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

<table>
<thead>
<tr>
<th>FEE CODE</th>
<th>FEE DESCRIPTION</th>
<th>CURRENT FEE</th>
<th>REVISED FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V406</td>
<td>Periodic oculo-visual assessment for patients age 65 years or older</td>
<td>$44.30</td>
<td>$46.50</td>
</tr>
<tr>
<td>V408</td>
<td>Oculo-visual minor assessment for patients age 20 to 64 years</td>
<td>$19.25</td>
<td>$25.15</td>
</tr>
</tbody>
</table>

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, Str. A
L8N 4C8

North York
4400 Dufferin St N
M3H 6A8

Oakville
Oakville Town Centre II
220 North Service Rd. W.
L6M 2Y3

Kingston
1655 Princess St.
P.O. Box 9000
K7L 5A9

Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Timmins
38 Pine St. N.
Suite 110
P4N 6K6

Toronto-Downtown
777 Bay St.
Suite N212
M5G 2C8

Windsor
1427 Ouellette Ave.
N8K 1K1

Head Office
P.O. Box 48
Kingston, ON
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(subject continues)
Effective July 1, 2008

<table>
<thead>
<tr>
<th>FEE CODE</th>
<th>FEE DESCRIPTION</th>
<th>CURRENT FEE</th>
<th>REVISED FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V404</td>
<td>Periodic oculo-visual assessment for patients age 19 years or less</td>
<td>$39.15</td>
<td>$42.00</td>
</tr>
<tr>
<td>V409</td>
<td>Major eye examination for patients age 20 to 64 years</td>
<td>$41.30</td>
<td>$43.80</td>
</tr>
</tbody>
</table>

Effective April 1, 2009

<table>
<thead>
<tr>
<th>FEE CODE</th>
<th>FEE DESCRIPTION</th>
<th>CURRENT FEE</th>
<th>REVISED FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V404</td>
<td>Periodic oculo-visual assessment for patients age 19 years or less</td>
<td>$42.00</td>
<td>$42.50</td>
</tr>
<tr>
<td>V406</td>
<td>Periodic oculo-visual assessment for patients age 65 years or older</td>
<td>$46.50</td>
<td>$47.00</td>
</tr>
</tbody>
</table>

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:

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/](http://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/](http://www.health.gov.on.ca/).