The table on page 5 of MLN Matters article MM3816 lists the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnostic codes that will be used to support medical necessity for coverage under the demonstration.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm3816.pdf>

MLN Matters article MM5023 contains updated information regarding remittance advice and remark codes and regarding the use of provider identifiers, especially UPINs and the National Provider Identifier. MM5023 is based on CR5023, released on April 28, 2006. To view MM5023, go to

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5023.pdf> and to view CR5023 go to

<http://www.cms.hhs.gov/Transmittals/downloads/R46DEMO.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

CR4294 also contains revisions to CR 3816 - Low Vision Rehabilitation Demonstration. Specifically the changes include the new implementation date of April 3, 2006, change in the limits of services from 6 hours total (24 units of 15 minutes each) to 9 hours total (36 hours of 15 minutes each), identification of the 6 eligible demonstration locales, add two ICD9-CM codes that support medical necessity, and correction to terminology errors contained in CR3816. CR3816 and may be viewed at

<http://www.cms.hhs.gov/transmittals/downloads/R37DEMO.pdf> on the CMS website.