Optometry OHIP Billing Codes ‘Cheat Sheet’

Knowing which codes are available in your speciality is essential in order to maximize your earning potential. Use this cheat sheet as a quick reference guide to the available codes in Optometry.

Periodic Oculo-Visual Assessment

- V404 Assessment of the eye and vision system for patients 19 of age or less.
- V406 Assessment of the eye and vision system for patients 65 of age or more.

Limited to one per patient per 12 consecutive months

Major Eye Examination

- V409 Assessment of the eye and vision system for patients between age 20-64
  - Requirements – one of the following conditions: diabetes mellitus, glaucoma, cataract, retinal disease, amblyopia, visual field defects, corneal disease, strabismus, recurrent uveitis or optic pathway disease.
  - Valid requisition from a physician or a registered nurse.

- Major Eye Examination includes:
  - Relevant history
  - Visual acuity examination
  - Ocular motility examination
  - Refraction and written refractive prescription if required
  - Slit lamp examination of the anterior segment
  - Ophthalmoscopy by one or more direct binocular indirect ophthalmoscope, monocular indirect ophthalmoscope or no contact fundus lens
  - Advice /instruction to the patient
  - Letter outlining the findings of examination
  - Tonometry
  - Visual field examination by confrontation field
Dilated fundus examination by one or more direct binocular indirect ophthalmoscope, monocular indirect ophthalmoscope or no contact fundus lens

**Oculo-visual Minor Assessment**

- **V402** for patient aged 19 or less or age 64 or more.
- **V408** for patient aged 20 to 64.
  - Assessment of the eye and vision system clinically required for the purpose of assessing or reassessing a single ocular condition.
  - History or presenting complaint.
  - Advice/instruction to the patient.

- **V409** must have been rendered within a 12 month period preceding the date of the oculo-visual minor assessment.

**Automated Visual Fields Assessment**

- **V410** Assessment of the eye and vision system for the purpose of mapping patient’s visual fields.
  - Patients age 19 or less or 64 or older, the service is insured when the automated visual field assessment is clinically necessary to determine the extent and sensitivity of the patient’s visual fields.
  - Patients age 20-64 the service is insured when following a major eye examination (V409) or a minor assessment (V408).

**MSCC Program**

MSCC Ontario Disability Support Program (ODSP)

- **V450** Periodic oculo-visual assessment rendered to patients of ages 20-64 who are recipients of income support under the Ontario Disability Support Program Act.

**MCSS Ontario Works Program (OW)**

- **V451** Periodic oculo-visual assessment rendered to patients between ages 20-64 who are recipients of income assistance or benefits under the Ontario Works Act.
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Billing Tips to Avoid Submission Errors

If you get a submission error then your claim didn’t pass OHIP’s pre-edit approval process.

This isn’t a big deal, it just means you’ve made a mistake when submitting your claim and didn’t follow one of the rules outlined above.

While this will delay your payment, submission errors are usually easy to fix. For example, most optometry errors are a direct result of:

- A fee code conflict - so assessment is required (For example your diagnostic code doesn’t match your billing code).
- Your Patient doesn’t have insurance

Always check those two things before submitting a claim to OHIP. If you do get a submission error it will be outlined in your Claim Error Report using a specific code. This code explains what rule you violated.

How to Avoid Rejections

Rejections in Optometry are usually from follow up visits. For example, if you see a patient who is covered under OHIP and they have a follow-up visit, that follow-up visit is only billable if it’s claimed with the same diagnostic as in the original exam.

If the follow-up is billed with a different diagnostic your claim will be rejected. Also make sure the follow-up is billed on a different date of service than the full exam was.

When a claim does get rejected or is reduced, you can resubmit the claim and inquire to appeal the decision. To inquire about your rejected claims you need to fill out the Remittance Advice Inquiry form.

This needs to be done within four months from the issue date of the RA report (that detailed the claim in question).

Keep in mind that claims have to be submitted within six months of the original date of service. Anything submitted after six months will be rejected and become ‘stale dated’ claims.
Final Takeaway:

Remember you have the option of "starring" your most commonly used billing codes.

Using this feature will help save you time as your most commonly used billing codes will appear at the top of your lists so you can find them easier.

Contact us if you have any questions regarding Optometry codes.