

CONSULTATIONS AND VISITS

OPHTHALMOLOGY (23)

Note:

Ophthalmology consultations and visits *may include* retinal photography as a specific element of the insured service, where medically necessary.

GENERAL LISTINGS

A235 Consultation	71.30
A935 Special surgical consultation (see General Preamble GP17) ...	144.75
A236 Repeat consultation	45.85
A233 Specific assessment.....	50.00
A234 Partial assessment.....	22.45

Periodic Oculo-visual Assessment

A237 - aged 19 years and below	42.15
A239 - aged 65 years and above	42.15

Note:

See General Preamble GP25 for definitions and conditions.

Major Eye Examination

A115 Major eye examination (see page A5)	42.15
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Orthoptic assessment

Orthoptic assessment must include quantitative measurement of all cardinal positions of gaze (straight ahead, left, right, up, down, tilt right and tilt left), sensory testing for binocular vision suppression, cyclodeviation and retinal correspondence. An orthoptic assessment is eligible for payment in addition to an ophthalmology consultation or visit.

A230 Orthoptic assessment	25.00
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Note:

A230 is only eligible for payment when all tests described under orthoptic assessment are rendered personally and interpreted personally by the physician and results and measurements are documented in the patient's permanent medical record.

[Commentary:

If a certified orthoptist is rendering the examination, G814 may be eligible for payment (page J67).]

Retinopathy of Prematurity (ROP) Assessment

Retinopathy of Prematurity (ROP) assessment is the service rendered by an ophthalmologist for initial assessment or follow-up assessment(s) of a patient with ROP who is either:

- a. 9 months of age or younger,
- or
- b. aged 10 months to 16 years with minimum stage 3 ROP disease.

A250 Retinopathy of prematurity assessment.....	120.00
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Payment rules:

No other assessment or consultation is *eligible for payment* when rendered by the same physician to the same patient the same day as A250.

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Vision Rehabilitation – Initial Assessment and Follow-up Assessment

Definitions

The following phrases have the following meanings for the purpose of fee schedule codes A252 and A254.

Low visual acuity - best corrected visual acuity of 20/50 (6/15) or less in the better eye and not amenable to further medical and/or surgical treatment.

Significant oculomotor dysfunction - nerve palsy or nystagmus resulting in low visual acuity or visual field defects as defined and not amenable to further medical and/or surgical treatment.

Visual field defect - splitting of fixation, scotomata, quadrantic or hemianopic field defects not amenable to further medical and/or surgical treatment.

Initial Vision Rehabilitation Assessment

Initial vision rehabilitation assessment by an ophthalmologist of a patient with either low visual acuity, visual field defect, or significant oculomotor dysfunction subject to the conditions below.

This service is only payable when a minimum of four (4) of the following eight (8) listed components are rendered during the same visit:

1. Cognitive assessment to determine capacity to cooperate with assessment and treatment.
2. Assessment of residual visual function to include at least two of the following tests: visual acuity tested with ETDRS charts, macular perimetry, contrast sensitivity tested at 5 spatial frequencies and fixation instability.
3. Assessment of eccentric preferred retinal loci.
4. Assessment of near functional visual acuity with ETDRS charts.
5. Assessment of reading skills.

[Commentary:

For example, using MNRead or Colenbrander charts.]

6. Prescribing of low vision devices aimed to improve residual visual function.
7. Preparation of a vision rehabilitation plan and/or discussion of the plan with the patient.
8. Supervised training of the patient, in accordance with recognized programs, for use of low vision devices and/or training for rehabilitation of skills dependent on vision.

A252 Initial vision rehabilitation assessment 240.00

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Follow-up Vision Rehabilitation Assessment

This service is only payable when a minimum of three (3) of the eight (8) components listed above are rendered in the same visit.

A254 Follow-up vision rehabilitation assessment 120.00

Payment rules:

For A252 and A254:

1. No other assessment or consultation is *eligible for payment* when rendered by the same physician to the same patient the same *day* as A252 or A254.
2. A252 is limited to two (2) per patient per five (5) year period per physician.
3. A254 is only payable when the patient has received an A252.
4. A254 is limited to ten (10) per patient per five (5) year period from the date of the most recent A252.
5. If the minimum required number of components for A252 or A254 are not rendered, the amount payable for the service will be reduced to a lesser fee.

[Commentary:

Diagnostic services (e.g. visual field testing), when rendered, are *eligible for payment* with these services.]

Optometrist-Requested Assessment (ORA)

Optometrist-Requested Assessment (ORA) is an assessment of a patient provided by an ophthalmologist upon the written request of an optometrist because of the complex, obscure or serious nature of the patient's problem. Urgent or emergency requests may be initiated verbally but must also be documented in writing. The ORA includes the common and specific elements of a specific assessment.

A253 Optometrist-Requested Assessment (ORA) 71.30

Payment rules:

1. This service is limited to one per patient, per physician, per 12 month period.
2. The ophthalmologist must submit his/her findings, opinions and recommendations in writing to both the optometrist and the patient's primary care physician, if applicable, or the amount payable for the service will be reduced to a lesser fee.

Medical record requirements:

The written request from the optometrist must be retained on the patient's permanent medical record, or the amount payable for the service will be reduced to a lesser fee.

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Special Ophthalmologic Assessment

Special ophthalmologic assessment is a complete ophthalmologic assessment, rendered by an ophthalmologist, to a person with a psychological problem, developmental delay, learning disability, or significant physical disability which so limits the person's participation in the assessment that the physician is required to spend a minimum of 20 minutes in direct contact with the patient, family, and/or legal representative.

In addition to the assessment, this service requires all of the following:

- a. the development of a continuing comprehensive vision care plan;
- b. provision of appropriate information to the patient's health care team regarding the patient's vision to allow them to better prepare both general and academic plans;
and
- c. reporting the findings, opinions or recommendations in writing to other health care team members regarding this evaluation and future planning.

A251 Special ophthalmologic assessment 120.00

Payment rules:

1. No other assessment or consultation is *eligible for payment* when rendered by the same physician to the same patient the same *day* as A251.
2. This service is limited to a maximum of 2 services per patient per physician per *12 month period*.

Medical record requirements:

1. The start/stop time of the service must be documented in the patient's medical record or the amount payable for the service will be reduced to a lesser fee.
2. A statement of the medical condition and how it limits the patient's ability to participate in the assessment with the physician must be documented in the patient's medical record or the amount payable for the service will be reduced to a lesser fee.
3. A copy of the letter to other health care team members must be maintained in the patient's medical record or the service will be reduced to a lesser fee.

[Commentary:

Examples of medical conditions that may qualify for this service include certain chromosomal abnormalities, autism, cerebral palsy etc. or evaluation of children/infants with low vision associated with or resulting in developmental delay.]

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EMERGENCY OR OUT-PATIENT DEPARTMENT (OPD)

Physician in hospital but not on duty in the Emergency Department when seeing patients in the Emergency or OPD - use General Listings.

NON-EMERGENCY HOSPITAL IN-PATIENT SERVICES

See General Preamble GP30 to GP38. For emergency calls and other special visits to in-patients, use General Listings and Premiums when applicable - see General Preamble GP53 to GP62.

C235	Consultation	71.30
C935	Special surgical consultation (see General Preamble GP17) ...	144.75
C236	Repeat consultation	45.85
C233	Specific assessment.....	50.00
C234	Specific re-assessment	25.45
C250	Retinopathy of prematurity assessment - subject to the same conditions as A250	120.00

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Subsequent visits

C232	- first five weeks	per visit	29.20
C237	- sixth to thirteenth week inclusive (maximum 3 per patient per week)	per visit	29.20
C239	- after thirteenth week (maximum 6 per patient per month)	per visit	29.20

Subsequent visits by the Most Responsible Physician (MRP)

See General Preamble GP34 to GP35 for terms and conditions.

C122	- day following the hospital admission assessment		55.45
C123	- second day following the hospital assessment.....		55.45
C124	- day of discharge		55.45

Subsequent visits by the MRP following transfer from an Intensive Care Area

See General Preamble GP36 for terms and conditions.

C142	- first subsequent visit by the MRP following transfer from an Intensive Care Area		55.45
C143	- second subsequent visit by the MRP following transfer from an Intensive Care Area.....		55.45
C121	Additional visits due to intercurrent illness (see General Preamble GP33)	per visit	29.20
C238	Concurrent care	per visit	29.20
C982	Palliative care (see General Preamble GP40).....	per visit	29.20

NON-EMERGENCY LONG-TERM CARE IN-PATIENT SERVICES

Non-Emergency Long-Term Care In-Patient Services includes Chronic Care Hospitals, Convalescent Hospitals, Nursing Homes, Homes for the Aged, designated chronic or convalescent care beds in hospitals and nursing homes or homes for the aged, other than patients in designated *palliative care* beds. For emergency calls and other special visits to in-patients, use General Listings and Premiums when applicable - see General Preamble GP53 to GP62.

W535	Consultation.....		71.30
W536	Repeat consultation.....		45.85