

USERS GUIDE TO THE LOW VISION REHABILITATION DEMONSTRATION

Medicare beneficiaries who are diagnosed with moderate to severe visual impairment may be eligible to receive covered vision rehabilitation services under a new demonstration project. Demonstration covered services will only be available to Medicare beneficiaries who live in one of the specified demonstration locales and must be prescribed by a qualified physician, such as an ophthalmologist or an optometrist who also practices in one of the specified demonstration locales.

Low Vision Rehabilitation Demonstration locales will include New Hampshire, New York City (all 5 boroughs), Atlanta, GA., North Carolina, Kansas, and Washington State. Eligible beneficiaries who live in these areas and receive their medical eye care from an ophthalmologist or optometrist who practices in these areas could be covered for up to 9 hours of rehabilitation services provided in an appropriate setting, including in the home.

For many with visual impairments, rehabilitation training can help them maintain their independence and quality of life. Rehabilitation can help prevent accidents, like falls and burns that often occur when someone cannot navigate well due to vision loss.

This Users Guide to the Low Vision Rehabilitation Demonstration is intended to provide information about how the demonstration will be conducted. It is designed clarify some of the details about eligibility, limitations, claims submission, and where the demonstration will occur. If additional information is needed please direct inquiries to the demonstration mailbox below.

visiondemo@cms.hhs.gov

Eligibility to participate in the low vision rehabilitation demonstration

To be eligible a beneficiary must;

- Participate in Medicare Part B fee-for-service coverage
- Not be a member of a Medicare Advantage plan
- Have a medical diagnosis of moderate, severe and profound visual impairment, including blindness, that cannot be corrected by glasses or surgery (i.e. cataracts)**
- Have an individualized plan of care established by a physician or occupational therapist in private practice (OTPP)
- Be physically and mentally able to receive rehabilitation and derive benefit
- Live in one of the designated demonstration locales

**** Definitions of Levels of Vision Impairment**

- ◆ **Moderate** = best corrected visual acuity is less than 20/60
- ◆ **Severe** = best corrected visual acuity is less than 20/160 or visual field is 20 degrees or less (*legal blindness*)
- ◆ **Profound** = best corrected visual acuity is less than 20/400, or visual field is 10 degrees or less (*moderate blindness*)
- ◆ **Near-Total** = best corrected visual acuity is less than 20/1000, or visual field of 5 degrees or less (*severe blindness*)
- ◆ **Total** = no light perception (*total blindness*)

Applicable Vision Impairment Diagnosis Codes

ICD-9-CM Code	Description
368.41	Scotoma involving central area
368.45	Generalized contraction or constriction
368.46	Homonymous Bilateral Field Defect
368.47	Heteronymous Bilateral Field Defect
369.01	Better Eye: Total Vision Impairment Lesser Eye: Total Vision Impairment
369.03	Better Eye: Near-Total Vision Impairment Lesser Eye: Total Vision Impairment
369.04	Better Eye: Near-Total Vision Impairment Lesser Eye: Near-Total Vision Impairment
369.06	Better Eye: Profound Vision Impairment Lesser Eye: Total Vision Impairment
369.07	Better Eye: Profound Vision Impairment

	Lesser Eye: Near-Total Vision Impairment
369.08	Better Eye: Profound Vision Impairment Lesser Eye: Profound Vision Impairment
369.12	Better Eye: Severe Vision Impairment Lesser Eye: Total Vision Impairment
369.13	Better Eye: Severe Vision Impairment Lesser Eye: Near-Total Vision Impairment
369.14	Better Eye: Severe Vision Impairment Lesser Eye: Profound Vision Impairment
369.16	Better Eye: Moderate Vision Impairment Lesser Eye: Total Vision Impairment
369.17	Better Eye: Moderate Vision Impairment Lesser Eye: Near-Total Vision Impairment
369.18	Better Eye: Moderate Vision Impairment Lesser Eye: Profound Vision Impairment
369.22	Better Eye: Severe Vision Impairment Lesser Eye: Severe Vision Impairment
369.24	Better Eye: Moderate Vision Impairment Lesser Eye: Severe Vision Impairment
369.25	Better Eye: Moderate Vision Impairment Lesser Eye: Moderate Vision Impairment

Types of vision rehabilitation services are covered

Vision rehabilitation services should be geared toward maintaining independence and quality of life for the patient according to their individual abilities and needs. Typically, these services would include self care/home management training (e.g. activities of daily living) and training in meal preparation, safety procedures, and instructions in use of assistive technology devices or adaptive equipment. In addition, community reintegration training, such as shopping, transportation, money management, and other activities may also be covered. In some cases the physician may see a need for training to improve functional performance. The plan of care should specify what types of vision rehabilitation services apply to each patient.

Reimbursement rules for demonstration-related vision rehabilitation services

Only Medicare providers with Medicare provider numbers can submit claims for demonstration-related services. This means that although rehabilitation services are provided by a low vision therapist, orientation and mobility specialist, or vision rehabilitation therapist, the physician (ophthalmologist or optometrist), or qualified rehabilitation facility who is responsible for the patient will usually submit the claim for reimbursement. In some cases an occupational therapist in private practice (OTPP) will submit claims for rehabilitation services they rendered but only if they have a Medicare provider number. This will be the result of an arrangement between the physician and the

OTPP. It is NOT necessary for the vision rehabilitation provider to be an employee of the billing physician.

Qualified rehabilitation facilities, such as comprehensive outpatient rehabilitation facilities, or CORFS, that are providing vision rehabilitation services under the direction of a qualified physician may also submit claims for reimbursement when the vision rehabilitation professional has a contractual relationship with the facility.

Low vision therapists, orientation and mobility specialists, and vision rehabilitation therapists do not have Medicare provider numbers and, therefore, may not submit claims.

Submission of Demonstration-related claims

Claims are submitted just like claims for any other Medicare covered service using the form CMS 1500, or its electronic equivalent. Facilities will use the form CMS 1450 or its electronic equivalent. All claims must contain the usual information regarding patient information, and dates and types of service. In addition, however, demonstration-related claims must use special demonstration “G-codes” as its HCPCS number. The G-code identifies the type of provider who provided the actual services as follows.

G9041	licensed occupational therapist
G9042	certified orientation and mobility specialist
G9043	certified low vision therapist
G9044	certified vision rehabilitation therapist

When OTPPs submits a claims they will always use G9041. OTPPs cannot supervise nor submit claims for other rehabilitation providers.

If the physician or facility submits the claim how do the rehabilitation providers receive payment?

Since vision rehabilitation providers, except for OTPPs, do not have Medicare provider numbers Medicare cannot pay directly for their services. Therefore, they may only provide services based on referrals from physicians or under contract with a facility. The physician or facility will pay for the services of vision rehabilitation providers under whatever arrangements they have agreed upon. Vision rehabilitation providers DO NOT need to be employees of the physician.

Types of professionals who can provide rehabilitation under the demonstration

Eligible providers of services are;

- Qualified physicians, such as ophthalmologists or optometrists whose primary practice is in one of the demonstration locales
- Qualified occupational therapists

- Certified¹ low vision rehabilitation professionals including;
 - Low Vision therapists
 - Orientation and Mobility Specialists
 - Vision Rehabilitation Therapists (aka Rehabilitation Teachers)
- Qualified rehabilitation facilities, such as outpatient rehabilitation clinics, critical access hospitals.

Finding qualified occupational therapists and certified low vision rehabilitation professionals

Occupational therapists are required to be licensed in each state. They can most often be located through state organizations of occupational therapy or from the American Occupational Therapy Association (AOTA) by going to www.aota.org.

Low vision therapists, orientation and mobility specialists, and vision rehabilitation therapists must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). These rehabilitation providers are much fewer in numbers than occupational therapists and might be more difficult to identify. However, they can be found through ACVREP at www.acvrep.org.

Places rehabilitation services can be provided

Rehabilitation services can be provided in a physician's office or a rehabilitation clinic, or in the home and home environment of the person receiving the rehabilitation, whichever is most appropriate. Appropriate places of service must be identified in the individualized, written plan of care.

Individualized plan of care

The individualized plan of care is a blueprint of the rehabilitation services an individual patient will require as determined by their ophthalmologist or optometrist. In some cases an ophthalmologist or optometrist may have an occupational therapist evaluate the patient's needs and prepare a plan of care. However, the physician must approve the plan of care and supervise the delivery of rehabilitation services. Each participating patient must have an established written plan of care and the plan of care must be reviewed at least once each 30-days beginning with the starting date of the vision rehabilitation service.

Assessment/evaluation of needs to establish an individualized plan of care

This is up to the physician as to whether or not an assessment/evaluation is necessary. Assessment/evaluations are usually done prior to the establishment of the plan of care and

¹ Certification by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)

many believe that it is crucial to developing an appropriate plan of care. If the physician chooses to conduct an assessment/evaluation, or assigns the assessment/evaluation to an occupational therapist in private practice (OTPP), the assessment/evaluation can be billed to Medicare as a therapy service. However, the assessment/evaluation should not be claimed as a demonstration service. Doing so will impact on the limit of 9-hours of actual vision rehabilitation allowed under the demonstration. Low vision therapists, orientation and mobility therapists and vision rehabilitation therapists may conduct assessment/evaluation activities, but will have to be claimed as demonstration-related services in order to be covered. Medicare does not cover assessment/evaluation activities by low vision therapists, orientation and mobility specialists, or vision rehabilitation therapists as therapy services.

What the plan of care should include

The plan of care should include instructions to the qualified occupational therapists or certified vision rehabilitation professional as to what kind of rehabilitation to perform. This might include training in activities of daily living, community orientation, improvement of functional performance, or all of these areas. The instructions should include specific goals to be achieved. The plan of care should also indicate which type of rehabilitation professional should deliver the services. For example, if the patient requires training in movement inside and outside the home an orientation and mobility specialist might be indicated. For training in using assistive technology devices or adaptive equipment a vision rehabilitation therapist might be indicated. In any case the physician should choose the most appropriate rehabilitation provider.

General Supervision

The term “General Supervision” means that the supervising physician DOES NOT need to be in the immediate vicinity or on the premises while the vision rehabilitation services are being provided. General supervision is in contrast to “Direct Supervision” which requires the physician to be available on the premises during the provision of rehabilitation or therapy services.

The supervising physician is responsible for overseeing vision rehabilitation services provided by occupational therapists and low vision rehabilitation providers. At the very least the physician must review and plan of care each 30-days to ascertain the appropriateness of the prescribed rehabilitation and to determine if the patient is making appropriate progress.

Using more than one rehabilitation professional for the same patient during the period of rehabilitation

In some cases it might be preferable to use a multi-disciplinary team approach to rehabilitation. This will depend on what specific needs were identified and described in the plan of care.

Limitations on covered rehabilitation services under the demonstration

Under the demonstration eligible beneficiaries are able to obtain up to a total of 9-hours of covered vision rehabilitation services over a consecutive 90-day period, as prescribed in an individualized, written plan of care. The 90-day time period begins with the first date of service as identified on the first claim submitted for reimbursement. Demonstration-related services are not renewable and apply only once over the course of the demonstration.

If there is a need more than 9 hours of rehabilitation services

If your physician is participating in the Low Vision Rehabilitation Demonstration and you have reached the 9-hour limit, your doctor can prescribe additional rehabilitation, if necessary. However, the additional rehabilitation will not be covered under the demonstration. Your doctor will have to submit a claim for “Therapy” services and not “Demonstration” services. Demonstration claims that exceed the 9-hour limitation will not be paid.

Areas where the Low Vision Rehabilitation Demonstration being conducted

Low Vision Rehabilitation Demonstration will be conducted in 6 locales from across the country.

New Hampshire
New York City (all 5 boroughs)
Atlanta, GA.
North Carolina
Kansas
Washington State

Determining if the patient’s residence and the physician’s practice are within a demonstration area

In most cases if both the patients primary residence and the physician’s practice address are in the same state (New Hampshire, North Carolina, Kansas and Washington), then they would comply with this condition. In the case of New York City and Atlanta, Georgia, however, the patient’s primary residence and the physicians practice address must both be within the city limits as determined by zip codes. They do not need to be within the same zip code, however. A list of applicable zip codes for New York City and Atlanta, Georgia can be found at the Low Vision Rehabilitation Demonstration web site.

www.cms.hhs.gov/DemoProjectsEvalRepts/MD/list.asp

If you do not live in one of the demonstration locales and need vision rehabilitation services

Some areas of the country provide Medicare coverage for vision rehabilitation services under local coverage decisions (LCDs). LCDs allow Medicare to pay for vision rehabilitation when provided by qualified personnel, such as occupational therapists. LCDs may also allow coverage for vision rehabilitation when provided in the home by a qualified occupational therapist in private practice (OTPP) under general supervision. Physicians and other providers who are not practicing in a designated demonstration locale may submit claims for vision rehabilitation as LCD covered therapy services, as they do now. Physicians and providers who are practicing in a designated demonstration locale may submit claims as either demonstration-related services or LCD covered therapy services. However, in non-demonstration locales LCD will not cover services provided by orientation and mobility specialists, low vision therapists, or vision rehabilitation therapists and only OTTP can provide rehabilitation services in the home.

Duration of the Low Vision Rehabilitation Demonstration

The demonstration began on April 1, 2006 and continues until March 31, 2011.

The purpose behind the Centers for Medicare and Medicaid Services doing this demonstration

Congress has authorized the Secretary of Health and Human Services to carry out a nationwide outpatient vision rehabilitation services demonstration project. The purpose of this demonstration project is to examine the impact of standardized national coverage for vision rehabilitation services in the home by physicians, occupational therapists and certified rehabilitation teachers.

Choosing demonstration locales

CMS needed to select areas that met a demographic and geographic mix of participants such that the demo would represent data gleaned from across the country, while also working within the confines of limited available spending to carry out the project. Selection criteria included number of potential eligible Medicare treatment beneficiaries, number of available medical resources (ophthalmologists and optometrists), number of available rehabilitation resources (occupational therapists, and numbers of low vision therapists, orientation and mobility specialists, and vision rehabilitation therapists).