

OPTOMETRY BULLETIN

January 26, 2018

Tariff Changes

The Department of Health and Wellness would like to advise you of the following Optometry Tariff Agreement modifications that will be implemented effective January 26, 2018:

The new tariff agreement negotiated by the Department of Health and Wellness and the Nova Scotia Association of Optometrists specified the following increases to the value of the Medical Service Unit (MSU):

- On April 1, 2017, the optometry MSU 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 beginning January 26, 2018. A retroactive payment will be provided at a later date for claims billed between April 1, 2017 and January 26, 2018. The retroactive payment will show as a bottom line adjustment on a future pay statement.

Program Changes

In addition to the MSU value increase, new fee adjustments became effective April 1, 2017. Optometrists may now bill all eligible service encounters from April 1, 2017 onward. All billings are to be submitted within 90 days. Please include text referring to this bulletin for any applicable services over the 90-day time frame.

Removal of corneal foreign body: Optometrists may bill MSI a continuing care (Health Service Code [HSC] 03.03) fee of 14 MSU for removal of corneal foreign bodies that are embedded into the cornea when removed with a spud and/or needle and requiring application of antibiotics. Includes the cost of 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) are 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 or 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.

Coverage for those with Diabetes

Eye exam benefits have not changed for individuals diagnosed with diabetes. Optometrists should discuss with their patients the frequency of examination right for them within Diabetes Canada 2013 Guidelines. A confirmed diagnosis of diabetes mellitus type 1 or 2 is required. A specific diagnostic code is required on all service claims:

Type 1 Diabetes

25001 DIABETES MELL NO COMPL TYPE I

25081 DIABETES W OTH SPEC MAN TYPE I (Diabetes with ophthalmic manifestation)

25051 DIABETES WITH OPHTH MAN TYPE I (Diabetic retinopathy and/or cataract)

Type 2 Diabetes

25000 DIABETES MELL NO COMPL TYPE II

25080 DIABETES W OTH SPEC MAN TYPE II (Diabetes with ophthalmic manifestation)

25050 DIABETES WITH OPHTH MAN TYPE II (Diabetic retinopathy and/or cataract)