



Medicaid Provider Manual

2.2.B. ORIENTATION AND MOBILITY SERVICES

Definition	<p>Orientation and Mobility Services:</p> <p>Orientation and mobility services are services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environment in the school, home and community. Services are based on the individual student's needs for assistance in compensatory skill development, visual efficiency, utilization of low vision aids/devices and technology, etc.</p> <p>Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibration) to establish, maintain, or regain orientation and line of travel (for example, using sound at a traffic light to cross the street); to use the long cane, as appropriate, to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; and to understand and use remaining vision and distance low vision aids/devices, as appropriate.</p>
Prescription	<p>Orientation and mobility services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.</p>
Provider Qualifications	<p>Orientation and mobility services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A certified orientation and mobility specialist with current certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or ▪ A licensed occupational therapist.
Evaluations	<p>Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by an Orientation and Mobility Specialist (O&M) or a licensed occupational therapist.</p> <p>An evaluation for Orientation and Mobility services includes:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current functional status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the beneficiary's performance components (status of sensory skills, proficiency of use of travel tools, current age-appropriate independence, complexity or introduction of new environment, caregiver input, assessment in the home/living environment, assessment in the school environment, assessment in the residential/neighborhood environment, assessment in the commercial environment, and assessment in the public transportation environment); ▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary.



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<p>Services</p>	<p>Orientation and mobility services include:</p> <ul style="list-style-type: none"> ▪ Providing assistance in the development of skills and knowledge that enable the child to travel independently to the highest degree possible, based on assessed needs and the IEP; ▪ Training the child to travel with proficiency, safety and confidence in familiar and unfamiliar environments; ▪ Preparing and using equipment and material, such as tactile maps, models, distance low vision aids/devices, and long canes, for the development of orientation and mobility skills; ▪ Evaluation and training performed to correct or alleviate movement deficiencies created by a loss or lack of vision; ▪ Communication skills training (teaching Braille is not a covered benefit); ▪ Systematic orientation training to allow safe movement within their environments in school, home and community; ▪ Spatial and environmental concept training and training in the use of information received by the senses (such as sound, temperature and vibration) to establish, maintain, or regain orientation; ▪ Visual training to understand and use the remaining vision for those with low vision; ▪ Training necessary to activate visual motor abilities; ▪ Training to use distance low vision aids/devices; and ▪ Independent living skills training.
<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for orientation and mobility services:</p> <ul style="list-style-type: none"> ▪ 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 (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact by provider, each 15 minutes. ▪ G9041 – Rehabilitation services for low vision by qualified occupational therapist, direct one-on-one contact, each 15 minutes. ▪ G9042 – Rehabilitation services for low vision by certified orientation and mobility specialist, direct one-on-one contact, each 15 minutes. ▪ V2799 – Vision services, miscellaneous