

OPTOMETRY BULLETIN

November 26, 2021

The Department of Health and Wellness would like to advise you of the following Optometry Tariff Agreement Modifications effective November 26, 2021:

Tariff Changes

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, 2019, the optometry MSU increased to \$3.01
- April 1, 2020, the optometry MSU increased to \$3.04

MSI will begin paying service encounters using the April 1, 2020 MSU value for service encounters with a date of service November 26, 2021 onward.

There will be 2 retro payments, one for services provided 2019-2020 and 2020-2021. Due to the 90-day period allowed for claim submission, a second retroactive payment will be calculated once the 90-day submission window has lapsed (timeframe to be determined) to include all optometric services performed between April 1, 2021 and November 26, 2021. The retroactive payments will show as a positive bottom-line adjustment on a future pay statement (dates to be determined).

Program Changes

In addition to the MSU value increase, there will be new fee adjustments effective November 26, 2021:

03.03 RO=CCDX – Diagnostic interview and evaluation described as limited (continuing care in conjunction with attending and describing a differential diagnosis)

Frequency limits on claims for continuing care (03.03 RO=CCDX) will be removed. All other guidelines regarding claims for 03.03 RO=CCDX remain the same.

03.03 RO=CNCT, AG=OV65 – Diagnostic interview and evaluation described as limited (continuing care)

An optometrist may bill for a continuing care visit (03.03 RO=CNCT) to a patient aged 65 years or older, at 14 MSU. Modifier AG=OV65 must be used. All other current limits and guidelines apply.

03.03 RO=CNTC – Diagnostic interview and evaluation described as limited (continuing care)

Frequency limits have been increased to allow up to four claims per patient per 12-month period, where medically necessary, for continuing care (03.03 RO=CNTC) visits if one of the following diagnostic codes is used on the claim:

*New additions to allowable diagnostic codes for 03.03 RO=CNTC

- a) 36250 – AMD
- b) 36260 – peripheral retinal degeneration
- c) 36254 – macular hole/cyst/pseudohole
- d) 36230 – retinal vascular occlusions
- e) 25050 – diabetic retinopathy
- f) 37710 – optic atrophy
- g) 37730 – optic neuritis
- h) 36263 – lattice degeneration
- i) 36284 – retinal ischemia
- j) 36110 – retinoschisis*
- k) 36256 – retinal puckering*
- l) 36281 – retinal hemorrhage*
- m) 3629 – unspecified retinal disorder*
- n) 2246 – choroidal nervus*

09.02C – Comprehensive Eye Examination

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

- Diagnostic code 36504 – ocular hypertension or
- Diagnostic code 3659 unspecified glaucoma

The encounters are inclusive of the current bi-annual or annual comprehensive eye examination maximums for other diagnostic codes outlined in the Optometrists Guide. For a patient who has been diagnosed with glaucoma (Dx 3659) one of the two comprehensive eye exams may be billed as a Glaucoma Eye Exam (see below)

New Services

Glaucoma Comprehensive Eye Exam

New fee for glaucoma comprehensive eye exam for patients whose glaucoma and glaucoma treatment are being managed by the optometrist. Must use diagnostic code 3659 to claim. Must include all testing provided in the usual course of a Comprehensive Eye Exam, plus tonometry personally provided by the optometrist, and where medically necessary gonioscopy, provided on the same day. A review of all testing/diagnostic procedures results, all treatment decisions including decisions regarding the management of the patient's glaucoma and notes of all optometric counselling provided to the patient must be included and documented.

HSC	Details	Modifier	MSU
09.02C	Comprehensive Eye Examination – Glaucoma Management	RO=GLAU SP=OPTO LO=OFFC	22
	<u>Billing Guidelines:</u> May only be claimed once per patient per 12-month period Must use diagnostic code 3659 Must use RO=GLAU modifier		

Glaucoma Management Visit

New fee for glaucoma management visit for patients whose glaucoma and glaucoma treatment are being managed by the optometrist. Must use diagnostic code 3659 to claim. Maximum of two claims per rolling year period. Includes medically necessary glaucoma testing such as tonometry and/or gonioscopy provided on the same day. Where the patient is aged 65 years or older the optometrist may claim the higher rate.

HSC	Details	Modifier	MSU
03.03	Diagnostic interview and evaluation described as limited Glaucoma management visit – includes medically necessary Procedures such as tonometry and/or gonioscopy	RO=GLAU SP=OPTO LO=OFFC AG=OV65	14 17.5

Billing Guidelines:

May only be claimed twice per patient per 12-month period

Must use diagnostic code 3659

Must use RO=GLAU modifier

Glaucoma Management Visual Field (Kinetic with static cuts or Humphrey analysis)

New fee for visual field for patients whose glaucoma and glaucoma treatment are being managed by the optometrist. Must use diagnostic code 3659 or 36504 to claim. Maximum of two claims per rolling year period, where medically necessary. May be claimed on the same day as a visit (03.03) or comprehensive eye exam (09.02C) so long as the requirements are met for those additional claims.

HSC	Details	Modifier	MSU
09.26B	Glaucoma Management Visual field (kinetic with static cuts or Humphrey analysis)	RO=GLAU SP=OPTO	16.45

Billing Guidelines:

May only be claimed twice per patient per 12-month period

Must use diagnostic code 3659 or 36504

Must use RO=GLAU modifier

New Explanatory Codes

Code	Description
OP084	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS PATIENT HAS ALREADY RECEIVED THE MAXIMUM OF FOUR CONTINUING CARE VISITS PERMITTED WITH THIS DIAGNOSIS WITHIN THE PAST YEAR.
OP049	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM OF TWO CLAIMS PER YEAR FOR THIS SERVICE HAVE PREVIOUSLY BEEN APPROVED FOR THIS PATIENT IN THE PAST YEAR.
OP050	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM OF TWO GLAUCOMA MANAGEMENT CLAIMS PER YEAR HAVE PREVIOUSLY BEEN APPROVED FOR THIS PATIENT IN THE PAST YEAR.
OP053	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS FOR GLAUCOMA TREATMENT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.

Updated files reflecting changes are available for download on Friday November 26th, 2021. The files to download are: (SERVICES.DAT), (SERV_DSC.DAT) and (EXPLAIN.DAT).