

Program Memorandum		Department of Health & Human Services (DHHS)
Intermediaries/Carriers		Centers for Medicare & Medicaid Services (CMS)
Transmittal AB-02-078		Date: MAY 29, 2002
CHANGE REQUEST 2083		

SUBJECT: Provider Education Article: Medicare Coverage of Rehabilitation Services for Beneficiaries With Vision Impairment

This Program Memorandum (PM) alerts the physician and provider community that Medicare beneficiaries who are blind or visually impaired are eligible for physician-prescribed rehabilitation services from approved health care professionals on the same basis as beneficiaries with other medical conditions that result in reduced physical functioning. We are issuing this PM in response to the language in the committee report accompanying the FY 2002 Labor/Health and Human Services/Education appropriations bill. It states: *"Medicare beneficiaries who are blind or visually impaired are eligible for physician-prescribed rehabilitation services from approved health care professionals on the same basis as beneficiaries with other medical conditions that result in reduced physical functioning. The Committee urges CMS to direct its carriers to inform physicians and other providers about the availability of medically necessary rehabilitation services for these beneficiaries."*

The attached article is for publication in your next regularly scheduled bulletin. For your information, the applicable manual sections pertaining to rehabilitation services are as follows: Medicare Intermediary Manual, Part 3, Chapter I, §3030, Medicare Intermediary Manual, Part 3, Chapter II, §§3147 and 3148, and in the Medicare Carriers Manual, Part 3, Chapter II, §§2020, 2050, 2210 and 2217.

Publish this article in your next regularly scheduled bulletin and post it, within two weeks after receipt of this PM, on any Internet sites or bulletin boards you maintain.

Within 30 days of publication of the article, forward a copy of *the bulletin article* to central office at this address:

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CMS/CMM/PBEG/DPET

C4-10-07

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The *effective date* for this PM is May 29, 2002.

The *implementation date* for this PM is May 29, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after May 31, 2003.

If you have any questions, contact Mary Loane at (410) 786-1405.

Attachment

CMS-Pub. 60AB

Attachment

Medicare Coverage of Rehabilitation Services for Beneficiaries With Vision Impairment

Background

A Medicare beneficiary with vision loss may be eligible for rehabilitation services designed to improve functioning, by therapy, to improve performance of activities of

daily living, including self-care and home management skills. Evaluation of the patient's level of functioning in activities of daily living, followed by implementation of a therapeutic plan of care aimed at safe and independent living, is critical and should be performed by an occupational or physical therapist. (Physical Therapy and Occupational Therapy assistants cannot perform such evaluations.)

Vision impairment ranging from low vision to total blindness may result from a primary eye diagnosis, such as macular degeneration, retinitis pigmentosa or glaucoma, or as a condition secondary to another primary diagnosis, such as diabetes mellitus or acquired immune deficiency syndrome (AIDS).

Coverage and Limitations

In accordance with established conditions, all rehabilitation services to beneficiaries with a primary vision impairment diagnosis must be provided pursuant to a written treatment plan established by a Medicare physician, and implemented by approved Medicare providers (occupational or physical therapists) or incident to physician services. Some of the following rehabilitation programs/services for beneficiaries with vision impairment may include Medicare covered therapeutic services:

- Mobility;
- Activities of Daily Living; and
- Other rehabilitation goals that are medically necessary.

The patient must have a potential for restoration or improvement of lost functions, and must be expected to improve significantly within a reasonable and generally predictable amount of time. Rehabilitation services are not covered if the patient is unable to cooperate in the treatment program or if clear goals are not definable. Most rehabilitation is short-term and intensive, and maintenance therapy – services required to maintain a level of functioning – are not covered. For example, a person with an ICD-9 diagnosis 369.08 (*profound impairment in both eyes, i.e., best corrected visual acuity is less than 20/400 or visual field is 10 degrees or less*) would generally be eligible for, and may be provided, rehabilitation services under HCPCS code 97535, (*self care/home management training, i.e., activities of daily living, compensatory training, meal preparation, safety procedures, and instruction in the use of adaptive equipment*).

Services may be provided by a physician as defined in §1861(r)(1) and (4) of the Social Security Act, a qualified occupational therapist, or a qualified physical therapist. Services furnished by an employee of the physician may only be provided incident to the physician's professional services, must be furnished under the physician's direct personal supervision, and must meet other incident to requirements provided in §2050 of the Medicare Carriers Manual. Certified occupational therapy and physical therapy assistants must perform under the appropriate level of supervision as other therapy services.

Applicable HCPCS Therapeutic Procedures

The following list contains examples which are not meant to limit the provision of other medically necessary services:

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility;

97116 Gait training (includes stair climbing);

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97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes;

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes;

97535 Self-care/home management training, e.g., activities of daily living, compensatory training, meal preparation, safety procedures, and instruction in use of adaptive equipment, direct one-on-one contact by provider, each 15 minutes; and

97537 Community/work reintegration (e.g., shopping, transportation, money management, avocational activities and/or work environment modification analysis, work task analysis, direct one on one contact by provider, each 15 minutes.

ICD-9 Codes for Vision Impairment that Support Medical Necessity

The following are appropriate diagnoses to use for the therapeutic procedures specified above:

BE = Better Eye LE = Lesser Eye

368.41 Scotoma central area

369.12 BE – severe impairment

LE – total impairment

368.45	Generalized contraction or constriction	369.13	BE – severe impairment LE – near-total impairment
368.46	Homonymous bilateral field defects	369.14	BE – severe impairment LE – profound impairment
368.47	Heteronymous bilateral field defects	369.16	BE – moderate impairment LE – total impairment
369.01	BE – total impairment LE – total impairment	369.17	BE – moderate impairment LE – near-total impairment
369.03	BE – near-total impairment LE – total impairment	369.18	BE – moderate impairment LE – profound impairment
369.04	BE – near-total impairment LE – near-total impairment	369.22	BE – severe impairment LE – severe impairment
369.06	BE – profound impairment LE – total impairment	369.24	BE – moderate impairment LE – severe impairment
369.07	BE – profound impairment LE – near-total impairment	369.25	BE – moderate impairment LE – moderate impairment
369.08	BE – profound impairment LE – profound impairment		

Definition 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

(legal blindness) visual field is 20 degrees or less

profound = best corrected visual acuity is less than 20/400, or

(moderate blindness) visual field is 10 degrees or less

near-total = best corrected visual acuity is less than 20/1000, or

(severe blindness) visual field is 5 degrees or less

total = no light perception

(total blindness)