



News Flash - The 2008 Physician Election Period for the Medicare Part B Drug Competitive Acquisition Program (CAP) will begin on October 1, 2007 and concludes on November 15, 2007. The CAP is a voluntary program that offers physicians the option to acquire many injectable and infused drugs they use in their practice from an approved CAP vendor, thus reducing the time they spend buying and billing for drugs. Additional information about the CAP is available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/CompetitiveAcquisforBios/index> on the CMS website. Please note that completed and signed physician election forms should be returned by mail to your local carrier. Forms must be postmarked on or before November 15, 2007. DO NOT return forms to CMS offices.

MLN Matters Number: MM5756

Related Change Request (CR) #: 5756

Related CR Release Date: November 2, 2007

Effective Date: April 1, 2008

Related CR Transmittal #: R54DEMO

Implementation Date: April 7, 2008

Note: This article was updated on September 24, 2012, to reflect current Web addresses. All other information remains the same.

Revisions to CR 4294 - Low Vision Rehabilitation Demonstration

Provider Types Affected

Providers who bill Medicare fiscal intermediaries (FI), carriers, or Medicare Administrative Contractors (A/B MAC) for services provided to Medicare beneficiaries under the Medicare Low Vision Rehabilitation Demonstration.

What You Need to Know

CR 5756, from which this article is taken, revises some of the Medicare Low Vision Rehabilitation Demonstration coverage limitations described in CR 4294 (released January 20, 2006). Specifically, it changes the limitation of services from 9 hours of rehabilitation services in one consecutive 90-day period (once in a lifetime) to 12 hours of rehabilitation services *per calendar year*. You should make sure that your billing staffs are aware of these Medicare Low Vision Rehabilitation Demonstration coverage changes, which are effective for services supplied under the demonstration on or after April 1, 2008.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

To improve participation among eye care physicians in the Low Vision Rehabilitation Demonstration and to correct unnecessary limitations in level of low vision rehabilitation coverage, CR 5756, from which this article is taken, revises CR 4294 (Revisions to CR 3816 - Low Vision Rehabilitation Demonstration), released January 20, 2006. Specifically, it changes the 90-day, once in a lifetime limitation for vision rehabilitation services to *a calendar year basis*, and increases the number of hours of covered vision rehabilitation services to which a participating beneficiary is entitled from 36 units of 15-minutes each (9 hours), to 48 units of 15 minutes each (12 hours).

Additional Information

You can find the official instruction conveying the revisions to the Medicare Low Vision Rehabilitation Demonstration coverage limitations by going to CR 5756, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R54DEMO.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.