

Standardized Episode of Care: Eye Care Advanced Eye Treatment

VHA Office of Community Care - Standardized Episode of Care
Eye Care Advanced Eye Treatment

CAT-SEOC CoC: OPHTHALMOLOGY

SEOC ID: SSC_EYE CARE ADVANCED EYE TREATMENT_1.2.9_PRCT

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. These services should be provided by an ophthalmologist.

Duration: 365 days

Procedural Overview:

1. Initial outpatient evaluation and treatment for the referred condition on the consult order.
2. Diagnostic studies relevant to the referred condition on the consult order.
3. Labs and pathology relevant to the referred condition on the consult order.
4. Diagnostic imaging relevant to the referred condition on the consult order.
5. Anesthesia consultation related to the procedure.
6. Pre-procedure medical and basic cardiac clearance, as indicated (including H+P/labs, EKG, CXR, echo).

****Note:** cardiac testing or evaluation outside of the above CXR, EKG and echo will require a RFS for a cardiology referral.

7. Procedures relevant to the referred condition on the consult order including but not limited to: intraocular injections, intraocular steroid implants, laser, or vitrectomy (with supporting medical documentation).

8. Inpatient or observation admission for procedure and/or surgery and related procedure and/or surgery complications, if medically necessary.

**** Notify the referring VA of admission status to initiate and facilitate care coordination and discharge planning.**

9. Follow-up visits for this episode of care.

*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

Standardized Episode of Care: Eye Care Comprehensive 12M

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VHA Office of Community Care - Standardized Episode of Care
Eye Care Comprehensive 12M

CAT-SEOC CoC: OPHTHALMOLOGY

SEOC ID: SSC_EYE CARE COMPREHENSIVE 12M_1.0.8_PRCT

Description: This authorization covers services associated with all medical care listed below for the referred condition on the consult order. These services may be provided by an optometrist or ophthalmologist in some cases. Only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery. Note: VA authorization excludes coverage of premium intraocular lens (IOL) (multifocal, accommodating), and refractive and cosmetic surgery that does not correct a functional disability.
Duration: 365 days

Procedural Overview:

1. Initial outpatient evaluation and treatment for the referred condition on the consult order.
2. Diagnostic studies relevant to the referred condition on the consult order.
3. Labs and pathology relevant to the referred condition on the consult order.
4. Diagnostic imaging relevant to the referred condition on the consult order.
5. Procedures relevant to the referred condition on the consult order including but not limited to: cataract surgery, intraocular injections, iridotomy, etc.

Note about cataract surgery:

Cataract surgery, including surgery with monofocal toric lenses, as clinically appropriate.

a. Monofocal toric lens pre-operative contraindications: Pre-Operative Astigmatism outside of manufacturer IOL guidelines, pre-operative irregular astigmatism not correctable with an IOL, and previous trabeculectomy.

b. Monofocal toric lens intra-operative contraindications: Posterior capsule tear and capsule zonular instability.

NOTE: Multifocal IOLs are specifically excluded and are not currently available within VHA.

6. Anesthesia consultation related to the procedure.

7. Pre-procedure medical and basic cardiac clearance, as indicated (including H+P/labs, EKG, CXR, echo).

**Note: cardiac testing or evaluation outside of the above CXR, EKG and echo will require an RFS for a cardiology referral
8. Inpatient or observation admission for procedure and/or surgery and related procedure and/or surgery complications, if medically necessary.

NOTE: Multifocal IOLs are specifically excluded and are not currently available within VHA.

6. Anesthesia consultation related to the procedure.

7. Pre-procedure medical and basic cardiac clearance, as indicated (including H+P/labs, EKG, CXR, echo).

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8. Inpatient or observation admission for procedure and/or surgery and related procedure and/or surgery complications, if medically necessary.

Note: Notify the referring VA of admission status to initiate and facilitate care coordination and discharge planning.

9. Follow-up visits for this episode of care.

* VA (and Veterans) will not pay extra for laser-assisted cataract surgery with conventional IOL implant in accordance with Medicare policy and CMS rulings.

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

* Pharmacy prescribing requirements

NOTE: Multifocal IOLs are specifically excluded and are not currently available within VHA.

6. Anesthesia consultation related to the procedure.

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