Centers for Medicare & Medicaid Services, HHS

§ 436.531 Determination of blindness.

(a) In determining blindness, the agency must use the definition of blindness that is used in the State plan for AB or AABD.

(b) The examiner must submit a report of examination to the Medicaid agency; and

(c) A physician skilled in the diseases of the eye (for example, an ophthalmologist or an eye, ear, nose, and throat specialist) must review the report and determine on behalf of the agency—

(1) Whether the individual meets the definition of blindness; and

(2) Whether and when reexaminations are necessary for periodic redeterminations of eligibility, as required under §435.916 of this subchapter. Blindness is considered to continue until the reviewing physician determines that the beneficiary’s vision no longer meets the definition.

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