

VHA Office of Community Care - Standardized Episode of Care

Medical Specialty Care

Low Vision Eyecare Services 1.4.1

Date Hold

Effective Date: 02-15-2022

Category of Care: OPTOMETRY

REV: No

Pre-certification Required: Yes

QASP: General Care

Description:

This authorization covers services associated with the specialty(s) identified for this episode of care, including all medical care listed below relevant to the referred care specified on the consult order.

The Low Vision Exam is expected to include but not limited to the following:

- * Functional history including activities of daily living, rehabilitation goals
- * Acuties (distance and near), low vision refraction
- * Contrast sensitivity, visual fields central/peripheral, amsler grid
- * LV device assessment/training both optical and non-optical
- * Glare and lighting evaluation
- * Eccentric viewing training/scanning/localization and tracking

Procedures as recommended by the AOA Optometric Clinical Practice Guidelines and AAO Preferred Practice Patterns are expected to be met as relevant for the referred condition.

Duration: 180 days

Procedural Overview:

1. Up to nine (9) Optometry Low Vision Rehabilitation visits to include the following:
 - a. Low Vision Evaluation and development of Plan of Care for the referred condition(s) indicated on the consult order
 - b. Follow up visits for additional Optometry Low vision rehabilitation services and training as clinically indicated, and consistent with established Low Vision Rehabilitation Plan of Care
2. Diagnostic images and studies relevant to the referred condition(s), if necessary, to support Low Vision Rehabilitation Services
3. Procedures relevant to the referred condition(s) as outlined in description above, as recommended by the AOA Optometric Clinical Practice Guidelines (Care of Patients with Visual Impairment (Low Vision Rehab)) and AAO Preferred Practice Patterns (Vision Rehabilitation PPP).

Disclaimer:

Additional Information:

* Eyeglasses and optical & non-optical low vision devices are not authorized with this referral. Eyeglasses and optical & non-optical low vision device prescriptions, if indicated, will be provided to the Veteran to bring to their local VA facility in person for obtaining eyeglasses and optical & non-optical low vision devices or provided per local VA facility policy.

* Cosmetic contact lenses are not authorized with this referral, and medically necessary contact lens requests require VA review and approval.

* Please visit the VHA Storefront www.va.gov/COMMUNITYCARE/providers/index.asp for additional resources and requirements pertaining to the following:

- * Pharmacy prescribing requirements
- * Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements
- * Precertification (PRCT) process requirements
- * Request for Services (RFS) requirements

Provider Taxonomy Codes:

HPTC	Grouping	Classification	Specialization
152WL0500X	Eye and Vision Services Providers	Optometrist	Low Vision Rehabilitation

Payable Services:

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
41-Optometry	9	N/A	1. Up to nine (9) Optometry Low Vision Rehabilitation visits to include the following: a. Low Vision Evaluation and development of Plan of Care for the referred condition(s) indicated	92081, 92082, 92083, 92250, 92273, 92274, 92354, 92355, <u>96116</u> , <u>96121</u> , 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215,

Clinical Service	Visits/Units	Frequency	Description	99354, Billing 99355, Codes 99368,
			<p>on the consult order b. Follow up visits for additional Optometry Low vision rehabilitati on services and training as clinically indicated, and consistent with established Low Vision Rehabilitati on Plan of Care</p>	<p>99415, 99416, 99417, 99441, 99442, 99443, G2212</p>

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
41-Optometry	999	N/A	2. Diagnostic images and studies relevant to the referred condition(s), if necessary, to support Low Vision Rehabilitation Services	70030, 92015, 92060, 92065, 92132, 92133, 92134, 92283, 96000, 96112, 96113, 97750, 97755, 99172, 99173

Clinical Service	Visits/Units	Frequency	Description	Billing Codes
41-Optometry	999	N/A	3. Procedures relevant to the referred condition(s) as outlined in description above, as recommended by the AOA Optometric Clinical Practice Guidelines (Care of Patients with Visual Impairment (Low Vision Rehab)) and AAO Preferred Practice Patterns (Vision Rehabilitation PPP).	97110, 97112, 97129, 97150, 97530, 97533, 97535, 97537

Underlined billing codes require pre-certification