Ontario

Schedule of Benefits for Optometry Services

(March 11, 2023 (effective September 1, 2023))

Ministry of Health

NOT ALLOCATED

SERVICES OF OPTOMETRY

PREAMBLE

PREAMBLE

[Commentary:
The Schedule of Benefits for Optometry Services identifies the maximum amounts prescribed as payable under the *Health Insurance Act* for insured services rendered to insured persons by optometrists.

Insured optometry services are limited to the services which are listed in this Schedule and are subject to the conditions and limitations set out. It is an offence under the *Provincial Offences Act* and the *Commitment to the Future of Medicare Act* for an optometrist or other person or entity to charge an amount for the provision of insured services rendered to an insured person that is more than the amount payable by the Ontario Health Insurance Plan.

Services listed in this Schedule will become uninsured if they are rendered in those circumstances set out in s. 24 of Regulation 552 under the *Health Insurance Act* (for example services rendered solely for the purpose of a refraction for ages 20-64, some "third party" requests, missed appointments, drug prescription renewals unrelated to an insured service (e.g., in-office treatment of demodex blepharitis; betadine treatment for viral conjunctivitis), additional copies of an optical prescription for personal use, no show fees (also called rebooking fees) etc).]

DEFINITIONS OF INSURED SERVICES

In this Schedule, "assessment of the eye and vision system" includes the diagnosis, treatment and prevention of,

- **a.** disorders of refraction;
- **b.** sensory and oculomotor disorders and dysfunctions of the eye and vision system; and
- **c.** diseases prescribed under the *Optometry Act*.

Any service, item or expense that supports assists or is a necessary adjunct to an insured service described in this Schedule is deemed to be a common element of the insured service described in this Schedule, unless otherwise specifically listed in the Schedule.

All specific procedures and/or specific and common elements listed below as included or as required for the provision of an insured service must be provided unless the element cannot be provided because an impairment or disability of the patient renders provision of the element physically impossible or the amount payable for the service is reduced to zero.

All specific procedures and/or specific and common elements listed below as included or as required for the provision of an insured service must be rendered by:

- **a.** an optometrist personally; or
- **b.** a delegate of the optometrist,
  - **i.** subject to the supervision of the optometrist; and
  - **ii.** when the optometrist is physically present in the office or clinic in which the service is rendered.

All insured services include the skill, time, premises, equipment, supplies, and personnel used to perform the specific and common elements of the service. The elements that are common to all insured services include:

PREAMBLE

- Keeping and maintaining appropriate clinical and financial records for each patient.
- Obtaining consents, conferring with or providing advice, information or records to physicians and/or other professionals associated with the health of the patient.

Note:
The following services are not common elements of an insured major oculo-visual examination or a minor assessment:

- Comprehensive binocular vision assessment;
- Myopia control management;
- Dry eye assessment and treatment procedures;
- Macular pigment optical density;
- Aberrometry;
- All forms of anterior and posterior segment imaging, including but not limited to: retinal imaging, optical coherence tomography and meibography;
- Pachymetry;
- Screening visual fields;
- Low vision assessment/rehabilitation;
- Services by virtual means, including telephone, video or text;
- Foreign body removal;
- Corneal topography;
- Eyelash epilation;
- Vision therapy;
- Axial length measurements;
- Travel expenses incurred to provide services outside of the usual geographic area of practice.

[Commentary:
The *Health Insurance Act* does not prohibit patient charges for uninsured services.]

SERVICES OF OPTOMETRY

MAJOR OCULO-VISUAL EXAMINATION

Fee

The following services rendered by optometrists are prescribed as insured services:

A major oculo-visual examination is an assessment of the eye and vision system for patients:

1. age 19 or less;
2. 20 to 64 years of age who have one or more *eligible medical conditions*; or
3. age 65 or more.

Eligible Medical Conditions means:

a. Glaucoma requiring or having had treatment with medication, laser (excluding prophylactic laser peripheral iridotomy), or surgery;

b. Cataracts / posterior capsular opacification with a visual acuity of 20/40 or worse in the best corrected eye, or when a surgery referral is made;

c. Retinal disease that is acute, or is chronically progressive;

d. Corneal disease that is acute, or is chronically progressive;

e. Uveitis that is acute or chronic during episodes of active inflammation;

f. Optic pathway disease that is acute, or is chronically progressive;

g. Acquired cranial nerve palsy resulting in strabismus during the acute phase or until the condition resolves or stabilizes;

h. Ocular drug toxicity screening for patients taking hydroxychloroquine, chloroquine, ethambutol or tamoxifen;

i. Diabetes mellitus.

[Commentary:
Optometrists may choose how to verify whether a patient has diabetes.]

Specific Elements:

The major oculo–visual examination includes all procedures necessary to perform the assessment, including the performance of all the following elements:

1. relevant history (ocular medical history, past medical history, family history);
2. visual acuity examination;
3. ocular motility examination;
4. refraction and the provision of a written refractive prescription if required;
5. slit lamp examination of the anterior segment;
6. ophthalmoscopy by one or more of direct, binocular indirect ophthalmoscope (BIO), monocular indirect ophthalmoscope (MIO) or non contact fundus lens;
7. advice and/or instruction to the patient;

and, if required in accordance with generally accepted professional standards, any or all of the following elements:

1. tonometry;

MAJOR OCULO-VISUAL EXAMINATION

		Fee
2.	visual field examination by confrontation field;	
3.	dilated fundus examination by one or more of direct, binocular indirect ophthalmoscope (BIO), monocular indirect ophthalmoscope (MIO) or non contact fundus lens.	
V404	Major oculo-visual examination for patients age 19 years or less	51.00
V406	Major oculo-visual examination for patients age 65 years or older with no *eligible medical conditions*.....	80.00
V407	Major oculo-visual examination for patients age 65 years or older with one or more *eligible medical conditions* as patients age 20 to 64.....	80.00
V409	Major oculo-visual examination for patients age 20 to 64 years with one or more *eligible medical conditions*	55.00

Payment Rules:

1. V404, V407 and V409 are limited to one per patient per 12-month period.
2. V406 is limited to one per patient per 18-month period.
3. The limits described in 1. and 2. apply regardless of whether a major oculo-visual examination is rendered by the same optometrist, a different optometrist, or when the service is rendered by a physician described as a “Periodic Oculo-Visual Assessment” or a “Major eye examination” in the Schedule of Benefits for Physician Services. Services in excess of these limits are uninsured.

Complexity Modifiers

A complexity modifier is payable for services listed below that are rendered to patients diagnosed with glaucoma, ocular complications due to diabetes, or *paediatric* patients requiring manual cycloplegic refraction.

V411	Glaucoma complexity premium, to V404, V407 or V409	add	30.80
V412	Paediatric cycloplegic refraction complexity premium, to V402 or V404	add	25.00
V413	Diabetes complexity premium to V404, V407 or V409	add	40.00

Payment Rules:

1. V411 is limited to one per patient per 12-month period.
2. V412 is only payable for *paediatric* patients. Paediatric patients are those 15 years of age and under. V412 is only payable for the evaluation of strabismus and/or amblyopia.
3. V412 is limited to one per patient per 12-month period.
4. V413 is limited to one per patient per 12-month period.
5. Only one complexity modifier of any type (V411, V412 or V413) is payable in addition to the amount payable for the corresponding major oculo-visual examination or minor assessment.

Fee

OCULO-VISUAL MINOR ASSESSMENTS

An oculo-visual minor assessment is an assessment of the eye and vision system clinically required for the purpose of assessing or reassessing a single ocular condition (including an ocular condition that may cause refractive change).

Where a claim is submitted by an optometrist for an oculo-visual minor assessment (V402, V408, V415) rendered on the same day that a claim is submitted for a major oculo-visual examination (V404, V406, V407, or V409) rendered by an optometrist, the amount payable for the oculo-visual minor assessment is reduced to zero.

Where a claim is submitted by an optometrist for more than one oculo-visual minor assessment rendered to the same patient on the same day, the amount payable for the second and subsequent such assessments is reduced to zero unless the patient presents with a different condition during a separate encounter.

Specific Elements

An oculo-visual minor assessment includes the performance of all the following elements:

1. a history of the presenting complaint;
2. an assessment of the eye and vision system;
3. advice and/or instruction to the patient;
4. any or all related required procedures required to satisfy generally accepted professional standards.

[Commentary:
An oculo-visual minor assessment does not include the service of refraction for patients age 20 to 64.]

V402	Oculo-visual minor assessment for patients age 19 years or less.....	25.15
V408	Oculo-visual minor assessment for patients age 20 to 64 years	25.15
V415	Oculo-visual minor assessment for patients age 65 years or older	25.15

Payment Rules:

1. V408 is insured when:
   - **a.** an insured major oculo-visual examination (V409) was rendered to the patient within the preceding 12 months of the date of the oculo-visual minor assessment, and
   - **b.** the oculo-visual minor assessment is with respect to the same *eligible medical condition(s)* present at the previous major periodic oculo-visual examination (V409).
2. V408 is limited to a maximum of two services per 12-month period per patient following the major oculo-visual assessment. Any services beyond this limit are uninsured.
3. V415 is insured when:
   - **a.** an insured major oculo-visual examination (V406) was rendered to the patient within the preceding 18 months of the date of the oculo-visual minor assessment; or
   - **b.** an insured major oculo-visual examination (V407) was rendered to the patient within the preceding 12 months of the date of the oculo-visual minor assessment.

OCULO-VISUAL MINOR ASSESSMENTS

Fee

4. V415 is limited to:

a. a maximum of two services per 12-month period per patient following the major oculo-visual assessment described by V407; or,

b. a maximum of two services per 18-month period per patient following the major oculo-visual assessment described by V406.

AUTOMATED VISUAL FIELD ASSESSMENT

Fee

Automated visual field assessment, or automated perimetry, is an assessment of the eye and vision system for the purpose of mapping the patient's visual fields.

The service is insured when the automated visual field assessment is clinically necessary to determine the extent and sensitivity of a patient's visual fields for patients with the following medical conditions:

1. retinal disease (including diabetic retinopathy);
2. glaucoma;
3. active optic pathway disease;
4. ocular drug toxicity screening; or
5. acquired cranial nerve palsy resulting in strabismus.

A claim may be submitted by an optometrist for automated visual field assessment for a service provided on the same day or a different day as a major oculo-visual examination (V404, V407, V409) or oculo-visual minor assessment (V402, V408, V415) is rendered, when, in the clinical judgment of the optometrist, it is necessary to determine the extent and sensitivity of a patient's visual fields.

V410 Automated Visual Field Assessment..... 25.15

SERVICES OF OPTOMETRY

OPTOMETRY SCHEDULE OF BENEFITS

FEE CODE	FEE DESCRIPTION	FEE AMOUNT
V402	Oculo-visual minor assessment for patients age 19 years or less	$25.15
V404	Major oculo-visual examination for patients age 19 years or less	$51.00
V406	Major oculo-visual examination for patients age 65 years or older with no *eligible medical conditions*	$80.00
V407	Major oculo-visual examination for patients age 65 years or older with one or more *eligible medical conditions*	$80.00
V408	Oculo-visual minor assessment for patients age 20 to 64 years	$25.15
V409	Major oculo-visual examination for patients age 20 to 64 years with one or more *eligible medical conditions*	$55.00
V410	Automated Visual Field Assessment	$25.15
V411	Glaucoma complexity premium	$30.80
V412	Paediatric cycloplegic refraction complexity premium	$25.00
V413	Diabetes complexity premium	$40.00
V415	Oculo-visual minor assessment for patients age 65 years or older	$25.15

APPENDIX A

Appendix A does not form part of the Schedule of Benefits under the *Health Insurance Act* and is included in this publication for information purposes only.

MCCSS PROGRAM

The services set out below are not "insured services" within the meaning of the *Health Insurance Act* but are paid by the Ministry of Health acting as paying agent on behalf of the Ministry of Children, Community and Social Services (MCCSS).

MCCSS ONTARIO DISABILITY SUPPORT PROGRAM (ODSP)

V450 A major oculo-visual examination rendered to patients between the ages of 20 and 64 who are recipients of income support under the *Ontario Disability Support Program Act*, 1997 to determine ocular health and identify refractive error, including all the procedures necessary to perform the assessment as set out in fee codes V404 and V406. This examination is defined in the same manner and is subject to the same specific and common elements and requirements as a major oculo-visual examination insured under the *Health Insurance Act*. 48.00

MCCSS ONTARIO WORKS PROGRAM

V451 A major oculo-visual examination rendered to patients between the ages of 20 and 64 who are recipients of income assistance or benefits under the *Ontario Works Act*, 1997 to determine ocular health and identify refractive error, including all the procedures necessary to perform the examination as set out in fee codes V404 and V406. This assessment is defined in the same manner and is subject to the same specific and common elements and requirements as a major oculo-visual examination insured under the *Health Insurance Act*. 48.00

Note:

These services are limited to one per patient per consecutive 24 month period regardless of whether the first claim for either service or a major eye exam is or has been submitted for a service rendered by an optometrist or physician. Services in excess of this limit are not covered.

This payment represents full payment for these services. No additional charge to either OHIP or the patient for this service is permitted.

All specific procedures and/or elements listed as required for the service must be personally performed by the optometrist claiming for the service provided or a delegate of the optometrist, subject to the supervision of the optometrist and provided that the optometrist is physically present in the office or clinic in which the service is rendered, or the service is payable at nil.