

Bulletin



Bulletin Number 8101	Date July 1, 2008	Direct inquiries to Ministry of Health and Long-Term Care Office Locations (address below)
Distribution Optometrists		

Subject: Implementation of the 2008 Memorandum of Agreement for Optometry Services

1. Targeted Fee Increases
2. Retroactive Payments
3. Revisions to Fee Schedule Code V409
4. Revisions to Fee Schedule Code V408
5. Other Changes – Diagnostic Codes
6. Optometry Schedule of Benefits

The following changes have been made to the Schedule of Benefits for Optometry Services to implement the first phase of the 2008 Memorandum of Agreement between the Ontario Association of Optometrists and the Ministry of Health and Long-Term Care. Information regarding implementation of the next phase of the Agreement will be communicated at a later date.

1. Targeted Fee Increases

Targeted fee increases will be applied to the fee schedule codes summarized in the following charts.

Effective April 1, 2007 – to be implemented retroactively

FEE CODE	FEE DESCRIPTION	CURRENT FEE	REVISED FEE
V406	Periodic oculo-visual assessment for patients age 65 years or older	\$44.30	\$46.50
V408	Oculo-visual minor assessment for patients age 20 to 64 years	\$19.25	\$25.15

Office locations

Barrie 34 Simcoe St. Suite 102 L4N 6T4	Etobicoke 3300 Bloor St. W., Unit 142 M8X 2W8	Hamilton 119 King St. W P.O. Box 2280, Stn. A L8N 4C8	Kenora 220-808 Robertson St. P9N 1X9	Kingston 1055 Princess St. P.O. Box 9000 K7L 5A9	Kitchener 1400 Weber St. E. Unit B2 N2A 3Z8	London 217 York St., 5th Floor Station A N6A 4L6
Mississauga 201 City Centre Dr. P.O. Box 7020, Stn. A L5A 3M1	Newmarket 465 Davis Dr. Unit 108 L3Y 8T2	North Bay 101-447 McKeown Ave. P1B 9S9	North York 4400 Dufferin St N M3H 6A8	Oakville Oakville Town Centre II 220 North Service Rd. W. L6M 2Y3	Oshawa Exec. Tower, Oshawa Centre. 419 King St. W. P.O. Box 635 L1H 8L4	Ottawa Fuller Building 75 Albert Street K1P 5Y9
Owen Sound 1400 1st Ave. W Suite # 2. N4K 6Z9	Peterborough 550 Lansdowne St. W. K9J 8J8	St. Catharines 301 St. Paul St. Mezzanine Level L2R 3M8	Sarnia 452 Christina St. N. N7T 5W4	Sault Ste. Marie Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4	Scarborough 2063 Lawrence Ave. E. M1R 2Z4	Sudbury 199 Larch St., Suite 801 P3E 5R1
Thunder Bay 435 James St. S. , Suite 113 P7E 6T1	Timmins 38 Pine St. N., Suite 110 P4N 6K6	Toronto 47 Sheppard Ave.E. Suite 417 M2N 7E7	Toronto-Downtown 777 Bay St. Suite M212 M5G 2C8	Windsor 1427 Ouellette Ave. N8X 1K1	Head Office P.O. Box 48 Kingston, ON K7L 5J3	

Effective July 1, 2008

FEE CODE	FEE DESCRIPTION	CURRENT FEE	REVISED FEE
V404	Periodic oculo-visual assessment for patients age 19 years or less	\$39.15	\$42.00
V409	Major eye examination for patients age 20 to 64 years	\$41.30	\$43.80

Effective April 1, 2009

FEE CODE	FEE DESCRIPTION	CURRENT FEE	REVISED FEE
V404	Periodic oculo-visual assessment for patients age 19 years or less	\$42.00	\$42.50
V406	Periodic oculo-visual assessment for patients age 65 years or older	\$46.50	\$47.00

2. Retroactive Payments

The ministry will provide retroactive payments for all optometry claims identified for fee increases from April 1, 2007 to March 31, 2008 and from April 1, 2008 to implementation date, in accordance with the specified targeted fee code increases listed above. Adjusted payments will be reflected on the August 2008 Remittance Advice.

Each eligible optometrist will receive retroactive payments for services rendered as follows:

April 1, 2007 to implementation date

Payments made for approved claims for fee codes V406 and V408 submitted with service dates retroactive to April 1, 2007 will be adjusted to reflect the new fee amounts of \$46.50 for V406 and \$25.15 for V408.

3. Revisions to Fee Schedule Code V409 (Major eye examination for patients age 20 to 64 years)**Effective July 1, 2008**

Two new conditions have been added to the list of conditions permitting direct patient access to this service as set out in part (a) of the fee code description: "The patient has one of the following medical conditions: diabetes mellitus, glaucoma, cataract, retinal disease, amblyopia, visual field defects, corneal disease, strabismus, **recurrent uveitis or optic pathway disease.**"

These changes will improve access to insured major eye examinations by ensuring that the service is provided to patients with conditions requiring regular monitoring.

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:

	Diagnostic Code
i. diabetes mellitus, type 1 or 2	248, 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
ix. recurrent uveitis	972
x. optic pathway disease	377

Please refer to section 5 for information about new and revised diagnostic codes.

4. Revisions to Fee Schedule Code V408 (Oculo-visual minor assessment for patients age 20 to 64 years) Effective July 1, 2008

Changes have been made to the fee code description, and eligibility and payment requirements as follows:

- Reference to “ocular” condition is deleted
- Any eligible patient who receives an insured major eye examination is eligible to receive an insured V408 minor assessment within 12 months provided that it is therapeutically necessary
- Only one V408 minor assessment per patient per optometrist per day is insured, after which the service is not insured and may not be billed to OHIP

A V408 is insured only when all of the following conditions are met:

1. the patient is an insured person to whom an insured major eye examination (fee schedule code V409) was rendered within the 12 month period preceding the date of the oculo-visual minor assessment (“the preceding major eye examination”);
2. the service is therapeutically necessary;
3. the oculo-visual minor reassessment does not include the service of refraction;
and
4.
 - a. In the case of a patient to whom the preceding major eye examination (fee schedule code V409) was rendered pursuant to a valid requisition, the oculo-visual minor assessment is with respect to the same condition for which the requisition was issued;
or
 - b.
 - i. In the case of a patient with diabetes mellitus, the oculo-visual minor assessment is with respect to one or more diabetes-related ocular conditions identified by a diabetes-related ocular condition diagnostic code;
or
 - ii. In the case of a patient with any of the conditions set out in the description of the insured major eye examination (fee schedule code V409), the oculo-visual minor assessment is with respect to one or more of those conditions diagnosed in the preceding major eye examination.

5. Other Changes – Diagnostic Codes

A new diagnostic code, 248, has been developed for “diabetes mellitus with ocular complications.”

For claims submitted under fee code V408 **for patients with diabetes mellitus**, diagnostic code 248 should be used providing it meets with the conditions as set out above. For instance, where a diabetic patient has more than one diabetes-related ocular condition requiring monitoring, V408 should be submitted with diagnostic code 248 even though the preceding V409 major eye examination or other V408 assessments were submitted with a different diagnostic code, such as 250 (diabetes) or 366 (cataract).

A new diagnostic code, 972, has been developed for “recurrent uveitis.” Recurrent uveitis is now identified with a specific diagnostic code as it may be indicative of a potentially serious systemic health problem that could cause irreversible but preventable vision loss.

Diagnostic code 377 has been redefined to “optic neuritis, optic neuropathy, and other optic pathway diseases not specifically listed.” The definition has been expanded to include optic neuropathy and optic pathway disease.

Diagnostic code 378 continues to be defined as strabismus and is to be used for either infantile or acquired strabismus.

6. Optometry Schedule of Benefits

The Schedule of Benefits for Optometry Services has been updated to reflect the revised fee amounts and fee code descriptions. A copy of the new Schedule will be sent to each optometrist and posted on the ministry’s website.

This Bulletin is a general summary provided for information purposes only. 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/. In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulation, the legislation and/or regulation prevails.

Bulletins and the updated version of the Schedule of Benefits for Optometry Services are available on the Ministry of Health and Long-Term Care website <http://www.health.gov.on.ca/>.