

OPTOMETRY BULLETIN

April 11, 2017

Tariff Changes

The Department of Health and Wellness would like to advise you of the following Optometry Tariff Agreement modifications effective April 1, 2017:

The new tariff agreement negotiated by the Department of Health and Wellness and the Nova Scotia Association of Optometrists specified an increase to the value of the Medical Service Unit (MSU) effective April 1, 2017. The MSU increase will be implemented into the payment system on April 1, 2017.

- On April 1, 2017, the optometry MSU will be increased to \$2.83
- On April 1, 2018, the optometry MSU will be increased to \$2.87

MSI will begin paying service encounters using the April 1, 2017 MSU value for service encounters with a date of service May 18, 2017 onward.

Due to the 90-day period allowed for claim submission, a retroactive payment will be calculated in the late summer (**timeframe to be determined**) to include all optometric services performed between April 1, 2017 and May 17, 2017. The retroactive payment will show as a bottom line adjustment on a future pay statement (**date to be determined**).

Program Changes

In addition to the MSU value increase, there will be new fee adjustments effective April 1, 2017. Please hold all eligible service encounters from April 1, 2017 to the anticipated implementation date of May 18, 2017. After implementation, eligible services from April 1, 2017 onward must be submitted within 90 days. Please include text referring to this bulletin for any services over the 90-day time frame.

Removal of corneal foreign body: Optometrists may bill MSI a fee of 14 MSU for removal of corneal foreign bodies that are embedded into the cornea and must be removed with a spud and/or needle, requiring application of antibiotics and a bandage contact lens as necessary. Follow-up visits are to be billed at the customary 11 MSU.

HSC	Description	Modifiers	MSU
03.03	Diagnostic interview and evaluation described as limited (continuing care in conjunction with attending and describing a differential diagnosis)	SP=OPTO RO=CCDX LO=OFFC RP=INTL	14
	*Initial visit for removal of corneal foreign body (9300) only		
	Billing Guidelines: This service may only be billed once per patient for diagnostic code 9300	US=PREM US=PR50	18.90 21

Dilation and irrigation of lacrimal punctae: Optometrists may bill MSI a second service on the same day when a secondary issue or complaint is identified during a complete or partial eye exam (HSCs 09.02C, 09.02F and 03.03). The following health service codes (HSCs) will be available as a second billing on the same day as a complete or partial eye exam when the diagnosis is dilation & irrigation of lacrimal punctae (37589) or punctal occlusion (7102) or in true epiphora cases (37520) only where a positive Jones Test has been performed and where artificial tear and lid hygiene therapies have not been successful. The patient must not have ectropion.

Program Changes (Continued)

Punctal occlusion: Optometrists may bill MSI a second service on the same day when a secondary issue or complaint is identified during a complete or partial eye exam (HSCs 09.02C, 09.02F and 03.03). The following health service codes (HSCs) will be available as a second billing on the same day as a complete or partial eye exam when the diagnosis is dilation & irrigation of lacrimal punctae (37589) or punctal occlusion (7102) or dry eye syndrome (37515) where artificial tear and lid hygiene therapies have not been successful. This service is not insured for patients whose dry eye symptoms are associated with contact lens wear.

HSC	Description	Diagnostic Code	Modifiers	MSU
21.31	Dilation of lacrimal punctum (regions required)	37520	SP=OPTO	
		37589	RG=RIGT	30
		7102	RG=LEFT	30
			RG=BOTH	45
22.69A	Punctal occlusion (regions required)	37515	SP=OPTO	
		37589	RG=RIGT	22
		7102	RG=LEFT	22
			RG=BOTH	33

Second complete eye exam: Optometrists may bill MSI for a second complete eye exam (HSC 09.02C) within 1 year for the following conditions:

- sudden loss of vision (36811)
- sudden loss of visual field (36840)
- sudden globe protrusion (36089)
- severe head (95901) or eye injury (9189)
- sudden double vision (36830)

Contact lens fitting: Optometrists may now bill MSI for HSC 09.32A – Contact Lens Fitting with follow-up for 3 months, for the following conditions:

- pellucid marginal degeneration (37148)
- post-corneal transplant cornea (V425)
- corneal ectasia (37171)

Note: The vision in the better eye must be no better than 6/12.

Type 2 diabetes: Effective April 1, 2017, patients with type 2 diabetes will only be eligible for a full eye exam every 2 years. Patients with type 2 diabetes who have a diagnosis of diabetic retinopathy (25050) will be eligible for a full eye examination every year. **Note that a confirmed diagnosis is required for the type 2 diabetes benefits.

Billing Reminder – Comprehensive Eye Examinations

Health service codes (HSCs) exist for both comprehensive and limited eye examinations

- HSC 09.02C is a comprehensive eye examination
- HSC 03.03 is a limited eye examination

A comprehensive visit or a subsequent comprehensive visit is an in-depth evaluation of a patient necessitated by the seriousness, complexity, or obscurity of the patient's complaints or medical condition. This examination involves the determination of the refractive status of the eye and the identification of any observed abnormality or pathology in the visual system (including all tests, advice and/or instruction to the patient and preparation of the corresponding optometric prescription, where indicated) and ensuring a complete history is recorded in the patient record.

Billing Reminder – Comprehensive Eye Examinations (Continued)

Documentation of all the following provide a clear indication that a comprehensive visit has taken place:

- A detailed patient history
- As well as an eye examination including:
 - A colour blindness test, as appropriate
 - Ophthalmoscopy/fundoscopy
 - Visual acuity tests
 - Assessment of ocular motility
 - Retinoscopy/autorefractometry
 - Slit-lamp examination (an explanatory note is required if unable to perform)
 - Tonometry, as appropriate
 - Non-automated/screening visual field tests, as appropriate
 - Keratometry, as appropriate
 - Dilated fundus examination, as appropriate

In situations in which these criteria are not met, it would be appropriate to claim the visit as a limited eye examination.

Eye examinations of a routine nature

A comprehensive eye examination of a routine nature is payable once in a two-year period for:

- Children who have not yet reached their 10th birthday
- Persons 65 years of age and older

Eye examinations of a non-routine nature

Comprehensive eye examinations of a non-routine nature are payable **once per year** for persons of all ages who:

- Present with any symptoms indicating that an eye pathology is present; such as red eyes, severe dry eyes, excessively watery eyes, itchy eyes, lid swelling, eye pain, reduced vision, flashes and/or floaters or foreign body sensations.
- Have any signs that raise suspicions of eye pathology; such as increased intra-ocular pressure, retinal or optic nerve abnormalities, and any external eye abnormalities.
- Have been diagnosed with type 1 diabetes or have been diagnosed with type 2 diabetes and have manifested some degree of retinopathy, rheumatoid arthritis and other systemic diseases that present a high risk for sight-threatening complications. A family history is not sufficient to warrant eligibility.
- Are taking sight-threatening medications of various types.
- Are aged 10 to 19 years presenting with symptoms indicating an increase in myopia or “nearsightedness” in already highly myopic patients.

Comprehensive examinations of a non-routine nature are payable **once in a two-year period** for persons of all ages who:

- Have been diagnosed with type 2 diabetes. A family history is not sufficient to warrant eligibility.