

Optometry Coding & Billing Alert

News You Can Use: Bill Medicare for Vision Rehab In Selected Cities

CMS tests the waters for full low-vision rehabilitation reimbursement

Optometrists who supervise vision rehabilitation therapists may find themselves busier in a few months, thanks to a demonstration program Medicare is launching.

Starting in October, low-vision professionals in selected areas will be able to bill Medicare for vision rehabilitation services under the general supervision of an optometrist or ophthalmologist, under a CMS demonstration project announced in June.

Look for New Low-Vision Codes

The October update to the Medicare Physician Fee Schedule will include four new temporary demonstration procedure codes, corresponding to the type of professional providing the service:

1. G9041 - Qualified occupational therapist
2. G9042 - Certified orientation and mobility therapist
3. G9043 - Certified low-vision rehabilitation therapist
4. G9044 - Certified vision rehabilitation therapist.

Medicare has not assigned relative value units to these codes yet. These professionals must work under the general supervision of an optometrist or ophthalmologist, meaning that the physician "does not need to be on the premises nor in the immediate vicinity of the rehabilitation services," Medicare says.

The procedures are furnished under the optometrist's overall direction and control, but the optometrist's presence is not required during the procedure, says **April Gentry, CCS-P, OCS**, medical coder at the Eye Clinic of Fairbanks, Alaska. The training of the nonphysician personnel who perform the rehabilitation services and the maintenance of the necessary equipment and supplies is the continuing responsibility of the optometrist.

The demonstration project, which CMS plans to run over five years until October 2010, will "cover low-vision rehabilitation services to people with a diagnosis of moderate or severe vision impairment not correctable by conventional methods of spectacles or surgery."

Previously, such rehabilitative services must have been provided directly by a physician, or a qualified physical or occupational therapist.

Prove Necessity With Severe Impairment Dx

ICD-9 codes that Medicare carriers will accept as supporting medical necessity for these services will be:

5. 368.41 - Scotoma involving central area
6. 368.45 - Generalized visual field contraction or constriction
7. 368.46 - Homonymous bilateral field defects

8. 368.47 - Heteronymous bilateral field defects
9. All of the bilateral profound, moderate or severe impairment codes 369.01-369.25, with the exception of "unspecified" or "not further specified" codes.

Medicare has not yet determined where the demonstration sites will be, but they "may include entire states, parts of states ... and major metropolitan agencies," the announcement says.

For more information, visit http://www.cms.hhs.gov/manuals/pm_trans/R25DEMO.pdf.