



Department of Health & Wellness
Optometric Services
Program

Optometrists Guide
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NOVA SCOTIA DEPARTMENT OF HEALTH & WELLNESS OPTOMETRISTS GUIDE

GENERAL PREAMBLE

INTRODUCTION

- 1.1** The Optometric Services Program (“Program”) is a component of the Extended Health Benefits programs provided by the Department of Health and Wellness (DHW). Its mandate is to provide financial assistance/coverage to Nova Scotia residents who are eligible for Medical Services Insurance (MSI) coverage provided under the *Health Services and Insurance Act*.
- 1.2** This Optometrists Guide (“Guide”) sets out the services that are insured under the Program, the rules and conditions for coverage, billing requirements and guidelines, and the compensation payable in respect of those services.
- 1.3** This Guide is issued by the Minister of Health and Wellness under Section 11 of the *Health Services and Insurance Act*. It is the sole authority for determination of insured optometric benefits and compensation payable therefor.
- 1.4** This Preamble is the authority for the proper interpretation of the tariff of fees as listed below. Fees will not be correctly interpreted without reference to this Preamble and Schedule of Benefits.
- 1.5** The tariff of fees for the insured services set out in this Guide is negotiated and maintained through agreement by the Minister of Health and Wellness and the Nova Scotia Association of Optometrists (NSAO).

1.6 Definitions

Administrator: The administrator, on behalf of DHW, of the insured Optometric Services Program.

DHW: Nova Scotia Department of Health and Wellness.

MBC: Medavie Blue Cross, which currently administers MSI.

MSI: Medical Services Insurance Programs

NSAO: Nova Scotia Association of Optometrists

NSCO: Nova Scotia College of Optometrists

Optometrist: An optometrist licensed to practice under the Nova Scotia *Optometry Act* or any successor legislation.

Physician: A medical practitioner licensed under the Nova Scotia *Medical Act*.

Provider: A person lawfully entitled to practice optometry and licensed with the NSAO that provides services under the DHW programming.

Resident: A resident of the province of Nova Scotia as defined in the *Hospital Insurance Regulations* or any successor legislation thereto.

1.7 Health Service Codes (HSC) with Qualifiers, Modifiers and Unit Values

Health Service Codes indicate the service performed by the optometrist.

Qualifiers alpha characters appended to a health service code to subdivide the code and therefore distinguish differences specific to that procedure. Qualifiers are used to distinguish multiple MSI service codes where the unit value differs and/or they cannot be distinguished by modifiers.

Modifiers describe the context of a service according to who performed the service, who received the service, when, where and sometimes how the service was provided.

1.8 Modifiers

AG=ADUT	Age, Person 16 years and older
AG=CH16	Age, Child up to sixteen years
AG=OV65	Age, Person 65 years or older.
AP=PHON	Encounter occurred via telephone
AP=VIRC	Encounter occurred via virtual care video platform
LO=OFFC	Location, Office
PT=CMPX	Patient, Complex
PT=PRBK	Patient, Patient Referred Back
PT=PRT0	Patient, Patient referred to Ophthalmologist
RF=REFD	Referred
RG=RIGT	Region, Right
RG=LEFT	Region, Left
RG=BOTH	Region, Both
RO=CCDX	Role, Continuing care in conjunction with attending and describing a differential diagnosis
RO=CNTC	Role, Continuing Care
US=PR50	Unscheduled, Premium fee of 50 percent
US=PREM	Unscheduled, Premium fee of 35 percent
RP=INTL	Initial
RP=SUBS	Subsequent similar service

GENERAL CONSIDERATIONS

2.1 Eligible Residents

“Eligible resident” means a person who is insured under the *Health Services and Insurance Act*, RSNS, 1989, c. 197 or any successor legislation, and, who meet the requirements as described for Routine Vision Exams and Non-Routine Vision Care.

2.2 Billing and Payment

Only services listed in the Schedule of Benefits in this Guide are eligible for coverage. MSI will only reimburse claims up to the tariff as per the fee schedule. Under the *Health Services and Insurance Act*, providers are not permitted to charge residents any additional amount (e.g., balance billing, tray fees, etc.) to provide an insured service.

Billing Criteria

Providers licensed with the Nova Scotia College of Optometrists and active members of the Nova Scotia Association of Optometrists are eligible to submit claims for services covered by this Guide.

Service claims must be submitted by the provider actively involved in the delivery of care. Claims must be submitted to the Administrator directly through electronic submission.

The provider must include the following information when submitting service claims:

- Patient's name, date of birth and valid Nova Scotia MSI Health Card number
- Service code
- Diagnostic code
- Service location
- Referral source (when applicable)
- Provider identifier
- Date the service was delivered (date of service)

Payment

Amount of payment to the provider will be determined in accordance with the fee schedule in this Guide. Payment will be made to the provider bi-weekly, following submission of required documentation. Claims for services performed outside of Nova Scotia will not be accepted.

2.3 Non-Insured Services

Providers must notify residents of any recommended uninsured service, and associated costs, before delivering an uninsured service in association with an insured service.

The Administrator shall provide written notification to the provider and/or resident if it is determined via reimbursement request process that a provider did not properly inform patients of uninsured service costs.

Extra Billing and Non-Insured Procedures

Nova Scotia's Health Services and Insurance Act ensures uniform access to publicly funded health care services, without financial barriers. Charging a fee to access an insured optometric service is an offence under the Act. As well, an optometrist must not make access to a publicly insured service contingent on payment for non-insured services. DHW may withhold from any payment due to an optometrist an amount which an optometrist has charged to a patient in violation of these requirements.

2.4 90-Day Limit on Billing

Claims for payment for insured services that are received by the Administrator later than 90 days after the date of service will not be accepted, except as follows:

Resubmissions of refused claims, or incorrect billings, must be submitted within 185 days from the date of service. Each resubmission must contain an annotation in the text field of the service encounter referencing the previous service encounter number.

Claims that are received by the Administrator later than the 90-day deadline will only be accepted for payment if the optometrist can demonstrate exceptional circumstances, and the Manager, MSI Programs, has given prior written approval for the late submission. Questions regarding this issue may be directed to the MSI Assessment Department.

2.5 Claims Submitted by Residents

Invoices submitted by residents shall be considered for reimbursement according to the criteria in sections 2.1 and 2.2.

An optometrist may charge a resident directly only if:

- (a) the resident is not able to provide a valid Nova Scotia MSI Health Card number at the time of service; or
- (b) the optometrist has elected to opt out of billing MSI entirely, in accordance with the conditions and requirements of the *Health Services and Insurance Act*.

The optometrist must assist the resident to make a claim for reimbursement to the Administrator.

As noted above, even where an optometrist is permitted to charge a resident directly, the optometrist may not charge any amount above the tariff rate for the service set out in this Guide.

Invoices for services performed outside of Nova Scotia will not be accepted.

2.6 Referrals to Other Providers

For payment purposes, optometrists are accepted by MSI as valid referring providers.

2.7 Administrative Review

An optometrist or resident may make a request for an administrative review of coverage decisions under this Guide. The request for an administrative review must be made in writing to DHW. Requests must be sent to:

Benefit Programs
NS Department of Health and Wellness
PO Box 488
Halifax, NS
B3J 2R8
Attn: Manager, Extended Health Benefits

The Benefits Program division of DHW will review the decision and provide a written response within thirty (30) days from the date the request was received.

2.8 Audit and Recovery

All claims submitted to MSI for insured services are subject to audit and must be verifiable from the patient record at the time of the audit. If the record does not substantiate the claim for the service, or the service or claim is otherwise found to be inappropriate or not in accordance with this Guide, an amount equivalent to the full amount paid or a partial amount may be recoverable to DHW. Without limiting the remedies available to DHW, DHW may set off the amount of the claim against any other payment that may be due to the optometrist.

Pursuant to subsection 28(1), and clauses 30(a), 31(n), 33(a) and 35(1)(g) of the *Personal Health Information Act*, MBC on behalf of DHW is permitted to audit, review and make copies as necessary of any records maintained by optometrists in Nova Scotia with respect to the terms of this Guide.

2.9 Patient Records

For MSI purposes, it is required that optometrists maintain records supporting services claimed to MSI for a period of five years to substantiate claims submitted. For medicolegal purposes, adult patients' records should be retained for a minimum of 10 years from the date of the last entry in the record. For patients who are children, optometrists should keep the record until 10 years after the day on which the patient reached or would have reached the age of 19 years, the age of majority in Nova Scotia. When implementing business practices at the time of winding down a practice, optometrists should confirm that their records will be easily retrievable if they are required to substantiate claims to MSI.

All claims submitted to MSI must be verifiable from the patient records associated with the services claimed and be billed in accordance with the Preamble. If the record does not substantiate the claim for the service, then the service is not paid for, or a lesser benefit is given.

Records must be organized and maintained in a manner that allows for immediate retrieval. Records must be legible and understandable to other optometrists.

TARIFF

3.1 Optometry Fee Schedule

Medical Service Units (MSU) indicate the workload associated with each service. The fee is calculated by multiplying the service MSU with the current MSU rate. The MSU rate for insured optometric services is as follows:

- a. \$3.19, for services delivered between April 1, 2022 and March 31, 2023, inclusive;
- b. \$3.32, for services delivered between April 1, 2023 and March 31, 2024, inclusive;
- c. \$3.42, for services delivered between April 1, 2024 and March 31, 2025, inclusive;
- d. \$3.52, for services delivered on or after April 1, 2025.

The service MSU values for insured services are found in the [Schedule of Benefits](#) section of this Guide.

3.2 Premium Fees

Premium fees are additional amounts paid above normal or customary rates on eligible services provided on an emergency basis during designated times.

- Claims for premium services may be submitted only by optometrists holding a valid Optometric Drug License.
- Only applies to comprehensive eye exams or limited eye exams.

- Service must be provided after hours, on an emergency basis during an applicable time period for one of the conditions listed as warranting premium fees (see page 31).
- At time of patient contact, the treating optometrist's office must be closed for normal business. If the treating optometrist is in a partnership arrangement, the facility must be closed for all optometrists in the partnership.

The following chart shows the applicable time periods and associated rates and modifiers for premium fees.

Day	Time	Additional Percentage Added to Fee
Monday to Friday	1700-2359	35% (US=PREM)
Tuesday to Saturday	0000-0759	50% (US=PR50)
Saturday	0800-1659	35% (US=PREM)
Saturday to Monday	1700-0759	50% (US=PR50)
Recognized Holidays	0800-2359	50% (US=PR50)

EXCLUSIONS

4.1 The services are not insured under this Guide:

Services for members of the Canadian Forces and such others who are covered under other statutes.

Services for persons covered under the Workers' Compensation Board, Department of Veterans' Affairs and persons covered by other federal and provincial government programs, excluding Non-Insured Health Benefits (NIHB) under First Nations and Inuit Health. Insured optometric services provided to persons who have coverage through NIHB are to first be submitted to MSI.

Examinations required for the purpose of employment or insurance, and similar examinations at the request of third party.

Services for any persons not falling within the categories of entitled beneficiaries noted above; i.e. non-residents of Nova Scotia or such others who do not qualify for health care coverage.

ROUTINE VISION EXAMS

INTRODUCTION

- 5.1** This policy was established to provide residents of Nova Scotia with preventive routine vision exams.

ELIGIBILITY

- 6.1** To be eligible for coverage of routine vision exams, an individual must:
- Be a resident of Nova Scotia
 - Have a valid Nova Scotia MSI Health Card
 - Be either:
 - 9 years of age and younger, or
 - 65 years of age and older
- 6.2** To be eligible for coverage of routine vision exams as a complex patient, an individual must meet the above criteria in 6.1 and additionally be diagnosed with two more of the following conditions:
- existing cataracts (diagnostic code 3669)
 - age-related macular degeneration (diagnostic code 36250)
 - diabetic retinopathy (diagnostic code 36201)
 - glaucoma (diagnostic code 3659)
 - uveitis (diagnostic code 3643 or 74346)

INSURED SERVICES

7.1 Routine vision exams

A comprehensive eye examination of a routine nature is payable once in a two-year period. Premium payments are eligible for Complex patients meeting the definition in 6.2 above per the Schedule of Benefits.

7.2 Additional continuing care visit (limited eye exam)

See section 10.2 for eligibility criteria for billing a limited eye exam for continuing care purposes on the same day as a comprehensive eye exam.

NON-ROUTINE VISION CARE

INTRODUCTION

- 8.1 This policy was established to provide residents of Nova Scotia with medically required vision care services.

ELIGIBILITY

- 9.1 To be eligible for coverage of non-routine vision care services, the individual must:
- Be a resident
 - Have a valid Nova Scotia MSI Health Card

INSURED SERVICES

10.1 Vision care of a non-routine nature

In general, an eye examination of a non-routine nature is payable once per year for a comprehensive exam and once per year for a continuing care limited evaluation (CNTC). When medically necessary, a continuing care limited evaluation (CNTC) is payable up to four times per year when using the applicable diagnostic codes. Continuing care limited evaluation in conjunction with attending and describing a differential diagnosis (CCDX) for patients referred to an ophthalmologist (PT=PRTO) are payable once per patient per incident, or referred back (PT=PRBK) are eligible twice per year. There is no limit on other CCDX evaluations.

Specific details regarding eligibility for these and other non-routine vision care services are listed in the [Schedule of Benefits](#).

10.2 Full exam and continuing care on same day

There are some unique scenarios whereby continuing care may be medically appropriate following a full exam. It is permitted to bill a full exam (09.02C) and a limited exam (03.03 RO=CCDX) on the same day when one of the following three specific diagnoses is applicable to the patient and is entered with the claim for the subsequent continuing care visit:

- a) Removal of corneal foreign body ICD9: 9300 03.03 RO=CCDX Continuing Care
- b) Removal of eyelash ICD9: 9309 03.03 RO=CCDX Continuing Care
- c) Treatment of conjunctivitis ICD9: 37230 03.03 RO=CCDX Continuing Care

This is permitted once per optometrist per patient each year. Claims will be monitored for appropriate billing.

10.3 Visual Field

Patients meeting specific clinical criteria whose treatment is being managed by an optometrist are eligible for visual field (Kinetic with static cuts or Humphrey analysis). This includes patients whose glaucoma and glaucoma treatment are being managed by the optometrist.

Specific details regarding eligibility for visual field and other non-routine vision care services are listed in the Schedule of Benefits.

10.4 Non-Face-to-Face Services

All provisions within this Guide pertaining to virtual delivery of and claims submission for publicly funded optometric services are in effect until further notice. Any change to the effective date after publication of the Guide will be communicated through the MSI Optometry Bulletin.

The following services are insured when they are provided non-face-to-face (via telephone or Personal Health Information Act [PHIA] compliant virtual care platform), in accordance with the Nova Scotia Provision of Publicly Funded Virtual Health Services policy:

- 03.03 CNTC
- 03.03 CCDX

These will be paid at the current tariff remuneration rates, consistent with current frequency limits. Non-face-to-face care is not eligible for premium fees.

An optometrist must use the following modifiers to denote when a service is conducted via either telephone or PHIA-compliant virtual care video platform. Utilizing these explicit modifiers does not require manual entry of text on each claim to denote the mode of virtual care. The modifiers are as follows:

- AP=PHON – Encounter occurred via telephone
- AP=VIRC – Encounter occurred via virtual care video platform

The modifiers apply to:

- 03.03 CNTC, SP=OPTO, LO=OFFC
- 03.03 CCDX, SP=OPTO, LO=OFFC

The encounter must be two-way synchronous communication between the optometrist and patient (or parent or guardian). The service may be claimed only when the communication is rendered personally by the optometrist claiming the service and not when rendered by other personnel such as office staff. The service is permitted based on the professional opinion of the optometrist as to whether non-face-to-face care is appropriate for the service and diagnosis.

The service may only be claimed when patient initiated. The non-face-to-face encounter must include a discussion of immediate optometric problem and a treatment management decision.

The service may not be claimed if the decision is to see the patient at the next available appointment in the office.

A non-face-to-face encounter may not be claimed when the purpose of the communication is:

- To arrange a face-to-face appointment without clinical consultation
- For administrative tasks only
- To notify the patient of an appointment
- To inform the patient of the results of diagnostic investigations with no change in management plan

All encounters must be recorded in the patient record. It is recognized that the health record may not be available at the time of the call, but a note should be made and placed in the permanent

record as soon as feasible. This should include the location of the provider (if other than the office) and the technology used to render the service.

The optometrist must be licensed and currently physically located in Nova Scotia. The patient must also be physically located in Nova Scotia.

Services must be provided in compliance with the provincial policy on the *Provision of Publicly Funded Virtual Health Services*, which applies to all publicly funded health services including optometric services. The policy can be viewed online at:

<https://novascotia.ca/dhw/publications/Provision-of-Publicly-Funded-Virtual-Health-Services.pdf>

SCHEDULE OF BENEFITS

HSC	Details	Modifier	MSU
Comprehensive Eye Exams (Routine)			
09.02C	<p>Comprehensive eye examination: A comprehensive exam or a subsequent comprehensive exam 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. In situations in which these criteria are not met, it would be appropriate to claim the visit as a limited eye examination.</p> <p><u>Billing Guidelines:</u> A routine exam is eligible once in a two-year period for those:</p> <ul style="list-style-type: none"> • Age 9 years and younger • Age 65 years and older <p>A non-routine exam is eligible once per year for those:</p> <ul style="list-style-type: none"> • Age 10 to 19 years and highly myopic (near sighted) presenting with symptoms indicating an increase in myopia. • Presenting with any signs or symptoms indicating that eye pathology is present (e.g., red eyes, severe dry eyes, excessively watery eyes, itchy eyes, lid swelling, eye pain, reduced vision, flashes and/or floaters or foreign body sensations, increased intra-ocular pressure, retinal or optic nerve abnormalities, and any external eye abnormalities). • Taking sight-threatening medications. The specific medication(s) must be listed in the patient's chart. • With type 1 and 2 diabetes in accordance with established guidelines. The specific diabetes diagnosis must be included in the patient's chart. <p>A subsequent exam is eligible within one year for the following conditions:</p> <ul style="list-style-type: none"> • 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) • ocular hypertension (36504) • unspecified glaucoma (3659) <p>For a patient who has been diagnosed with glaucoma (Dx 3659), one of the two comprehensive eye exams may be billed as a Glaucoma Comprehensive Eye Exam (09.02C RO=GLAU); see below for details.</p> <p><u>Diagnostic Codes:</u> Routine Vision Exams - Comprehensive eye examination Non-Routine Vision Care - Comprehensive eye examination Diagnostic Codes Eligible for Premium Fees</p>	SP=OPTO US=PREM US=PR50 PT=CMPX US=PREM US=PR50 PT=CMPX AG=OV65 US=PREM US=PR50 Referred SP=OTPO RF=REFD US=PREM US=PR50 PT=CMPX US=PREM US=PR50 PT=CMPX AG=OV65 US=PREM US=PR50	23.58 31.83 35.37 34.58 46.68 51.87 37.58 50.73 56.37 27.5 37.13 41.25 38.50 51.98 57.75 41.50 56.03 62.25

HSC	Details	Modifier	MSU
09.02C	Comprehensive eye examination – Glaucoma Management	RO=GLAU	25.5
	<u>Billing Guidelines:</u>	SP=OPTO	
	• May only be claimed once per patient per 12-month period	LO=OFFC	
	• 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.	US=PREM	34.43
	• 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.	US=PR50	38.25
	• Must use diagnostic code 3659	PT=CMPX	36.5
	• Must use RO=GLAU modifier	US=PREM	49.28
		US=PR50	54.75
		PT=CMPX	39.5
		AG=OV65	
		US=PREM	53.33
		US=PR50	59.25
09.02G	Low vision assessment fee:	RP=INTL	30
	<u>Billing Guidelines:</u>	RP=SUBS	15
	• Patient must have subnormal vision; not able to perform normal activities with spectacles.		
	• Acuity must be at least 20/50 or worse in better eye.		
	• Allowable once in a two-year period.		
	• One follow-up visit is eligible after initial assessment to ensure device(s) are utilized correctly and to address any other needs.		

HSC	Details	Modifier	MSU
Limited Eye Exams (Non-Routine Vision Care)			
03.03	Diagnostic interview and evaluation described as limited: (continuing care)	SP=OPTO RO=CNTR LO=OFFC	11
	Eligible for non-face-to-face AP=PHON or AP=VIRC		
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> • An optometrist may bill for a continuing care visit (03.03 RO=CNTR) to a patient aged 65 years or older, at 14 MSU. Modifier AG=OV65 must be used. All other current limits and guidelines apply. • Where medically necessary, four claims per patient per 12-month period if one of the following diagnostic codes is used on the claim: <ul style="list-style-type: none"> ○ 36250 – AMD ○ 36260 – peripheral retinal degeneration ○ 36254 – macular hole/cyst/pseudohole ○ 36230 – retinal vascular occlusions ○ 25050 – diabetic retinopathy ○ 37710 – optic atrophy ○ 37730 – optic neuritis ○ 36263 – lattice degeneration ○ 36284 – retinal ischemia ○ 36110 – retinoschisis ○ 36256 – retinal puckering ○ 36281 – retinal hemorrhage ○ 3629 – unspecified retinal disorder ○ 2246 – choroidal nevus 	US=PREM US=PR50 AG=OV65 US=PREM US=PR50	14.85 16.5 14 18.9 21
	<u>Diagnostic Codes:</u> Non-Routine Vision Care - Partial eye examination RO=CNTR Diagnostic Codes Eligible for Premium Fees		
03.03	Diagnostic interview and evaluation described as limited: (continuing care with physician and other health professional referral)	SP=OPTO RO=CNTR LO=OFFC RF=REFD	11
	Eligible for non-face-to-face AP=PHON or AP=VIRC		
	<u>Diagnostic Codes:</u> Non-Routine Vision Care - Partial eye examination RO=CNTR Diagnostic Codes Eligible for Premium Fees	US=PREM US=PR50 AG=OV65 US=PREM US=PR50	14.85 16.5 14 18.9 21

HSC	Details	Modifier	MSU
03.03	<p>Diagnostic interview and evaluation described as limited: (continuing care with ophthalmologist referral)</p> <p>Eligible for non-face-to-face AP=PHON or AP=VIRC</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> When ophthalmologist refers patient back to optometrist for follow-up care. Must hold a valid Optometric Drug License. Allows for a maximum of two follow-up visits (under either RO=CNCTC or RO=CCDX codes along with modifier PT=PRBK). Not counted toward the once per year continuous care or partial exam (CNCTC). <p><u>Diagnostic Codes:</u> Non-Routine Vision Care - Partial eye examination RO=CNCTC</p>	SP=OPTO RO=CNCTC PT=PRBK LO=OFFC RF=REFD AG=OV65 US=PREM US=PR50	11 14 18.9 21
03.03	<p>Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis)</p> <p>Eligible for non-face-to-face AP=PHON or AP=VIRC</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> Initial visit for removal of corneal foreign body (9300) 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. <p><u>Diagnostic Code:</u> Corneal foreign body (9300)</p>	SP=OPTO RO=CCDX LO=OFFC RP=INTL US=PREM US=PR50 AG=OV65 US=PREM US=PR50	14 18.90 21 17 22.95 25.5

HSC	Details	Modifier	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	11
	Eligible for non-face-to-face AP=PHON or AP=VIRC	US=PREM US=PR50	14.85 16.5
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> When treating ocular anterior segment disorders using a noted differential diagnosis. Must include text indicating the visit is required to monitor progress and note any prescribed drug or that no drug was prescribed. Must hold a valid Optometric Drug License. 	AG=OV65 US=PREM US=PR50	14 18.9 21
	<u>Diagnostic Codes:</u>		
	Non-Routine Vision Care - Partial eye examination RO=CCDX Diagnostic Codes Eligible for Premium Fees	<u>Referred</u> SP=OPTO RO=CCDX LO=OFFC RF=REFD	14
		US=PREM US=PR50	18.90 21
		AG=OV65 US=PREM US=PR50	17 22.95 25.50
03.03	Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis when diagnosis warrants referral to ophthalmologist)	SP=OPTO RO=CCDX PT=PRTO LO=OFFC RF=REFD	14
	Eligible for non-face-to-face AP=PHON or AP=VIRC		
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> When diagnosis results in referral to ophthalmologist. Must hold a valid Optometric Drug License. Must include text indicating ophthalmologist receiving the referral. Allows one visit (PT=PRTO) per patient incident. These visits are not counted toward the once per year continuing care or partial exam (CNTC). 	US=PREM US=PR50 AG=OV65 US=PREM US=PR50	18.90 21 17 22.95 25.50
	<u>Diagnostic Codes:</u>		
	Non-Routine Vision Care - Partial eye examination RO=CCDX Diagnostic Codes Eligible for Premium Fees		

HSC	Details	Modifier	MSU
03.03	<p>Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis when referred back by an ophthalmologist)</p> <p>Eligible for non-face-to-face AP=PHON or AP=VIRC</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> When ophthalmologist refers back to optometrist for follow-up care. Must hold a valid Optometric Drug License. Allows for a maximum of two follow-up visits (using either the RO=CNCTC or RO=CCDX codes along with modifier PT=PRBK). These visits are not counted toward the once per year continuous care or partial exam (CNCTC). <p><u>Diagnostic Codes:</u> Non-Routine Vision Care - Partial eye examination RO=CCDX</p>	SP=OPTO RO=CCDX PT=PRBK LO=OFFC RF=REFD US=PREM US=PR50 AG=OV65 US=PREM US=PR50	14 18.9 21 17 22.95 25.50
03.03	<p>Diagnostic interview and evaluation described as limited Glaucoma management visit – includes medically necessary procedures such as tonometry and/or gonioscopy</p> <p>Glaucoma management visit for patients whose glaucoma and glaucoma treatment are being managed by the optometrist. 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.</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> May only be claimed twice per patient per 12-month period Must use diagnostic code 3659 Must use RO=GLAU modifier 	RO=GLAU SP=OPTO LO=OFFC US=PREM US=PR50 AG=OV65 US=PREM US=PR50	14 18.9 21 17.5 23.63 26.25

HSC	Details	Modifier	MSU
Other Non-Routine Care			
09.32A	Contact lens fitting with follow-up for 3 months: (Contact Lens Fitting for Keratoconus under certain guidelines)	SP=OPTO AG=ADUT RG=RIGT RG=LEFT RG=BOTH	83.3 83.3 166.6
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> Keratometer or automated topography reading must be at least 47 diopters in the visual axis. Patient must have at least 5.0 diopters of astigmatism. Corrected vision with spectacles cannot be more than 6/12 in the better eye. Procedure includes follow up for three months. 	SP=OPTO AG=CH16 RG=RIGT RG=LEFT RG=BOTH	104.13 104.13 208.25
	<u>Diagnostic Codes:</u>		
	Only insured for the following diagnosis: Keratoconus unspecified (37160) Pellucid marginal degeneration (37148) Post-corneal transplant cornea (V425) Corneal ectasia (37171)		
21.31	Dilation of lacrimal punctum: (regions required)	SP=OPTO RG=RIGT RG=LEFT RG=BOTH	30 30 45
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> For confirmed nasolacrimal duct obstruction in individuals with true epiphora; There must be documentation of failed other therapies including lid hygiene; A careful physical history and physical examination has been done and documented to rule out pre-punctal pathologies of the ocular surface as the cause of the patient's symptoms such as dry eye, blepharitis, allergies and ectropion, among others; Objective measurements of tear production (e.g., Schirmer test), tear break-up time as well as a Jones or saccharine test or other objective evidence of obstruction of the nasolacrimal duct system are required; A detailed procedural note must be present in the patient record Eligible once per eye per year. Eligible as a second service on the same day as a comprehensive or limited eye exam for the following diagnoses: <ul style="list-style-type: none"> dilation & irrigation of lacrimal punctae (37589) punctal occlusion (7102) true epiphora (37520) 	RG=BOTH US=PR50 US=PREM RG=LEFT US=PR50 US=PREM RG=RIGT US=PR50 US=PREM	67.50 63 45 48 45 48

HSC	Details	Modifier	MSU
22.69A	<p>Punctal occlusion: (Insertion of permanent punctal plugs, regions required)</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> Artificial tear and lid hygiene therapies have been tried and found to be unsuccessful. Material costs for the plugs are not insured through MSI. Those costs are the responsibility of the patient. The service is not insured for patients whose dry eye symptoms are associated with contact lens wear. Eligible once per eye per year. Eligible as a second service on the same day as a comprehensive or limited eye exam for the following diagnoses: <ul style="list-style-type: none"> dilation & irrigation of lacrimal punctae (37589) punctal occlusion (7102) true epiphora (37520) 	SP=OPTO RG=RIGT RG=LEFT RG=BOTH	 22 22 33

Visual Field			
09.26B	<p>Glaucoma Management Visual Field (kinetic with static cuts or Humphrey analysis)</p> <p>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 four 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.</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> May only be claimed four times per patient per 12-month period Must use diagnostic code 3659 or 36504 Must use RO=GLAU modifier 	RO=GLAU SP=OPTO	16.45

HSC	Details	Modifier	MSU
09.26B	Visual Field (kinetic with static cuts or Humphrey analysis) – other select conditions	SP=OPTO	16.45

Visual field for patients for select conditions that are being managed by the optometrist. Must use diagnostic codes as indicated below. 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.

Billing Guidelines:

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

Diagnostic Codes:

237.71 Neurofibromatosis Type 1
36250 Macular Degeneration Unspecified
36252 Exudative Senile Macular Degen
36813 Visual discomfort (Photophobia)
36814 Visual distortions shape/size (metamorphopsia)
3682 Diplopia
36840 Visual field defect unspecified
36844 Oth localized vis field defect
36846 Homonymous bilat field defects
3689 Unspecified Visual Disturbance
3699 Unspecified Visual Loss
37700 Papilledema unspecified
37710 Optic atrophy unspecified
37721 Drusen of optic disc
37730 Optic neuritis unspecified
7100 Systemic lupus erythematosus
7140 Rheumatoid arthritis

DIAGNOSTIC CODES

ROUTINE VISION EXAMS				
Comprehensive Exam – HSC 09.02C				
Category	Code	Description	9 & under	65 & over
Congenital Anomalies	7439	UNSPECIFIED ANOMALY OF EYE (Anomalies (eyelids, lacrimal system, orbit))		X
	74345	ANIRIDIA (Aniridia)		X
	74346	OTH SPEC ANOM IRIS/CILIARY BODY (Anisocoria (congenital))		X
Corneal Inflammation, etc.	3709	UNSPECIFIED KERATITIS	X	X
	37000	CORNEAL ULCER UNSPECIFIED	X	X
	37040	KERATOCONJUNCTIVITIS UNSPEC	X	X
	37060	CORNEAL NEOVASCULARIZATION NOS * If not related to contact lenses	X	X
Disorders of Conjunctiva	3729	UNSPECIFIED DISORD CONJUNCTIVA	X	X
	37220	BLEPHAROCONJUNCTIVITIS UNSPEC	X	X
	37230	CONJUNCTIVITIS UNSPECIFIED	X	X
	37240	PTERYGIUM UNSPECIFIED	X	X
	37254	CONJUNCTIVAL CONCRETIONS (Concretions conjunctiva)	X	X
	37272	CONJUNCTIVAL HEMORRHAGE (Subconjunctival hemorrhage)	X	X
	37273	CONJUNCTIVAL EDEMA (Chemosis conjunctiva)	X	X
	37275	CONJUNCTIVAL CYSTS (Cyst conjunctiva)	X	X
Disorders of Cornea	37120	CORNEAL EDEMA UNSPECIFIED	X	X
	37141	SENILE CORNEAL CHANGES	X	X
	37142	RECURRENT EROSION OF CORNEA	X	X
Disorders of Extra Ocular Muscles	37800	ESOTROPIA UNSPECIFIED		X
	37810	EXOTROPIA UNSPECIFIED		X
	37831	HYPERTROPIA		X
	37834	MONOFIXATION SYNDROME (Monofixational phoria syndrome)		X
	37883	CONVERGENCE INSUFFICIENCY/PALSY		X
	37884	CONVERGENCE EXCESS OR SPASM		X
Disorders of Eyelid	3732	CHALAZION	X	X
	37300	BLEPHARITIS UNSPECIFIED	X	X
	37311	HORDEOLUM EXTERNUM	X	X
	37331	ECZEMATOUS DERMATITIS EYELID (Dermatitis of eyelid)	X	X
Disorders of Iris or Ciliary Body	36470	ADHESIONS OF IRIS UNSPECIFIED	X	X
Disorders of Lacrimal System	3759	UNSPEC DISORDER LACRIMAL SYSTEM (Disorders of lacrimal system)	X	X
	37531	ACUTE CANALICULITIS LACRIMAL (Canaliculitis)	X	X
Disorders of Pupil, Lens, etc.	37900	SCLERITIS UNSPECIFIED (Episcleritis)	X	X
Epidermic Keratoconjunctivitis	0771	EPIDERMIC KERATOCONJUNCTIVITIS	X	X
Foreign Bodies	9309	UNSPEC FOREIGN BODY ON EXT EYE	X	X
Headache	7840	HEADACHE (Headache)	X	X
Hypercholesterolemia	2720	PURE HYPERCHOLESTEROLEMIA		X

ROUTINE VISION EXAMS

Comprehensive Exam – HSC 09.02C

Category	Code	Description	9 & under	65 & over
Reduced Vision, etc.	36800	AMBLYOPIA UNSPECIFIED		X
	36813	VISUAL DISCOMFORT (Asthenopia)	X	X
	36851	PROTAN DEFECT (Protanomaly)	X	X
	36852	DEUTAN DEFECT (Deuteranomaly)	X	X
	36853	TRITAN DEFECT (Tritanomaly)	X	X
Refractive Error	3670	HYPERMETROPIA (Hyperopia/Hypermotropia)	X	X
	3671	MYOPIA	X	X
	3674	PRESBYOPIA	X	X
	3679	UNSPEC DISORD REFRACTION/ACCOM (Emmetropia)	X	X
	36720	ASTIGMATISM UNSPECIFIED	X	X
	36731	ANISOMETROPIA	X	X
	36751	PARESIS OF ACCOMMODATION (Disorders of refraction and accommodation)	X	X
Superficial Injury of Eye & Adnexa	9189	OTHER/NOS SUPRFIC INJURIES EYE (Superficial injury of eye and adnexa)	X	X
Complex Patient (2 or more Dx)	3669	UNSPECIFIED CATARACT	X	X
	36250	MACULAR DEGENERATION UNSPEC	X	X
	36201	DIABETIC RETINOPATHY	X	X
	3659	UNSPECIFIED GLAUCOMA	X	X
	3643 or 74346	UVEITIS	X	X

Note: An "x" in the age column represents eligibility.

NOS means Not Otherwise Specified

NON-ROUTINE VISION CARE

Comprehensive Exam – HSC 09.02C

Category	Code	Description	15 & under	16 & over
AIDS	0429	AIDS UNSPECIFIED	X	X
Blindness	36900	PROFOUND IMPAIR BOTH EYES NOS (Blindness)	X	X
Cataract	3669	UNSPECIFIED CATARACT (Cataract) *Opacities are impairing the patient's vision or lifestyle, are progressing rapidly, are causing a rapid prescription change, or, if ophthalmological referral is indicated. Congenital anomalies are only covered in children.	X	X
Chorioretinitis	36320	CHORIORETINITIS UNSPECIFIED	X	X
Congenital Anomalies	7439	UNSPECIFIED ANOMALY OF EYE (Anomalies (eyelids, lacrimal system, orbit))	X	
Corneal Inflammation, etc.	37060	CORNEAL NEOVASCULARIZATION NOS * If not related to contact lenses	X	X
	37062	PANNUS (CORNEAL) * If not related to contact lenses	X	X
Crohn's Disease	5559	REGIONAL ENTERITIS UNSPEC SITE (Crohn's Disease) * For patients taking oral corticosteroids on a chronic basis	X	X
Disorders of Cornea	37150	CORNEAL DYSTROPHY UNSPECIFIED	X	X
	37157	ENDOTHELIAL CORNEAL DYSTROPHY (Fuchs endothelial dystrophy)	X	X
	37160	KERATOCONUS UNSPECIFIED	X	X
Disorders of Extra Ocular Muscles	37800	ESOTROPIA UNSPECIFIED	X	
	37810	EXOTROPIA UNSPECIFIED	X	
	37831	HYPERTROPIA	X	
	37834	MONOFIXATION SYNDROME (Monofixational phoria syndrome) * Sudden onset in adults	X	X
	37883	CONVERGENCE INSUFFICIENCY/PALSY	X	
37884	CONVERGENCE EXCESS OR SPASM	X		
Disorders of Iris or Ciliary Body	3643	UNSPECIFIED IRIDOCYCLITIS (Iritis)	X	X
	36459	OTHER IRIS ATROPHY	X	X
Disorders of Lacrimal System	37515	TEAR FILM INSUFFICIENCY UNSPEC (Dry eye syndrome) * If chief complaint	X	X
	37520	EPIPHORA UNSPECIFIED CAUSE * If chief complaint or intervention is required for medical reasons	X	X
Disorders of Optic Nerve	37700	PAPILLEDEMA UNSPECIFIED	X	X
	37710	OPTIC ATROPHY UNSPECIFIED	X	X
	37721	DRUSEN OF OPTIC DISC	X	X
	37730	OPTIC NEURITIS UNSPECIFIED	X	X
	37754	DISORD OPTIC CHIASM INFLAM DIS (Disorder of optic chiasm)	X	X
Disorders of Pupil, Lens, etc.	09489	OTHER SPECIFIED NEUROSYPHILIS (Argyll Robertson pupil)	X	X
	36611	PSEUDOEXFOLIATION LENS CAPSULE (Pseudoexfoliation of the lens)	X	X
	37931	APHAKIA	X	X
	37932	SUBLUXATION OF LENS	X	X
	37946	TONIC PUPILLARY REACTION (Adie pupil)	X	X
	37950	NYSTAGMUS UNSPECIFIED * If recent onset	X	X
	37991	PAIN IN OR AROUND EYE (Significant eye pain)	X	X
Disorders of Retina	36214	RETINAL MICROANEURYSMS NOS	X	X
	36230	RETINAL VASCULAR OCCLUSION NOS (Occlusion retinal vein, artery)	X	X
	36250	MACULAR DEGENERATION UNSPEC *Presenting significant macular changes posing a serious risk visual acuity loss.	X	X
	36254	MACULAR CYST/HOLE/PSEUDOHOLES (Hole macula/Cyst Macula)	X	X
	36260	PERIPH RETINAL DEGENERATION NOS	X	X
	36263	LATTICE DEGENERATION	X	X

NON-ROUTINE VISION CARE

Comprehensive Exam – HSC 09.02C

Category	Code	Description	15 & under	16 & over
	36284	RETINAL ISCHEMIA	X	X
Glaucoma or Ocular Hypertension	3659	UNSPECIFIED GLAUCOMA (physician diagnosis required)	X	X
	36504	OCULAR HYPERTENSION *Must have intraocular pressure, field anomalies, narrow angles or optic nerve appearance indicating risk for glaucoma. Family history alone is not sufficient.	X	X
Graves Disease	24200	TOX DIFF GOITRE NO CRISIS/STORM	X	X
Head Injury	85400	OTH INTRACR INJ NO OPEN WND NOS (Head Injury)	X	X
Headache	7840	HEADACHE (Headache) *Requires cause to suspect a grave pathology is present (e.g. brain tumor). Headaches due to narrow-angle glaucoma, iritis and other ocular pathology fall under those associated diagnostic codes. However, if a physician refers a patient with headaches to your office to rule out suspected pathology (not the need for glasses), the visit is covered. Text is required to indicate the cause and suspected pathology when submitting the claim.	X	X
High Risk of Retinal Detachment	3619	UNSPECIFIED RETINAL DETACHMENT	X	X
Hypercholesterolemia	2720	PURE HYPERCHOLESTEROLEMIA	X	
Lupus	7100	SYSTEMIC LUPUS ERYTHEMATOSUS * Must be on chloroquine drug (e.g. Plaquenil)	X	X
Marfan's Syndrome	75982	MARFAN SYNDROME (Marfan's Syndrome)	X	X
Migraine	34690	UNSPECIFIED MIGRAINE NO INTRACT *Must differentiate the aura from a retinal detachment.	X	X
Mild Retardation	317	MILD MENTAL RETARDATION (Mild Retardation) * Must be taking Phenothiazine	X	X
Multiple Sclerosis	340	MULTIPLE SCLEROSIS	X	X
Myasthenia Gravis	3580	MYASTHENIA GRAVIS	X	X
Reduced Vision, etc.	3682	DIPLOPIA	X	X
	36021	PROGRESSIVE HIGH (DEGEN) MYOPIA (High myopia)	X	X
	36813	VISUAL DISCOMFORT (Photophobia) * Only if due to pathology such as iritis	X	X
	36814	VISUAL DISTORTIONS SHAPE/SIZE (Metamorphopsia)	X	X
	36816	PSYCHOPHYSICAL VIS DISTURBANCES (Sudden vision loss)	X	X
	36844	OTH LOCALIZED VIS FIELD DEFECT	X	X
	36846	HOMONYMOUS BILAT FIELD DEFECTS	X	X
Rheumatoid Arthritis	7140	RHEUMATOID ARTHRITIS	X	X
Sarcoidosis	135	SARCOIDOSIS	X	X
Type I Diabetes	25001	DIABETES MELL NO COMPL TYPE I * Patient must be diagnosed	X	X
	25051	DIABETES WITH OPHTH MAN TYPE I (Diabetic retinopathy and/or cataract) * Patient must be diagnosed	X	X
	25081	DIABETES W OTH SPEC MAN TYPE I (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X
Type II Diabetes	25000	DIABETES MELL NO COMPL TYPE II * Patient must be diagnosed	X	X
	25050	DIABETES WITH OPHTH MAN TYPE II (Diabetic retinopathy, Diabetic cataract) * Patient must be diagnosed	X	X
	25080	DIABETES W OTH SPEC MAN TYPE II (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X

Note: An "x" in the age column represents eligibility.

NON-ROUTINE VISION CARE

Limited Exam (continuing care) – HSC 03.03 RO=CNCTC

Category	Code	Description	15 & under	16 & over
AIDS	0429	AIDS UNSPECIFIED	X	X
Blindness	36900	PROFOUND IMPAIR BOTH EYES NOS (Blindness)	X	X
Cataract	3669	UNSPECIFIED CATARACT *Opacities are impairing vision or lifestyle, are progressing rapidly, are causing a rapid prescription change, or, if ophthalmological referral is indicated. Congenital anomalies are only covered in children.	X	X
Chorioretinitis	36320	CHORIORETINITIS UNSPECIFIED	X	X
Congenital Anomalies	7439	UNSPECIFIED ANOMALY OF EYE (Anomalies: eyelids, lacrimal system, orbit)	X	
	74345	ANIRIDIA	X	
	74346	OTH SPEC ANOM IRIS/CILIARY BODY (congenital anisocoria)	X	
Corneal Inflammation, etc.	3709	UNSPECIFIED KERATITIS	X	X
	37000	CORNEAL ULCER UNSPECIFIED	X	X
	37040	KERATOCONJUNCTIVITIS UNSPEC		
	37060	CORNEAL NEOVASCULARIZATION NOS * If not related to contact lenses	X	X
	37062	PANNUS (CORNEAL) (Pannus corneal) * If not related to contact lenses	X	X
Crohn's Disease	5559	REGIONAL ENTERITIS UNSPEC SITE (Crohn's Disease) * Must be taking oral corticosteroids on a chronic basis	X	X
Disorders of Conjunctiva	3729	UNSPECIFIED DISORD CONJUNCTIVA (Disorders of conjunctiva)	X	X
	37220	BLEPHAROCONJUNCTIVITIS UNSPEC	X	X
	37230	CONJUNCTIVITIS UNSPECIFIED	X	X
	37240	PTERYGIUM UNSPECIFIED	X	X
	37254	CONJUNCTIVAL CONCRETIONS (Concretions conjunctiva)	X	X
	37272	CONJUNCTIVAL HEMORRHAGE (Subconjunctival hemorrhage)	X	X
	37273	CONJUNCTIVAL EDEMA (Chemosis conjunctiva)	X	X
	37275	CONJUNCTIVAL CYSTS (Cyst conjunctiva)	X	X
Disorders of Cornea	37120	CORNEAL EDEMA UNSPECIFIED	X	X
	37142	RECURRENT EROSION OF CORNEA	X	X
	37150	CORNEAL DYSTROPHY UNSPECIFIED	X	X
	37157	ENDOTHELIAL CORNEAL DYSTROPHY (Fuchs endothelial dystrophy)	X	X
	37160	KERATOCONUS UNSPECIFIED	X	X
Disorders of Extra Ocular Muscles	37800	ESOTROPIA UNSPECIFIED	X	
	37810	EXOTROPIA UNSPECIFIED	X	
	37831	HYPERTROPIA	X	
	37834	MONOFIXATION SYNDROME (Monofixational phoria syndrome) * Sudden onset in adults	X	X
	37883	CONVERGENCE INSUFFICIENCY/PALSY	X	
	37884	CONVERGENCE EXCESS OR SPASM	X	
Disorders of Eyelid	3732	CHALAZION * If chief complaint	X	X
	37300	BLEPHARITIS UNSPECIFIED * If chief complaint	X	X
	37311	HORDEOLUM EXTERNUM (Hordeolum, Stye) * If chief complaint	X	X
	37331	ECZEMATOUS DERMATITIS EYELID (Dermatitis of eyelid) * If chief complaint	X	X
Disorders of Iris or Ciliary Body	3643	UNSPECIFIED IRIDOCYCLITIS (Iritis)	X	X
	36459	OTHER IRIS ATROPHY	X	X
Disorders of Lacrimal System	37515	TEAR FILM INSUFFICIENCY UNSPEC (Dry eye syndrome) * If chief complaint	X	X
	37520	EPIPHORA UNSPECIFIED CAUSE * Chief complaint or intervention is required for medical reasons	X	X
Disorders of Optic Nerve	37700	PAPILLEDEMA UNSPECIFIED	X	X
	37710	OPTIC ATROPHY UNSPECIFIED	X	X

NON-ROUTINE VISION CARE

Limited Exam (continuing care) – HSC 03.03 RO=CNCTC

Category	Code	Description	15 & under	16 & over
	37721	DRUSEN OF OPTIC DISC	X	X
	37730	OPTIC NEURITIS UNSPECIFIED	X	X
	37754	DISORD OPTIC CHIASM INFLAM DIS (Disorder of optic chiasm)	X	X
Disorders of Pupil, Lens, etc.	09489	OTHER SPECIFIED NEUROSYPHILIS (Argyll Robertson pupil)	X	X
	36611	PSEUDOEXFOLIATION LENS CAPSULE (Pseudoexfoliation of the lens)	X	X
	37900	SCLERITIS UNSPECIFIED (Episcleritis)	X	X
	37931	APHAKIA	X	X
	37932	SUBLUXATION OF LENS	X	X
	37946	TONIC PUPILLARY REACTION (Adie pupil)	X	X
	37950	NYSTAGMUS UNSPECIFIED (Nystagmus) *If recent onset	X	X
	37991	PAIN IN OR AROUND EYE (Significant eye pain)	X	X
Disorders of Retina	36214	RETINAL MICROANEURYSMS NOS	X	X
	36230	RETINAL VASCULAR OCCLUSION NOS (Occlusion retinal vein, artery)	X	X
	36250	MACULAR DEGENERATION UNSPEC *Must present significant macular changes indicating a serious risk of visual acuity loss.	X	X
	36254	MACULAR CYST/HOLE/PSEUDOHOLE (Hole macula/Cyst macula)	X	X
	36260	PERIPH RETINAL DEGENERATION NOS (Degeneration retina)	X	X
	36263	LATTICE DEGENERATION	X	X
	36284	RETINAL ISCHEMIA	X	X
Epidemic Keratoconjunctivitis	0771	EPIDEMIC KERATOCONJUNCTIVITIS	X	X
Foreign Bodies	9309	UNSPEC FOREIGN BODY ON EXT EYE	X	X
Glaucoma or Ocular Hypertension	3659	UNSPECIFIED GLAUCOMA	X	X
	36504	OCULAR HYPERTENSION *Must have intraocular pressure, field anomalies, narrow angles or optic nerve appearance indicating risk for glaucoma. Family history alone is sufficient.	X	X
Graves Disease	24200	TOX DIFF GOITRE NO CRISIS/STORM (Graves disease)	X	X
Head Injury	85400	OTH INTRACR INJ NO OPEN WND NOS (Head injury)	X	X
Headache	7840	HEADACHE (Headache) *Headaches are generally not covered. You must have reason to suspect a grave pathology is present, e.g. brain tumor. Headaches due to narrow-angle glaucoma, iritis and other ocular pathology would be billed under the code for that pathology. However, if a physician refers a patient with headaches to your office to rule out suspected pathology (not the need for glasses), the visit is covered. Text is required to indicate the cause and pathology suspected when submitting the claim.	X	X
High Risk of Retinal Detachment	3619	UNSPECIFIED RETINAL DETACHMENT (High risk of retinal detachment)	X	X
Hypercholesterolemia	2720	PURE HYPERCHOLESTEROLEMIA	X	
Lupus	7100	SYSTEMIC LUPUS ERYTHEMATOSUS * Patient must be on chloroquine drug, e.g. Plaquenil	X	X
Marfan's Syndrome	75982	MARFAN SYNDROME (Marfan's syndrome)	X	X
Migraine	34690	UNSPECIFIED MIGRAINE NO INTRACT *Must differentiate the aura from a retinal detachment.	X	X
Mild Retardation	317	MILD MENTAL RETARDATION * Must be taking Phenothiazine	X	X
Multiple Sclerosis	340	MULTIPLE SCLEROSIS	X	X
Myasthenia Gravis	3580	MYASTHENIA GRAVIS	X	X
Reduced Vision, etc.	36800	AMBLYOPIA UNSPECIFIED	X	X
	3682	DIPLOPIA (Diplopia)	X	X
	36021	PROGRESSIVE HIGH (DEGEN) MYOPIA (High myopia)	X	X
	36814	VISUAL DISTORTIONS SHAPE/SIZE (Metamorphopsia)	X	X

NON-ROUTINE VISION CARE

Limited Exam (continuing care) – HSC 03.03 RO=CNCTC

Category	Code	Description	15 & under	16 & over
	36816	PSYCHOPHYSICAL VIS DISTURBANCES (Sudden vision loss)	X	X
	36844	OTH LOCALIZED VIS FIELD DEFECT (Scotoma)	X	X
	36846	HOMONYMOUS BILAT FIELD DEFECTS (Hemianopsia)	X	X
Rheumatoid Arthritis	7140	RHEUMATOID ARTHRITIS (Rheumatoid arthritis)	X	X
Sarcoidosis	135	SARCOIDOSIS (Sarcoidosis)	X	X
Superficial Injury of Eye & Adnexa	9189	OTHER/NOS SUPRFIC INJURIES EYE (Superficial injury of eye and adnexa)	X	X
Type I Diabetes	25001	DIABETES MELL NO COMPL TYPE I * Patient must be diagnosed	X	X
	25051	DIABETES WITH OPHTH MAN TYPE I (Diabetic retinopathy and/or cataract) * Patient must be diagnosed	X	X
	25081	DIABETES W OTH SPEC MAN TYPE I (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X
Type II Diabetes	25000	DIABETES MELL NO COMPL TYPE II * Patient must be diagnosed	X	X
	25050	DIABETES WITH OPHTH MAN TYPE II (Diabetic retinopathy, Diabetic cataract) * Patient must be diagnosed	X	X
	25080	DIABETES W OTH SPEC MAN TYPE II (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X
Complex Patient (2 or more Dx)	3669	UNSPECIFIED CATARACT	X	X
	36250	MACULAR DEGENERATION UNSPEC	X	X
	36201	DIABETIC RETINOPATHY	X	X
	3659	UNSPECIFIED GLAUCOMA	X	X
	3643 or 74346	UVEITIS	X	X

Note: An "x" in the age column represents eligibility.

NOS means Not Otherwise Specified

NON-ROUTINE VISION CARE

Limited Exam (continuing care with differential diagnosis) – HSC 03.03 RO=CCDX

Category	Code	Description
Blepharitis	37220	BLEPHAROCONJUNCTIVITIS UNSPEC
	37221	ANGULAR BLEPHAROCONJUNCTIVITIS
	37222	CONTACT BLEPHAROCONJUNCTIVITIS
	37263	SYMBLEPHARON
	37300	BLEPHARITIS UNSPECIFIED
	37301	ULCERATIVE BLEPHARITIS
	37302	SQUAMOUS BLEPHARITIS
	37434	BLEPHAROCHALASIS
	37446	BLEPHAROPHIMOSIS
	Breast Cancer Patient on Tamoxifen	1749
1759		MAL NEO FEMALE BREAST UNSPEC *Must include text on the claim indicating patient is taking tamoxifen.
Conjunctivitis (Bacterial, allergic, toxic, mechanical, inflammatory)	0770	INCLUSION CONJUNCTIVITIS
	0773	OTHER ADENOVIRAL CONJUNCTIVITIS
	0774	EPIDEM HEMORRHAG CONJUNCTIVITIS
	0778	OTHER VIRAL CONJUNCTIVITIS
	1301	TOXOPLASMOSIS CONJUNCTIVITIS
	09840	GC CONJUNCTIVITIS (NEONATORUM)
	37032	LIMBR/CORN INVOLV VERN CONJUNC
	37200	ACUTE CONJUNCTIVITIS UNSPEC
	37201	SEROUS CONJUNCTIVITIS EXC VIRAL
	37202	ACUTE FOLLICULAR CONJUNCTIVITIS
	37203	OTH MUCOPURULENT CONJUNCTIVIT
	37204	PSEUDOMEMBRANOUS CONJUNCTIVITIS
	37205	ACUTE ATOPIC CONJUNCTIVITIS
	37210	CHRONIC CONJUNCTIVITIS UNSPEC
	37211	SIMPLE CHRONIC CONJUNCTIVITIS
	37212	CHR FOLLICULAR CONJUNCTIVITIS
	37213	VERNAL CONJUNCTIVITIS
	37214	OTH CHR ALLERGIC CONJUNCTIVITIS
	37215	PARASITIC CONJUNCTIVITIS
	37230	CONJUNCTIVITIS UNSPECIFIED
	37231	ROSACEA CONJUNCTIVITIS
	37239	OTHER CONJUNCTIVITIS
	Corneal Abrasions and Erosions	2642
2643		VIT A DEFIC W CORN ULC/XEROSIS
2646		VIT A DEFIC/XEROPHTH SCAR CORN
3719		UNSPECIFIED CORNEAL DISORDER
9181		SUPERFICIAL INJURY CORNEA
9402		ALKALINE BURN CORNEA/CONJUNCT
9403		ACID BURN CORNEA/CONJUNCTIVA
9404		OTHER BURN CORNEA/CONJUNCTIVA
37000		CORNEAL ULCER UNSPECIFIED
37001		MARGINAL CORNEAL ULCER
37130		CORNEAL MEMBRANE CHANGE UNSPEC
37140		CORNEAL DEGENERATION UNSPEC
37141		SENILE CORNEAL CHANGES
37142		RECURRENT EROSION OF CORNEA
37144		OTHER CALCEROUS DEGEN OF CORNEA
37146		NODULAR DEGENERATION OF CORNEA
37148		PERIPHERAL DEGENERATIONS CORNEA
37149		OTHER CORNEAL DEGENERATIONS
37150		CORNEAL DYSTROPHY UNSPECIFIED
37151		JUV EPITHELIAL CORN DYSTROPHY
37152		OTH ANTERIOR CORNEAL DYSTROPHY
37153		GRANULAR CORNEAL DYSTROPHY
37154		LATTICE CORNEAL DYSTROPHY
37155		MACULAR CORNEAL DYSTROPHY

NON-ROUTINE VISION CARE

Limited Exam (continuing care with differential diagnosis) – HSC 03.03 RO=CCDX

Category	Code	Description	
	37156	OTH STROMAL CORNEAL DYSTROPHIES	
	37157	ENDOTHELIAL CORNEAL DYSTROPHY	
	37158	OTH POSTERIOR CORN DYSTROPHIES	
	37170	CORNEAL DEFORMITY UNSPECIFIED	
	37171	CORNEAL ECTASIA	
	37173	CORNEAL STAPHYLOMA	
	37181	CORNEAL ANESTHESIA/HYPOESTHESIA	
	37182	CORNEAL DISORD D/T CONTACT LENS	
	37189	OTHER CORNEAL DISORDERS	
	74341	ANOMALIES OF CORNEAL SIZE/SHAPE	
	74342	CONGEN CORNEAL OPAC AFFECT VIS	
	74343	OTHER CONGEN CORNEAL OPACITIES	
	99651	MECH COMPLICATION CORNEAL GRAFT	
	Corneal Edema	37120	CORNEAL EDEMA UNSPECIFIED
37121		IDIOPATHIC CORNEAL EDEMA	
37122		SECONDARY CORNEAL EDEMA	
37124		CORNEAL EDEMA D/T CONTACT LENS	
Episcleritis	37902	NODULAR EPISCLERITIS	
	37909	OTHER SCLERITIS/EPISCLERITIS	
Foreign Body and Eyelash Removal	9300	CORNEAL FOREIGN BODY	
	9301	FOREIGN BODY CONJUNCTIVAL SAC	
	9302	FOREIGN BODY LACRIMAL PUNCTUM	
	9308	OTH/COMBIN FOREIGN BODY EXT EYE	
	9309	UNSPEC FOREIGN BODY ON EXT EYE	
	37486	RETAINED FOREIGN BODY OF EYELID	
Keratitis Sicca and Non-Ulcerative Keratitis	0771	EPIDEMIC KERATOCONJUNCTIVITIS	
	2644	VITAMIN A DEFIC W KERATOMALACIA	
	3708	OTHER FORMS OF KERATITIS	
	3709	UNSPECIFIED KERATITIS	
	7102	SICCA SYNDROME	
	37020	SUPERFICIAL KERATITIS UNSPEC	
	37021	PUNCTATE KERATITIS	
	37023	FILAMENTARY KERATITIS	
	37024	PHOTOKERATITIS	
	37031	PHLYCTENULAR KERATOCONJUNCT	
	37033	KERATOCONJUNCTIVITIS SICCA	
	37034	EXPOSURE KERATOCONJUNCTIVITIS	
	37035	NEUROTROPHIC KERATOCONJUNCT	
	37040	KERATOCONJUNCTIVITIS UNSPEC	
	37044	KERATIT/KERATOCONJUNCT EXANTHMA	
	37049	OTHER KERATOCONJUNCTIVITIS	
	37123	BULLOUS KERATOPATHY	
	37143	BAND-SHAPED KERATOPATHY	
	37160	KERATOCONUS UNSPECIFIED	
	37161	KERATOCONUS STABLE CONDITION	
	37162	KERATOCONUS ACUTE HYDROPS	
	70211	INFLAMED SEBORRHEIC KERATOSIS	
	70219	OTHER SEBORRHEIC KERATOSIS	
	Non-Surgical Treatment of Chalazia/Hordeola	3732	CHALAZION
		37311	HORDEOLUM EXTERNUM
		37312	HORDEOLUM INTERNUM
	Pingueculitis	37251	PINGUECULA
Additional Conditions	36089	SUDDEN GLOBE PROTRUSION, I.E. EXOPHTHALMOS	
	36130	RETINAL TEAR OR HOLE	
	3643	ANTERIOR UVEITIS	
	74346	ANTERIOR UVEITIS	
	36522	ACUTE ANGLE CLOSURE GLAUCOMA	
	36811	SUDDEN VISION LOSS (NOT DUE TO REFRACTIVE ERROR)	
	36830	SUDDEN CHANGE IN BINOCULAR VISION STATUS (ADULT)	

NON-ROUTINE VISION CARE

Limited Exam (continuing care with differential diagnosis) – HSC 03.03 RO=CCDX

Category	Code	Description
	36840	VISUAL FIELD DEFECT UNSPECIFIED
	37240	PTERYGIUM
	3729	CONJUNCTIVAL HEMORRHAGES, CONCRETIONS, CYST
	37272	CONJUNCTIVAL HEMORRHAGES, CONCRETIONS, CYST
	37489	EYELID DISORDERS (PTOSIS, ECTROPION, ENTROPION, SPASM)
	37589	DISORDERS OF LACRIMAL SYSTEM (EPIPHORA, DACRYOCYSTITIS, CANALICULITIS)
	37700	OPTIC NEURITIS, PAPILLEDEMA
	37739	OPTIC NEURITIS, PAPILLEDEMA
	37926	FLASHING LIGHTS (POSTERIOR VITREOUS DETACHMENT, MIGRAINE, TRANSIENT ISCHEMIC ATTACKS)
	34690	FLASHING LIGHTS (POSTERIOR VITREOUS DETACHMENT, MIGRAINE, TRANSIENT ISCHEMIC ATTACKS)
	37919	POST SCLERAL BUCKLE REFRACTION
	37991	EYE PAIN – MINOR, NON SIGHT THREATENING
	95901	HEAD INJURY – MINIMAL WITHOUT SYMPTOMS
	V4561	POST CATARACT EXTRACTION REFRACTION

NON-ROUTINE VISION CARE

PREMIUM FEES

Category	Code	Description
Acute Conditions	9189	SEVERE EYE INJURY
	9309	FOREIGN BODIES
	36811	SUDDEN VISION LOSS
	37239	HYPER ACUTE CONJUNCTIVITIS
	37991	SEVERE EYE PAIN

EXPLANATORY CODES

Code	Description
DE003	SERVICE ENCOUNTER HAS BEEN REFUSED. PAYMENT RESPONSIBILITY INDICATED IS NOT VALID FOR THIS SERVICE.
ED001	INVALID OR OMITTED RECORD TYPE.
ED002	OMITTED ACTION CODE OR INVALID ACTION CODE AND RECORD SUB-TYPE COMBINATION.
ED003	INVALID SERVICE ENCOUNTER NUMBER. (INVALID OR OMITTED SUBMITTER ID, YEAR, SEQUENCE NUMBER, AND/OR CHECK DIGIT.)
ED004	INVALID OR OMITTED TXN TYPE.
ED005	OMITTED RECORD SUB-TYPE OR INVALID TXN TYPE AND RECORD SUB-TYPE COMBINATION.
ED006	INVALID PAYMENT RESPONSIBILITY.
ED007	INVALID OR OMITTED SERVICE ENCOUNTER TYPE.
ED008	INVALID OR OMITTED SERVICE START DATE.
ED009	INVALID OR OMITTED SERVICE OCCURRENCE NUMBER.
ED010	INVALID OR OMITTED DIAGNOSTIC CODE 1
ED011	INVALID OR OMITTED DIAGNOSTIC CODE 2 OR 3
ED012	INVALID MULTIPLES INDICATED.
ED013	INVALID MODIFIER TYPE, MODIFIER VALUE OR INVALID COMBINATION OF TYPE AND VALUE.
ED014	INVALID CLAIMED UNIT VALUE.
ED015	CLAIMED UNIT VALUE MUST BE NUMERIC IF UNIT VALUE INDICATOR CONTAINS A VALUE OF Y OR HEALTH SERVICE CODE CONTAINS A VALUE OF EC, IC, OR IF.
ED016	INVALID CLAIMED AMOUNT.
ED017	INVALID UNIT VALUE INDICATOR.
ED018	UNIT VALUE INDICATOR MUST BE BLANK IF CLAIMED UNIT VALUE IS BLANK.
ED019	INVALID PAPER SUPPORT DOCUMENT INDICATOR.
ED020	INVALID OR OMITTED HOSPITAL ADMIT DATE OR HOSPITAL ADMIT DATE INAPPROPRIATE FOR THE LOCATION
ED021	HOSPITAL ADMIT DATE CANNOT BE SUBSEQUENT TO SERVICE DATE.
ED022	HOSPITAL ADMIT DATE MUST BE PRESENT IF SERVICE IS FOR A REGISTERED INPATIENT.
ED023	INVALID INTENSIVE CARE ADMIT DATE.
ED024	INTENSIVE CARE ADMIT DATE CANNOT BE PRIOR TO HOSPITAL ADMIT DATE.
ED025	INTENSIVE CARE ADMIT DATE IS REQUIRED WHEN FUNCTIONAL CENTRE CONTAINS A VALUE OF NICU OR INCU.
ED026	INVALID START TIME.
ED027	INVALID PRE-AUTHORIZATION NUMBER.
ED028	INVALID INJURY DIAGNOSTIC CODE.
ED029	OMITTED OR INVALID SERVICE PROVIDER NUMBER OR NUMBER NOT VALID FOR DATE OF SERVICE.
ED030	INVALID OR OMITTED PROVIDER TYPE.
ED031	PROVIDER TYPE IS NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE INDICATED.
ED032	INVALID REFERRAL PROVIDER NUMBER
ED033	REFERRAL PROVIDER NUMBER MUST BE PRESENT AND MUST BE VALID.
ED034	REFERRAL PROVIDER NUMBER AND REFERRAL PROVIDER TYPE MUST BE BLANK IF OOP REFERRAL INDICATOR CONTAINS A VALUE OF Y.
ED035	REFERRAL PROVIDER NUMBER MUST BE BLANK IF REFERRAL PROVIDER TYPE IS BLANK.
ED036	REFERRAL PROVIDER NUMBER MUST BE PRESENT IF REFERRAL PROVIDER TYPE IS PRESENT.
ED037	INVALID REFERRAL PROVIDER TYPE.
ED038	REFERRAL PROVIDER TYPE MUST BE BLANK IF REFERRAL PROVIDER NUMBER IS BLANK.

Code	Description
ED039	INVALID BUSINESS ARRANGEMENT FOR PROVIDER NUMBER OR PROVIDER TYPE ; OR , INEFFECTIVE FOR THE SERVICE START DATE ON THE SERVICE ENCOUNTER
ED040	BUSINESS ARRANGEMENT IS NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE.
ED041	INVALID OR OMITTED SPECIALTY CODE.
ED042	SPECIALTY CODE NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE.
ED043	SPECIALTY CODE PRESENT ON SERVICE ENCOUNTER IS INVALID FOR BUSINESS ARRANGEMENT INDICATED.
ED044	INVALID OR OMITTED FACILITY NUMBER OR FUNCTIONAL CENTRE
ED048	INVALID OR OMITTED SERVICE RECIPIENT HEALTH CARD NUMBER.
ED049	INVALID SERVICE RECIPIENT HEALTH CARD NUMBER FOR DATE OF SERVICE OR RECIPIENT IS INELIGIBLE FOR THE PROGRAM
ED050	DUPLICATE SERVICE ENCOUNTER NUMBER PREVIOUSLY SUBMITTED.
ED051	SERVICE ENCOUNTER NUMBER MATCH NOT FOUND.
ED052	REFERRAL PROVIDER TYPE MUST BE PRESENT AND VALID FOR SERVICE DATE IF REFERRAL PROVIDER NUMBER IS INDICATED.
ED053	INVALID OR OMITTED REFERRAL PROVIDER TYPE.
ED054	REFERRAL PROVIDER TYPE NOT VALID FOR DATE OF SERVICE FOR REFERRAL PROVIDER NUMBER INDICATED.
ED055	FACILITY NUMBER INVALID FOR LOCATION CODE INDICATED.
ED056	FACILITY NUMBER PRESENT ON SERVICE ENCOUNTER IS INVALID FOR BUSINESS ARRANGEMENT INDICATED.
ED057	INVALID OR OMITTED LOCATION CODE.
ED058	INVALID OR OMITTED PROGRAM.
ED060	SERVICE RECIPIENT BIRTH DATE IS OMITTED OR SERVICE START DATE IS PRIOR TO BIRTH DATE.
ED062	HEALTH SERVICE CODE IS INVALID, OMITTED OR INVALID FOR THE BUSINESS ARRANGEMENT INDICATED.
ED063	INVALID OR OMITTED PAY TO CODE.
ED064	INVALID PAY TO HEALTH CARD NUMBER.
ED065	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE SERVICE ENCOUNTER THAT SHARES THE SAME TEXT CANNOT BE FOUND.
ED066	INVALID RECORD SEQUENCE.
ED067	INVALID OR OMITTED SURNAME ON PERSON DATA RECORD.
ED068	INVALID OR OMITTED GIVEN NAME ON PERSON DATA RECORD.
ED069	INVALID DATE OF BIRTH ON PERSON DATA RECORD.
ED070	BIRTH DATE IN PERSON DATA RECORD MUST BE BLANK IF PAY TO CODE IS OTHR AND BIRTH DATE MUST BE PRESENT ON PERSON DATA RECORD IF PAY TO CODE IS RECP
ED071	INVALID GENDER CODE ON PERSON DATA RECORD.
ED072	OMITTED ADDRESS ON PERSON DATA RECORD.
ED073	INVALID OR OMITTED CITY NAME ON PERSON DATA RECORD.
ED074	INVALID OR OMITTED PROVINCE/STATE CODE ON PERSON DATA RECORD.
ED075	INVALID COUNTRY ON PERSON DATA RECORD.
ED076	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PERSON DATA RECORD IS ABSENT.
ED077	ONLY ONE CPD1,CBE1, OR CTX1 PERMITTED FOR EACH SERVICE ENCOUNTER TRANSACTION
ED078	RECIPIENT HEALTH CARD NUMBER AND PAY TO HEALTH CARD NUMBER ARE THE SAME
ED079	REMUNERATION METHOD NOT FEE FOR SERVICE OR SHADOW BILLING.
ED080	HEALTH SERVICE CODE MUST CONTAIN SUPPORTING TEXT AND CLAIMED UNIT VALUE
ED081	INVALID HEALTH CARD NUMBER CHECK DIGIT
ED082	INVALID RECORD LENGTH
ED083	CPD1 RECORD SUB- TYPE PRESENT WHEN IT IS NOT REQUIRED
ED084	OUT OF PROVINCE REFERRAL INDICATOR IS NOT BLANK OR IT CONTAINS A VALUE OTHER THAN Y

Code	Description
ED085	NON-PRINTABLE CHARACTERS IN CHART NUMBER FIELD
ED086	NON-PRINTABLE CHARACTERS IN UNUSED FIELD
ED087	INVALID POSTAL CODE FORMAT
ED088	GUARDIAN/PARENT HCN IS NOT ALPHANUMERIC
ED089	SUPPORTING TEXT CONTAINS UNPRINTABLE CHARACTERS
ED090	INVALID SUBMITTER ID
ED091	INVALID YEAR IN THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE
ED092	INVALID SEQUENCE NUMBER IN THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE
ED093	INVALID CHECK DIGIT ON THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE
ED094	UNSUPPORTED TRANSACTION TYPE
ED095	TRANSACTION BADLY FORMED
ED096	PARENT OR GUARDIAN MUST CONTACT MSI TO VALIDATE HEALTH CARD NUMBER FOR PREREGISTERED NEWBORN.
ED097	DATE OF SERVICE IS SUBSEQUENT TO EXPIRY DATE FOR HEALTH CARD NUMBER.
ED098	HOSPITAL ADMIT DATE AND INTENSIVE CARE ADMIT DATE MUST BE BLANK FOR ACTION CODE OF P.
ED099	BIRTH DATE IS BLANK ON BASE SERVICE ENCOUNTER RECORD AND PERSON DATA RECORD.
ED100	DUPLICATE SERVICE ENCOUNTER NUMBER PREVIOUSLY SUBMITTED, CURRENTLY IN HELD STATUS, WAITING FOR MANUAL REVIEW.
ED101	PROVIDER TYPE NOT ALLOWED TO BILL.
ED102	PROVIDER TYPE NOT ALLOWED TO REFER.
ED103	SERVICE RECIPIENT BIRTH DATE DOES NOT MATCH BIRTH DATE ON HEALTH CARD.
ED104	SERVICE ENCOUNTER ACCEPTED AT ZERO AS IT IS OUTDATED.
ED105	SERVICE ENCOUNTER HAS BEEN REFUSED AS OUTSIDE DATE OF DEATH GRACE PERIOD.
ED106	PAYMENT RESPONSIBILITY IS INCORRECT FOR THE HEALTH CARD NUMBER PROVIDED.
GN001	SERVICE ENCOUNTER HAS BEEN REFUSED AS A SIMILAR SERVICE HAS BEEN APPROVED ON THE SAME DAY.
GN003	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS IS AN EXCLUDED SERVICE UNDER THE RECIPROCAL BILLING AGREEMENT.
GN004	SERVICE ENCOUNTER HAS BEEN REFUSED AS SELF REFERRAL IS NOT ACCEPTABLE.
GN005	SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY WCB IS NOT VALID FOR PATIENT UNDER SIXTEEN.
GN007	SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER AG VALUE DOES NOT AGREE WITH AGE OF PATIENT.
GN009	SERVICE ENCOUNTER HAS BEEN REFUSED AS PATIENT'S SEX IS INVALID FOR SERVICE PROVIDED.
GN012	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO PREAUTHORIZATION NUMBER WAS INDICATED OR NUMBER INDICATED IS INVALID.
GN013	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS A DUPLICATE SUBMISSION.
GN014	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUSLY REDUCED MATCHING SERVICE ENCOUNTER IS NOT PRESENT.
GN015	SERVICE ENCOUNTER HAS BEEN REASSESSED.
GN016	INVALID OR OMITTED HEALTH SERVICE CODE.
GN017	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT APPROVED FOR PERFORMING THIS SERVICE.
GN019	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS AN EXACT DUPLICATE TO A PREVIOUSLY SUBMITTED SERVICE ENCOUNTER.
GN020	SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO INFORMATION PROVIDED.
GN022	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS AN UNINSURED SERVICE UNDER MSI.
GN023	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS OUTDATED.
GN024	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS AN UNINSURED SERVICE UNDER MSI.
GN030	SERVICE ENCOUNTER HAS BEEN REFUSED. IF RESUBMITTING, PROVIDE ALL DETAILS THAT WILL ASSIST IN DETERMINING PAYMENT.

Code	Description
GN031	SERVICE RECIPIENT BIRTH DATE DOES NOT MATCH BIRTH DATE ON HEALTH CARD. BIRTH DATE FROM HEALTH CARD SHOULD BE USED. THIS DOES NOT AFFECT PAYMENT.
GN034	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT APPROPRIATE.
GN035	SERVICE ENCOUNTER HAS BEEN REFUSED AS PAY TO CODE INDICATED IS NOT VALID FOR PAYMENT RESPONSIBILITY INDICATED.
GN036	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE UNDER THIS SAME SERVICE CODE HAS BEEN APPROVED.
GN037	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE HAS BEEN APPROVED UNDER THIS SAME SERVICE CODE AT THIS SERVICE ENCOUNTER.
GN038	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER HAS BEEN ACCEPTED FOR THIS SAME SERVICE CODE.
GN039	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER FOR THIS SAME HEALTH SERVICE CODE HAS BEEN APPROVED.
GN041	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER WAS APPROVED FOR THIS SAME HEALTH SERVICE CODE.
GN042	SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY IS NOT VALID FOR DATE OF SERVICE INDICATED.
GN044	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A SERVICE OCCURRENCE OTHER THAN 1 HAS BEEN USED WITHOUT EXPLANATORY TEXT
GN045	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT INCLUDE THE ORIGINAL SERVICE ENCOUNTER NUMBER
GN047	SERVICE ENCOUNTER HAS BEEN REFUSED. SUBMIT A REASSESS (ACTION CODE R) FOR THE ORIGINAL SUBMISSION TO AID IN THE ASSESSMENT OF YOUR CLAIM.
GN049	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT PROVIDE SUFFICIENT DETAILS. IF RESUBMITTING, PLEASE PROVIDE MORE DETAILS TO AID IN THE ASSESSMENT OF YOUR CLAIM.
GN050	SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT UNDER THE SAME HEALTH SERVICE CODE USING THE APPROPRIATE LESSER VALUE MODIFIER FOR THE SERVICE PROVIDED.
GN051	SERVICE ENCOUNTER HAS BEEN REFUSED AS A SERVICE OCCURRENCE ONE (1) HAS NOT BEEN CLAIMED FOR THIS DAY BY THIS PHYSICIAN.
GN057	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE DIAGNOSTIC CODE SUBMITTED DOES NOT WARRANT A PREMIUM FEE.
GN065	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE HAS ALREADY BEEN CLAIMED BY ANOTHER PROVIDER ON THIS DAY.
GN073	PLEASE SUBMIT DOCUMENTATION TO FURTHER ASSIST IN ASSESSING THIS CLAIM
GN095	SERVICE ENCOUNTER HAS BEEN REDUCED TO THE APPROPRIATE FEE FOR THE SERVICE PROVIDED.
MJ003	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS ONCE PER LIFETIME PROCEDURE HAS PREVIOUSLY BEEN APPROVED.
NR009	PLEASE DELETE ORIGINAL SUBMISSION AND SUBMIT A NEW SERVICE ENCOUNTER FOR A PARTIAL EYE EXAM.
NR011	SERVICE ENCOUNTER HAS BEEN REFUSED AS DATE OF SERVICE APPEARS INCORRECT ACCORDING TO OUR RECORDS.
NR013	SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE ORIGINAL SUBMISSION AND RESUBMIT USING THE APPROPRIATE MODIFIER OF REGION BOTH.
NR016	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ALL THE REQUIREMENTS FOR BILLING THIS SERVICE HAVE NOT BEEN MET.
NR019	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SAME SERVICE HAS BEEN APPROVED FOR ANOTHER PROVIDER.
NR020	SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT USING THE APPROPRIATE SERVICE OCCURRENCE NUMBER.
NR025	SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE PREAMBLE RULING FOR OUTDATED SUBMISSIONS.
NR027	SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON PREAMBLE RULES.
NR039	SERVICE ENCOUNTER HAS BEEN ACCEPTED AT ZERO AS IT IS OUTDATED.
NR040	SERVICE ENCOUNTER HAS BEEN REFUSED AS PRIOR APPROVAL NUMBER INDICATED IS NOT VALID.
NR050	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT WARRANT APPROVAL.
NR053	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE BUSINESS ARRANGEMENT INDICATED IS INCORRECT ACCORDING TO OUR RECORDS.
NR054	SERVICE ENCOUNTER HAS BEEN DISALLOWED. DELETE THE ORIGINAL SUBMISSION AND SUBMIT A NEW SERVICE ENCOUNTER UNDER THE APPROPRIATE BUSINESS ARRANGEMENT.
NR061	SERVICE ENCOUNTER HAS BEEN REFUSED RE DIAGNOSIS INDICATED.
NR076	SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON DIAGNOSIS INDICATED
NR080	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT BAPY

Code	Description
NR082	PLEASE CONTACT MSI REGARDING THIS CLAIM
NR080	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT BAPY
OP001	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ROUTINE VISION CARE IS UNINSURED RE AGE OF PATIENT.
OP002	SERVICE ENCOUNTER HAS BEEN DISALLOWED. ONLY ONE EXAM FOR MEDICAL NECESSITY IS PAYABLE PER YEAR. PAYMENT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.
OP003	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS NOT PAYABLE FOR PERSONS 19 YEARS OF AGE AND OLDER.
OP004	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.
OP005	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONTINUING CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.
OP006	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.
OP007	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS CONTINUING CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.
OP008	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS NOT PAYABLE FOR YOUR SPECIALTY.
OP009	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE ROUTINE OPTOMETRIC VISION ANALYSIS IS PAYABLE DURING A TWO YEAR PERIOD.
OP010	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE ROUTINE OPTOMETRIC VISION ANALYSIS IS PAYABLE DURING A TWO YEAR PERIOD.
OP011	SERVICE ENCOUNTER HAS BEEN REFUSED AS ELECTRONIC TEXT IS REQUIRED WITH REFERENCE TO THE SPECIFIC DRUG INVOLVED.
OP012	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER YEAR PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION RIGHT, LEFT OR BOTH.
OP013	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER YEAR PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION LEFT OR BOTH.
OP014	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER YEAR PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION RIGHT OR BOTH.
OP015	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A ROUTINE VISION ANALYSIS IS NOT AN INSURED SERVICE RE AGE OF PATIENT.
OP016	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS ROUTINE IN NATURE.
OP017	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS ONLY PAYABLE FOR A NON-ROUTINE DIAGNOSIS.
OP018	SERVICE ENCOUNTER HAS BEEN DISALLOWED RE ROUTINE DIAGNOSIS INDICATED.
OP019	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED IN THE PAST YEAR.
OP020	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONTINUING CARE VISIT IS PAYABLE ONLY ONCE PER YEAR.
OP021	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS WAS APPROVED DURING THE PREVIOUS YEAR.
OP022	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTINUING CARE VISITS ARE PAYABLE ONCE PER YEAR ONLY.
OP023	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A ROUTINE DIAGNOSIS HAS BEEN INDICATED.
OP024	SERVICE ENCOUNTER HAS BEEN DISALLOWED DUE TO ROUTINE DIAGNOSIS INDICATED.
OP025	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ANOTHER NON-ROUTINE VISION ANALYSIS HAS BEEN APPROVED DURING THE PREVIOUS YEAR.
OP026	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS CONTINUING CARE VISIT HAS BEEN APPROVED DURING THE LAST YEAR.
OP027	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS DIAGNOSIS DOES NOT WARRANT PAYMENT OF THIS SERVICE.
OP028	SERVICE ENCOUNTER HAS BEEN APPROVED AT THE NON REFERRED RATE FOR THIS SERVICE AS THE REFERRING PROVIDER TYPE IS NOT PH.
OP029	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM 6 VISITS ALLOWED PER YEAR FOR THIS TYPE OF SERVICE HAVE BEEN APPROVED.
OP030	SERVICE ENCOUNTER HAS BEEN REFUSED AS TEXT IS REQUIRED INDICATING THE NAME OF THE PRESCRIBED DRUG OR THAT NO PRESCRIPTION WAS REQUIRED.
OP031	SERVICE ENCOUNTER HAS BEEN REFUSED AS TEXT IS REQUIRED INDICATING THE NAME OF THE OPHTHALMOLOGIST RECEIVING THE REFERRAL.
OP032	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT VALID FOR SERVICE CLAIMED.
OP033	SERVICE ENCOUNTER HAS BEEN REFUSED AS ONE OF THE REQUIRED DIAGNOSTIC CODES (37160,37148,37171,V425) WAS NOT INCLUDED ON THE SERVICE ENCOUNTER.
OP034	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO DIAGNOSTIC CODE WARRANTING PAYMENT OF PREMIUM FEE WAS INDICATED.

Code	Description
OP035	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID A VISIT THIS DAY
OP036	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID AN OPTOMETRIC VISION ANALYSIS THIS DAY
OP037	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE INITIAL LOW VISION ASSESSMENT IS PAYABLE DURING A TWO YEAR PERIOD
OP038	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE SUBSEQUENT LOW VISION ASSESSMENT IS PAYABLE DURING A TWO YEAR PERIOD
OP039	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF FOLLOW-UP VISITS RESULTING FROM A REFERRAL BACK FROM AN OPHTHALMOLOGIST HAVE BEEN APPROVED
OP040	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 22.69A OR 21.31 ON THIS DAY.
OP041	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE DIAGNOSTIC CODE BILLED IS NOT VALID FOR THIS SERVICE
OP042	SERVICE ENCOUNTER HAS BEEN REFUSED AS AN INITIAL VISIT HAS ALREADY BEEN CLAIMED FOR THIS DIAGNOSIS.
OP043	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN ADDITIONAL COMPLETE EXAM HAS ALREADY BEEN APPROVED IN THE PAST YEAR.
OP044	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS FEE IS ONLY PAYABLE ONCE EVERY 2 YEARS FOR THE DIAGNOSIS SPECIFIED.
OP045	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED CORNEAL TOPOGRAPHY THE MAXIMUM OF SIX TIMES FOR THIS PATIENT WITHIN THE PAST YEAR.
OP046	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED WITHIN THE PREVIOUS 2 YEARS.
OP047	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED CORNEAL TOPOGRAPHY FOR KERATOCONUS AND PELLUCID DEGENERATION THE MAXIMUM OF TWO TIMES FOR THIS PATIENT 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.
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.
VT027	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTACT LENS FITTING INCLUDES FOLLOW UP FOR THREE MONTHS.
VT055	SERVICE ENCOUNTER HAS BEEN DISALLOWED. CONTACT LENS FITTING INCLUDES FOLLOW UP CARE FOR THREE MONTHS.

PUBLICATION HISTORY

Publication Date	Updates
August 1, 2024	<ul style="list-style-type: none">• First publication of the Optometrists Guide as the Minister's determination of insured dental services under section 11 of the <i>Health Services and Insurance Act</i>.
May 22, 2026	<ul style="list-style-type: none">• Removed terminated code 09.02F