Optometric

Governing Rules List

As Of

01 April 2019

GENERAL RULE GROUPS 1

GOVERNING RULES 2

Optometric 2

Generated 2019/02/14 GENERAL RULE GROUPS As of 2019/04/01

OT-GLOBALB The following General Rules apply to all Health Service Codes under the Schedule of Optometric Benefits.

1	2	3	4

1 This document, entitled the Schedule of Optometric Benefits ("Schedule"). is established pursuant to the Optometric Benefits Regulation. The provisions within this Schedule are subject to, and should be read together with, the relevant provisions of the Alberta Health Care Insurance Act and regulations, including the Optometric Benefits Regulation, the Claims for Benefits Regulation and the Alberta Health Care Insurance Regulation. If there is an inconsistency or conflict between the provisions of this Schedule and the provisions of the Alberta Health Care Insurance Act and regulations, the latter prevails.

2 DEFINITIONS

2.1 "ICD-9 code" means a number that represents a specific condition, illness or trauma, as set out in the International Classification of Diseases published by the World Health Organization, 9th Edition, as has been modified by the Minister of Health for the purposes of operating the Alberta Health Care Insurance Plan.

2.2 "HSC" means Health Service Code.

2.3 "Benefit year" means July 01 of one year to June 30 of the following year.

2.4 "Family" means children, grandchildren, siblings, parents, grandparents, spouse or adult interdependent partner or any person who is dependent on the practitioner for support.

3 GENERAL

3.1 Deleted

3.2 For the purpose of Section 12(1)(a)(ii) of the Optometric Benefits Regulation, claims for services must include the modifier code SPCDRG.

3.3 For the purpose of Section 12(1) (a) (ii) of the Optometric Benefits Regulation the prescription drugs are as follows:

chloroquine (Aralen)
ethambutol (Myambutol and Servambutol)
hydroxychloroquine (Plaquenil)
tamoxifen (Nolvadex)

3.4 For the purpose of the Benefit Limits contained in Section 12 of the Optometric Benefits Regulation, claims for services for a new episode of a condition, illness or trauma that was previously treated in the same patient in the current benefit year must include modifier NEWEP.

3.5 For the purpose of the Benefit Limits contained in Section 12 of the Optometric Benefits Regulation and the entry of four-digit ICD-9 codes as outlined in GR 4.4, claims for services for a new condition, illness or trauma that shares the same three-digit root ICD-9 code as a condition previously claimed for the same patient in the current benefit year, must include modifier NEWCON.

3.6 For the purpose of Section 14(2) of the Optometric Benefits Regulation, claims for services performed under co-management arrangement between an Optometrist and Ophthalmologist must include modifier OPHTCO and the Ophthalmologist's practitioner identification number.

4 ICD-9 CODES

4.1 For the purpose of Section 12(1) (b) of the Optometric Benefits Regulation the ICD-9 Codes are as follows:

250 Diabetes Mellitus
250.0 - 250.3
250.5 - 250.7
360 Disorders of the Globe
360.0 - 360.6, 360.8
361 Retinal Detachments & Defects
361.0 - 361.3, 361.8
362 Other Retinal Disorders
362.0 - 362.8
363 Chorioretinal Inflammations and Scars and Other Disorders of Choroid
363.0 - 363.8
364 Disorders of the Iris and Ciliary Body
364.4 - 364.8
365 Glaucoma
365.0 - 365.6, 365.8
366 Cataract
366.0 - 366.5, 366.8
368 Visual Disturbances
368.2 - 368.4, 368.8
371 Corneal Opacity and Other Disorders of the Cornea
371.0 - 371.8
372 Disorders of the Conjunctiva
372.4 - 372.8
373 Inflammation of the Eyelids
373.3 - 373.6, 373.8
374 Other Disorders of the Eyelids
374.0 - 374.5, 374.8
375 Disorders of the Lacrimal System
375.5 - 375.6, 375.8
376 Disorders of the Orbit
376.0
376.2 - 376.6, 376.8
377 Disorders of Optic Nerve & Visual Pathways
377.0 - 377.7
379 Other Disorders of the Eye
379.1 - 379.4
379.8 - 379.9
870 Open Wound of Ocular Adnexa
870.0 - 870.4, 870.8
871 Open Wound of the Eyeball
871.0 - 871.7

4.2 For the purpose of Section 12(3) of the Optometric Benefits Regulation the ICD-9 Codes are as follows:

250 Diabetes Mellitus
250.4
364 Disorders of the Iris and Ciliary Body

364.0 - 364.3 (grade 1 or 2)
370 Keratitis
370.2 - 370.5, 370.8
372 Disorders of the Conjunctiva
372.0 - 372.3
373 Inflammation of the Eyelids
373.0 - 373.2
375 Disorders of the Lacrimal System
375.0, 375.2 - 375.4
376 Disorders of the Orbit
376.1
378 Strabismus and other disorders of binocular eye movements
378.0 - 378.8
379 Other Disorders of the Eye
379.0
918 Superficial Injury of the Eye & Adnexa
918.0 - 918.2
930 Foreign Body on External Eye
930.0 - 930.2, 930.8

4.3 For the purpose of section 12(4) of the Optometric Benefits Regulation the ICD-9 codes are as follows:
364 Disorders of the Iris and Ciliary Body
364.0 - 364.3 (grade 3 or 4)
370 Keratitis
370.0 - 370.1

4.4 For the purpose of section 12 of the Optometric Benefits Regulation, claims for services requiring an eligible ICD-9 code listed in GRs 4.1 through 4.3 must include the minimum four-digit ICD-9 code.

4.5 For the purpose of section 12 of the Optometric Benefits Regulation, each eligible four-digit ICD-9 code listed in GRs 4.1 through 4.3 represents a mutually exclusive condition for the purpose of claims, except for the following groups of diagnostic codes which represent conditions that are equivalent for the purpose of claims:
a) 250.0 - 250.3, 250.5 - 250.7 (GR 4.1)
b) 364.1, 364.2 (GR 4.2 and GR 4.3)
c) 365.0, 365.1, 365.3 - 365.6(GR 4.1)
d) 366.0 - 366.4, 366.8 (GR 4.1)

4.6 For retinal imaging HSCs the ICD-9 codes are as follows:
250 Diabetes Mellitus
250.0-250.7
361 Retinal Detachments & Defects
361.0-361.3, 361.8
362 Other Retinal Disorders
362.0-362.8
363 Chorioretinal Inflammations and Scars and Other Disorders of the Choroid
363.0-363.8
364 Disorders of the Iris & Ciliary Body
364.0-364.8
365 Glaucoma
365.0-365.6, 365.8
377 Disorders of the Optic Nerve and Visual Pathways

377.0-377.7

4.7 For Retinal photography HSCs the ICD-9 codes are as follows:

250 Diabetes Mellitus
250.0-250.7
361 Retinal Detachments & Defects
361.0-361.3, 361.8
362 Other Retinal Disorders
362.0-362.8
363 Chorioretinal Inflammations and Scars and Other Disorders of the Choroid
363.0-363.8
365 Glaucoma
365.0-365.6, 365.8
377 Disorders of the Optic Nerve and Visual Pathways
377.0-377.7

5 CLAIMS FOR RETINAL IMAGING AND RETINAL PHOTOGRAPHY

5.1 Retinal imaging and retinal photography (technical and interpretation components) may each be claimed twice per patient per benefit year regardless of the practitioner providing the service.

5.2 HSCs B908, B909, B910, and B911 may not be claimed in addition to HSCs B650 through B660, with the exception of B659 Refraction.

5.3 Retinal imaging and retinal photography may only be claimed on the same day for a patient when two distinct conditions are present. Therefore, the first 3 digits of the diagnostic codes attached to the retinal imaging claims (HSCs B908 & B909) should be distinct from the first 3 digits of the diagnostic codes attached to the retinal photography claims (HSCs B910 & B911).

5.4 A B650 through B660, with the exception of a Refraction (B659), may not be claimed 30 days following retinal imaging or retinal photography services.

6 CLAIMS FOR FAMILY MEMBERS

6.1 Any service a practitioner provides to a member of his or her own family is not a benefit.

7 DOCUMENTATION REQUIREMENTS FOR REFERRALS

7.1 Referral claims should be supported by documentation in the form of a patient chart entry or referral letter that, at minimum, should include:

a)Patient information including name, date of birth, address and Alberta Health Care number.

b)Referring physician or nurse practitioner name, practitioner identification number and address.

c)Reason for referral.