



Schedule of Benefits

*for
Optometry Services
(April 1, 2009)*

Ministry of Health and Long-Term Care

SERVICES OF OPTOMETRY

PREAMBLE

[Commentary:

The Schedule of Benefits for Optometry Services identifies the maximum amounts prescribed as payable under the *Health Insurance Act* for insured services rendered to insured persons by optometrists.

Insured optometry services are limited to the services which are listed in this Schedule and are subject to the conditions and limitations set out. It is an offence under the *Provincial Offences Act* and the *Commitment to the Future of Medicare Act* for an optometrist or other person or entity to charge an amount for the provision of insured services rendered to an insured person that is more than the amount payable by the Ontario Health Insurance Plan.

Services listed in this Schedule will become uninsured if they are rendered in those circumstances set out in s. 24 of Regulation 552 under the *Health Insurance Act* (for example services rendered solely for the purpose of a refraction for ages 20-64, "third party" requests, missed appointments, etc) .]

DEFINITIONS OF INSURED SERVICES

In this Schedule, "assessment of the eye and vision system" includes the diagnosis, treatment and prevention of,

- a. disorders of refraction;
- b. sensory and oculomotor disorders and dysfunctions of the eye and vision system;
- and
- c. diseases prescribed under the *Optometry Act*.

Any service, item or expense that supports assists or is a necessary adjunct to an insured service described in this Schedule is deemed to be a common element of the insured service described in this Schedule.

All specific procedures and/or specific and common elements listed below as included or as required for the provision of an insured service must be provided unless the element cannot be provided because an impairment or disability of the patient renders provision of the element physically impossible or the amount payable for the service is reduced to zero.

All specific procedures and/or specific and common elements listed below as included or as required for the provision of an insured service must be rendered by:

- a. an optometrist personally;
- or
- b. a delegate of the optometrist,
 - i. subject to the supervision of the optometrist;
 - and
 - ii. when the optometrist is physically present in the office or clinic in which the service is rendered.

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All insured services include the skill, time, premises, equipment, supplies, and personnel used to perform the specific and common elements of the service. The elements that are common to all insured services include:

- Keeping and maintaining appropriate clinical and financial records for each patient.
- Obtaining consents, conferring with or providing advice, information or records to physicians and/or other professionals associated with the health of the patient.

The following services rendered by optometrists are prescribed as insured services:

Periodic Oculo-Visual Assessment:

V404 and V406

A periodic oculo-visual assessment is an assessment of the eye and vision system for patients age 19 or less or age 65 or more.

Specific Elements: The periodic oculo-visual assessment includes all procedures necessary to perform the assessment, including the performance of all the following elements:

1. relevant history (ocular medical history, past medical history, family history);
2. visual acuity examination;
3. ocular motility examination;
4. refraction and the provision of a written refractive prescription if required;
5. slit lamp examination of the anterior segment;
6. ophthalmoscopy by one or more of direct, binocular indirect ophthalmoscope (BIO), monocular indirect ophthalmoscope (MIO) or non contact fundus lens;
7. advice and/or instruction to the patient;

and, if required in accordance with generally accepted professional standards, any or all of the following elements:

1. tonometry;
2. visual field examination by confrontation field;
3. dilated fundus examination by one or more of direct, binocular indirect ophthalmoscope (BIO), monocular indirect ophthalmoscope (MIO) or non contact fundus lens;

This service is limited to one per patient per consecutive 12 month period regardless of whether the first claim is or has been submitted for the same service rendered by an optometrist or for the service rendered by a physician described as a "Periodic Oculo-Visual Assessment" in the Schedule of Benefits for Physicians Services. Periodic oculo-visual assessments in excess of this annual limit are not insured services.

[Commentary:

A service that is not an insured service may not be billed to OHIP.]

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Oculo-Visual Minor Assessments:

V402

Oculo-visual minor assessment for patients aged 19 or less or age 65 or more:

An oculo-visual minor assessment is an assessment of the eye and vision system clinically required for the purpose of assessing or reassessing a single ocular condition (including an ocular condition that may cause refractive change).

Where a claim is submitted by an optometrist for an oculo-visual minor assessment (V402) rendered on the same day that a claim is submitted for a periodic oculo-visual assessment (V404 or V406) rendered by an optometrist, the amount payable for the oculo-visual minor assessment is reduced to zero.

Where a claim is submitted by an optometrist for more than one oculo-visual minor assessment (V402) rendered to the same patient on the same day, the amount payable for the second and subsequent such assessments is reduced to zero unless the condition for which the patient presents for the second or subsequent such assessment is different than the condition for which the patient presented for the initial or any other such assessment rendered on the same day.

V408

Oculo-visual minor assessment for patients age 20 to 64:

An oculo-visual minor assessment is a reassessment of the eye and vision system following an insured major eye examination.

Specific Elements: An oculo-visual minor assessment includes the performance of all the following elements:

1. a history of the presenting complaint;
2. an assessment of the eye and vision system;
3. advice and/or instruction to the patient;
4. any or all related required procedures required to satisfy generally accepted professional standards.

This service 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

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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.

Where a claim is submitted by an optometrist for an oculo-visual minor assessment rendered to a patient on the same day that a claim is submitted for a major eye examination rendered by an optometrist to the same patient, the amount payable for the oculo-visual minor assessment is reduced to zero.

Where a claim is submitted by an optometrist for more than one oculo-visual minor assessment rendered to the same patient on the same day, the second and subsequent oculo-visual minor assessment rendered to that patient on the same day is not an insured service.

[Commentary:

A service that is not an insured service may not be billed to OHIP.]

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Major Eye Examinations:

V409

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. 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;

or

- b. The patient provides the optometrist with a valid requisition from a physician or a registered nurse holding an extended certificate of registration [(RN (EC))]. The requisition is not valid following the end of the fiscal year (March 31) of the 5th year following the year upon which the requisition was completed.

Specific Elements:

The major eye examination includes all procedures necessary to perform the assessment, including, the performance of all the following elements:

1. relevant history (ocular medical history, past medical history, family history);
2. visual acuity examination;
3. ocular motility examination;
4. refraction and the provision of a written refractive prescription if required;
5. slit lamp examination of the anterior segment;
6. ophthalmoscopy by one or more of direct, binocular indirect ophthalmoscope (BIO), monocular indirect ophthalmoscope (MIO) or non contact fundus lens;
7. advice and/or instruction to the patient ;
8. a letter outlining the findings of the examination provided to the patient's physician or a registered nurse holding an extended certificate of registration [RN (EC)] upon his or her request.

and, if required in accordance with generally accepted professional standards, any or all of the following elements:

1. tonometry;
2. visual field examination by confrontation field;
3. dilated fundus examination by one or more of direct, binocular indirect ophthalmoscope (BIO), monocular indirect ophthalmoscope (MIO) or non contact fundus lens.

This service is limited to one per patient per consecutive 12 month period regardless of whether the first claim is or has been submitted for the same service rendered by an optometrist or for a service rendered by a physician described as a "Major Eye Examination" in the Schedule of Benefits for Physician Services. Major eye examinations in excess of this annual limit are not insured services.

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

- a. the appropriate diagnostic code reflecting the requirements of paragraph 4(a)
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.

Automated Visual Fields Assessment:

V410

Automated visual field assessment, or automated perimetry, is an assessment of the eye and vision system for the purpose of mapping the patient's visual fields.

For patients age 19 or less or 65 or more, the service is insured when the automated visual field assessment is clinically necessary to determine the extent and sensitivity of a patient's visual fields.

For patients age 19 or less or 65 or more, a claim may be submitted by an optometrist for automated visual field assessment on the same day or a different day as a claim is submitted for a periodic oculo-visual assessment (V404, V406) or oculo-visual minor assessment (V402), when, in the clinical judgment of the optometrist, it is necessary to determine the extent and sensitivity of a patient's visual fields.

For patients age 20 to 64 the service is insured when, following a major eye examination (V409) or minor assessment (V408), the automated visual field assessment is clinically necessary to determine the extent and sensitivity of a patient's visual fields.

For patients age 20 to 64, a claim may be submitted by an optometrist for automated visual field assessment on the same day or a different day as a claim is submitted for a major eye examination (V409) or a minor assessment (V408) when, in the clinical judgment of the optometrist, it is necessary to determine the extent and sensitivity of a patient's visual fields and the assessment is required for the same condition under which the initial insured assessment was coded.

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OPTOMETRY SCHEDULE OF BENEFITS

FEE CODE	FEE DESCRIPTION	FEE AMOUNT
V402	Oculo-visual minor assessment for patients age 19 years or less or age 65 years or more	\$25.15
V404	Periodic oculo-visual assessment for patients age 19 years or less	\$42.50
V406	Periodic oculo-visual assessment for patients age 65 years or older	\$47.00
V408	Oculo-visual minor assessment for patients age 20 to 64 years	\$25.15
V409	Major eye examination for patients age 20 to 64 years	\$43.80
V410	Automated Visual Field Assessment	\$25.15

APPENDIX A

Appendix A does not form part of the Schedule of Benefits under the *Health Insurance Act* and is included in this publication for information purposes only.

MCSS PROGRAM

The services set out below are not “insured services” within the meaning of the *Health Insurance Act* but are paid by the Ministry of Health and Long-Term Care acting as paying agent on behalf of the Ministry of Community and Social Services (MCSS).

MCSS ONTARIO DISABILITY SUPPORT PROGRAM(ODSP)

V450 \$39.15

A periodic oculo-visual assessment rendered to patients between the ages of 20 and 64 who are recipients of income support under the *Ontario Disability Support Program Act*, 1997 to determine ocular health and identify refractive error, including all the procedures necessary to perform the assessment as set out in fee codes V404 and V406. This assessment is defined in the same manner and is subject to the same specific and common elements and requirements as a POVA insured under the *Health Insurance Act*.

MCSS ONTARIO WORKS PROGRAM (OW)

V451 \$39.15

A periodic oculo-visual assessment rendered to patients between the ages of 20 and 64 who are recipients of income assistance or benefits under the *Ontario Works Act*, 1997 to determine ocular health and identify refractive error, including all the procedures necessary to perform the assessment as set out in fee codes V404 and V406. This assessment is defined in the same manner and is subject to the same specific and common elements and requirements as a POVA insured under the *Health Insurance Act*.

Note:

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

This payment represents full payment for these services. No additional charge to either OHIP or the patient for this service is permitted.

All specific procedures and/or elements listed as required for the service must be personally performed by the optometrist claiming for the service provided or a delegate of the optometrist, subject to the supervision of the optometrist and provided that the optometrist is physically present in the office or clinic in which the service is rendered, or the service is payable at nil.