

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 54	Date: NOVEMBER 2, 2007
	Change Request 5756

Subject: Revisions to Change Request (CR) 4294 - Low Vision Rehabilitation Demonstration

I. SUMMARY OF CHANGES: The purpose of this change request is to revise coverage limitations associated with the Medicare Low Vision Rehabilitation Demonstration as described in the business requirements of CR 4294. Specifically, this change request will revise the 90-day, once in a lifetime limitation for vision rehabilitation services to a per calendar year limitation under the low vision rehabilitation demonstration. In addition, this change request will increase the number of hours of covered vision rehabilitation services from 36 units of 15-minutes each, or 9 hours, to 48 units of 15 minutes each, or 12 hours. These two revisions pertain to business requirements 4294.2 and 4294.3 of CR 4294 Revision to CR 3816 Low Vision Rehabilitation Demonstration.

New / Revised Material

Effective Date: April 1, 2008

Implementation Date: April 7, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-19	Transmittal: 54	Date: November 2, 2007	Change Request: 5756
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SUBJECT: Revisions to Change Request (CR) 4294 - Low Vision Rehabilitation Demonstration

Effective Date: April 1, 2008

Implementation Date: April 7, 2008

I. GENERAL INFORMATION

A. Background: The purpose of this change request is to revise coverage limitations associated with the Medicare Low Vision Rehabilitation Demonstration as described in the business requirements of CR 4294. Specifically, this change request will revise the 90-day, once in a lifetime limitation for vision rehabilitation services to a per calendar year limitation under the low vision rehabilitation demonstration. In addition, this change request will increase the number of hours of covered vision rehabilitation services from 36 units of 15-minutes each, or 9 hours, to 48 units of 15 minutes each, or 12 hours. These two revisions pertain to business requirements 4294.2 and 4294.3 of CR 4294 Revision to CR 3816 Low Vision Rehabilitation Demonstration.

B. Policy: This change request will revise the Low Vision Rehabilitation Demonstration project described in CR 4294 including the changes contained herein.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5756.1	Medicare contractors shall implement these business requirements no later than April 7, 2008	X		X	X		X	X		X	
5756.2	CMS is revising the parameter as instructed in BR 4294.2 as follows that no more than 12 hours, or 48 units (15-minutes each) of rehabilitation occurs in any calendar year.	X		X	X			X			See CR 4294 – Low Vision Rehabilitation Demonstration
5756.3	The CWF shall revise BR 4294.3 to read as follows. CWF Shall create new edits for the incoming claims and the Auxiliary file where no more that 48 units of 15 minutes each (12 hrs) are billed in a calendar year.	X								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement
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		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5756.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X									

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Jim Coan, (410) 786-9168
Sidney Triegeer, (410) 786-6613

Post-Implementation Contact(s):

Jim Coan, (410) 786-9168
Sidney Triegeer, (410) 786-6613

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. *For Medicare Administrative Contractors (MAC):*

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.