

# Bulletin



Bulletin Number	Date	Direct inquiries to
8089	November 1, 2004	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Optometrists		

**Subject: Changes to Eye Care Services for Patients Age 20 to 64 Years**

## General Description

### A. Deleted Fee Codes

### B. New Services for Patients Ages 20 to 64 Years with Medical Conditions Affecting the Eye

### C. New Insured Minor Assessment for Patients Ages 20 to 64 Years with Medical Conditions Affecting the Eye

### D. New Services for Ontario Works/Ontario Disability Support Program/Family Benefits Program or Beneficiaries Ages 20 to 64 Years are Effective November 1, 2004

### E. Other Changes

## General Description:

Effective **November 1, 2004**, routine eye exam services provided by both optometrists and physicians for patients age 20 to 64 years are no longer insured.

Patients age 20 to 64 years who have certain medical conditions that require regular eye exams are now eligible for a new insured eye exam service, a “major eye exam.” Information pertaining to eligibility for this new service is outlined below.

A new service has been created for oculo-visual minor assessments for patients age 20 to 64 years to re-assess an ocular condition following an insured major eye exam. Information pertaining to eligibility for this new service is outlined below.

Patients age 20 to 64 years who are in receipt of benefits under either the *Ontario Disability Support Program Act, 1997*, the *Ontario Works Act, 1997* or the Family Benefits Program are eligible once every 24 months to receive a periodic oculo-visual assessment service provided by an optometrist or physician, unless they qualify

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for a major eye exam service. These services are government funded but are not insured services. Further information is outlined below.

Patients under age 20 years and over age 64 years continue to be eligible for periodic oculo-visual assessments once every 12 months and for oculo-visual minor assessments. Fee codes V404, V406, and V402 should continue to be claimed for these services.

A Schedule of Benefits for Optometry Services has been created and is attached.

**A. Deleted Fee Codes**

The following optometry fee codes are delisted for services rendered on or after November 1, 2004:

V405 Periodic Oculo-visual assessment for patients age 20-64 years

V407 Additional periodic assessment for patients age 20-64 years

**B. New Services for Patients Ages 20 to 64 Years with Medical Conditions Affecting the Eye**

The following insured service is effective November 1, 2004 for patients age 20 to 64 years with medical conditions as described below:

V409 Major Eye Examination . . . . . \$41.30

A major eye examination is an assessment of the eye and vision system for patients age 20 to 64 who satisfy one or more of the following conditions:

a) Patients will be eligible to directly access a major eye exam service on an insured basis if they have one of the following medical conditions:

	<u>Diagnostic Code</u>
i. diabetes mellitus, type 1 or 2	250
ii. glaucoma	365
iii. cataract	366
iv. retinal disease	361, 362
v. amblyopia	368
vi. visual field defects	368
vii. corneal disease	370, 376
viii. strabismus	378

**or**

(b) Patients may access this service on an insured basis if they have a valid “request for eye examination requisition” completed by a physician or a registered nurse holding an extended certificate of registration [RN (EC)]. The requisition is valid until the end of the fiscal year (March 31) of the 5<sup>th</sup> year following the year upon which the requisition was completed.

A sample copy of the “Request for Major Eye Examination” form (form number 4347-84) is attached. Forms may be obtained on-line at: [http://www.health.gov.on.ca/english/public/forms/form\\_menus/ohip\\_fm.html](http://www.health.gov.on.ca/english/public/forms/form_menus/ohip_fm.html) or directly from the ministry’s warehouse.

Patients will be limited to one insured major eye exam service every 12 months rendered by either an optometrist or a general practitioner.

If the claim submitted to OHIP for a major eye exam does not contain either:

- a) the appropriate diagnostic code corresponding with one of the eight medical conditions listed above **or**
- b) for services requested by a physician or registered nurse holding an extended certificate of registration [RN (EC)], the requesting physician's OHIP billing number or the requesting RN (EC) billing number, the amount payable for the service is reduced to zero.

**Note:** There may be situations in which an optometrist who expects to render an uninsured oculo-visual exam to a patient age 20 to 64 and is able to diagnose the patient with glaucoma, cataract, retinal disease, amblyopia, visual field defects, corneal disease or strabismus as a result of the examination. In this situation, the service then becomes a major eye exam and should be billed to OHIP and not to the patient.

If, as a result of the examination, the optometrist is concerned that the patient may have undiagnosed diabetes mellitus, the optometrist should refer the patient to his or her primary care physician for diabetes testing. If the patient is subsequently diagnosed by a physician as having diabetes mellitus, this patient would then become eligible for insured major eye exams in the future following the diagnosis.

**C. New Insured Minor Assessment for Patients Ages 20 to 64 Years with Medical Conditions Affecting the Eye**

An oculo-visual minor assessment is a brief assessment of the eye.

The following insured service is effective November 1, 2004 for patients age 20 to 64 years who require a re-assessment following an insured major eye exam:

V408 Oculo-Visual Minor Assessment . . . . . \$19.25

An oculo-visual minor assessment is an assessment of the eye and vision system to re-assess an ocular condition following an insured major eye examination.

This service is insured only if the service is rendered to the same patient within twelve months of the date of an insured major eye examination rendered to the patient by an optometrist. Where a claim is submitted by an optometrist for an oculo-visual minor assessment (V408) rendered on the same day that a claim is submitted for a major eye examination rendered by an optometrist, the amount payable for the oculo-visual minor assessment is reduced to zero. **The claim must be submitted with the same diagnostic code submitted with the original major eye exam claim or the amount payable is reduced to zero.**

**D. New Services for Ontario Works/ Ontario Disability Support Program/Family Benefits Program or Beneficiaries Ages 20 to 64 Years are Effective November 1, 2004**

These services, listed in Appendix A of the Schedule of Benefits for Optometry Services, are not insured services within the *Health Insurance Act* but are government-funded.

MCSS Ontario Disability Support Program (ODSP)

V450 . . . . . \$39.15

A periodic oculo-visual assessment to determine ocular health and identify refractive error for patients age 20 to 64 who are recipients of income support under the Ontario Disability Support Program Act, 1997, including all the procedures necessary to perform the assessment as set out in fee codes V404 and V406.

MCSS Ontario Works Program (OW)

V451 . . . . . \$39.15

A periodic oculo-visual assessment to determine ocular health and identify refractive error for patients age 20 to 64 who are recipients of income assistance or benefits under the Ontario Works Act, 1997, including all the procedures necessary to perform the assessment as set out in fee codes V404 and V406.

These assessments are defined in the same manner and are subject to the same specific and common elements and requirements as a periodic-oculo visual assessment insured under the Health Insurance Act.

These services are limited to one per patient per consecutive 24 month period regardless of whether the first claim is or has been submitted for a service rendered by an optometrist or physician. Services in excess of this limit are not covered.

**E. Other Changes**

Note that in addition to the delisting of some services and the addition of new services, other changes pertaining to eye care have also been made. Please refer to the Schedule of Benefits for Optometry Services for revised service definitions for Minor Assessment code V402 and Periodic Oculo-Visual Assessment codes V404 and V406.

Diagnostic code 362 has been redefined to:

362 - Hypertensive retinopathy and other retinal diseases not specifically listed

This bulletin is a general summary provided for information purposes only. Optometrists, physicians, hospitals, and other health care providers are directed to review the *Health Insurance Act*, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You can access this information on-line at: [www.e-laws.gov.on.ca/](http://www.e-laws.gov.on.ca/)