
Local Educational Agency (LEA) Service: Vision Assessments

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This section contains information about vision assessments rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- «Individualized Education Plan (IEP), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) are defined in *the Local Educational Agency (LEA): Individualized Plans* section of this manual.»
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Optometry Services

Optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system.

Covered Services

Optometry services include:

- «Early and Periodic Screening, Diagnostic and Treatment (EPSDT) vision screenings
- Vision assessments performed outside of the mandated periodicity schedule (non-IEP/IFSP)»

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).

«Reimbursable Services Table»

| Qualified Practitioners | Reimbursable Services |
|---|-------------------------------------|
| Licensed optometrists «Licensed physicians Licensed physician assistants (PAs): PAs may only perform routing visual screenings; for example, non-invasive, non-pharmacological simple testing for visual acuity, visual field defects, color blindness and depth perception in accordance with California <i>Business and Professions Code</i> , Sections 3501 and 3502.» Registered credentialed school nurses | «Vision assessments (non-IEP/IFSP)» |

«California Code of Regulations, Title 5, Sections 590 through 592.»

Recommendations

«Assessments»

Vision assessments require a recommendation by a physician or registered credentialed school nurse. The recommendation must be documented in the student's files. In substitution of a recommendation, a teacher or parent may refer the student for an assessment. «The referral must be documented in the student's files.

When mandated EPSDT vision screenings are conducted, the *Recommendations for Preventive Pediatric Health Care* (known as the periodicity schedule) published by the American Academy of Pediatrics, will act as the recommendation for the assessment.»

Supervision Requirements

«The following chart indicates whether a rendering practitioner requires supervision to provide vision assessments.»

«**Supervision Requirements Table**»

| «Qualified Practitioners | Supervision Requirements |
|--|---|
| Licensed optometrists Licensed physicians Registered credentialed school nurses | No supervision required to provide vision assessments |
| Licensed physician assistants with a written Practice Agreement (California <i>Business and Professions Code</i> , Sections 3502 and 3502.3) | Supervision required as indicated under California <i>Business and Professions Code</i> , Section 3502» |

«California Code of Regulations, Title 5, Sections 590 through 592.»

Service Limitations: Daily

«Vision assessments provided to non-IEP/IFSP students are limited to one, per student, per day.»

Procedure Codes/Service Limitations Chart: Vision Assessments

The following chart contains the CPT® procedure code to bill for vision assessments. «The “Qualified Practitioners (Modifier)” listing following some charts indicates whether an additional modifier (beyond those already indicated in the “Procedure Code/Modifier” column) must be entered on the claim to identify the type of practitioner who rendered the service.» Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

«Assessments (Non-IEP/IFSP)»

| Procedure Code/Modifier | LEA Program Usage | LEA Limitations (Per Student) |
|--------------------------------|--------------------------|--|
| 99173 | Vision assessment | One per day |

Qualified Practitioners (Modifier):

- «Licensed physician (AG)»
- Registered credentialed school nurse (TD)
- «Physician assistant (U7)»
- Licensed optometrist (no modifier)

Legend

Symbols used in the document above are explained in the following table.

| Symbol | Description |
|---------------|---|
| « | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| » | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |