

Optometric  
Governing Rules List  
As Of  
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GENERAL RULE GROUPS

As of 2011/10/01

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

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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 and Wellness for the purposes of operating the AHCIIP.

## 3 GENERAL

- 3.1 Claims for services related to the prescription of therapeutic pharmaceutical agents for anterior segment disorders, the removal of foreign bodies from the eye and the co-management of glaucoma patients must include the skill code TPAC, the modifier code TPAFB and the appropriate diagnostic code.
- 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.

## 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  
375.3 - 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)