

Bulletin Number: MSA 13-31

Distribution: Outpatient Hospital, Nursing Facilities, Hospital Long Term Care Units, County Medical Care Facilities, Physical Therapists, Occupational Therapists, Vision Providers (Optometrists, Ophthalmologists, Opticians, and Optical Laboratory Contractor)

Issued: August 29, 2013

Subject: Medicaid-Approved Settings for Outpatient Occupational Therapy (OT) and Physical Therapy (PT); Orthoptics and/or Pleoptics Training Requirements; Replacement of Contact Lenses

Effective: October 1, 2013

Programs Affected: Medicaid Fee-for-Service, Children's Special Health Care Services (CSHCS)

Effective for dates of service on or after October 1, 2013, the Medicaid vision policy will be updated as described below. These policies apply to Medicaid Fee-For-Service (FFS) beneficiaries only. Medicaid Health Plans (MHPs) are allowed to develop their own review criteria and requirements which may differ from Medicaid FFS requirements. CSHCS does not cover services rendered by an optometrist.

Outpatient Occupational Therapy (OT) and Physical Therapy (PT)

In order to accommodate outpatient Occupational Therapy (OT) and Physical Therapy (PT) services relative to orthoptic and pleoptic (O & P) training, the list of settings for service provision is expanded to include optometrist's office. Providers should refer to the Orthoptics and/or Pleoptics Training subsection in the Vision Chapter of the Medicaid Provider Manual posted on the Michigan Department of Community Health website at www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual for additional information.

Orthoptics and Pleoptics (O & P) Training

O & P training is a Medicaid benefit when a beneficiary is diagnosed with one of the following conditions:

- Amblyopia
- Esotropia
- Exotropia
- Heterotropia
- Strabismus
- Ocular Motor and Fusion Dysfunction

O & P training is limited to a maximum of 13 visits within the first three calendar months of therapy without Prior Authorization (PA). PA will be required for additional necessary visits.

Contact Lenses

Requests for replacement contact lenses due to loss or damage will require PA and will be reviewed on an individual basis.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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