

Optometric  
Governing Rules List  
As Of  
01 April 2006

|                               |   |
|-------------------------------|---|
| GENERAL RULE GROUPS . . . . . | 1 |
| GOVERNING RULES . . . . .     | 2 |
| Optometric . . . . .          | 2 |

Generated 2006/02/22

GENERAL RULE GROUPS

As of 2006/04/01

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

1  
6

2

3

4

5

This document, entitled the Schedule of Optometric Benefits, is hereinafter referred to as "Schedule". This Schedule applies only to those services that are insured under the Alberta Health Care Insurance Act, provided by Optometrists, both inside and outside of Alberta.

1 DEFINITIONS - IN THIS SCHEDULE:

- 1.1 "Adult interdependent partner" means a person who has lived with the other person in a relationship of interdependence for a continuous period of not less than three years, or of some permanence, if there is a child of the relationship by birth or adoption, or the person has entered into an adult interdependent partner agreement with the other person under section 7 of the Adult Interdependent Relationships Act.
  - 1.1.1 Deleted
  - 1.1.2 Deleted
- 1.2 "Benefit period" means July 01 of one year to June 30 of the following year.
- 1.3 "Eligible resident(s)" means, an Alberta resident who is:
  - 1.3.1 65 years of age or older, or
  - 1.3.2 18 years of age or younger
- 1.4 "Family" means spouse, adult interdependent partner, children, siblings, parents, grandparents, grandchildren, and any person who is dependent on the practitioner for support.
- 1.5 "Optometrist" means:
  - 1.5.1 a person who is registered as a regulated member of The Alberta College of Optometrists under the Health Professions Act of Alberta, and
  - 1.5.2 a person lawfully entitled to practice Optometry in any place outside of Alberta.
- 1.6 "Resident" means a person lawfully entitled to be or to remain in Canada, who makes his home and is ordinarily present in Alberta, and any other person deemed by the Alberta Health Care Insurance Act and the Alberta Health Care Regulation (Alberta Reg. 216/81) to be a resident, but does not include a tourist, transient or a visitor to Alberta.

2 APPLICATIONS:

- 2.1 The benefits prescribed in this Schedule are limited to the lesser of:
  - 2.1.1 the amount claimed, or
  - 2.1.2 the rates set out in the Schedule.

2.2 With respect to health services provided, unless the Minister considers that extenuating circumstances exist that warrant special consideration, the Minister is not responsible for the payment of a claim for benefits that is received by him:

2.2.1 more than 180 days after the date on which the service(s) was provided, in the case of a claim for benefits submitted by a practitioner in Alberta, or

2.2.2 more than 365 days after the date on which the service(s) was provided, in the case of a claim for benefits submitted by:

- a) a practitioner outside of Alberta, or
- b) an Alberta resident.

2.3 A claim for benefits that is resubmitted for payment, is not payable unless it is resubmitted:

2.3.1 within 180 days of the last transaction for that claim, by a practitioner in Alberta, or

2.3.2 within 365 days of the last transaction for that claim, by:

- a) a practitioner outside of Alberta, or
- b) an Alberta resident.

### 3 CLAIMS FOR BENEFITS

3.1 A claim for benefits must be submitted in the format prescribed by the Minister.

3.2 Subsection 3.1 applies whether the claim is submitted by an Optometrist on behalf of an eligible resident or by the eligible resident.

3.3 Deleted

3.4 Deleted

3.5 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. In cases where services are resulting from a co-management arrangement, the Ophthalmologist's referral PRAC ID must also be identified on the claim.

### 4 EXCLUDED BENEFITS:

4.1 Services listed in this Schedule do not include any services provided by the Optometrist to a member of his family.

### 5 LIMITS:

5.1 In each benefit period, an eligible resident may receive benefits for the following services:

- 5.1.1 one complete oculo-visual assessment, including refraction and the writing of an optical prescription for the fitting of "corrective lenses",
  - 5.1.2 one partial vision examination, (which includes 2 or more single diagnostic procedures),
  - 5.1.3 one single diagnostic procedure.
- 5.2 Benefits for one additional complete eye exam, one partial and one single diagnostic procedure may be payable in the same benefit period for the following conditions:
- a) diabetic instability
  - b) eye infection/inflammation
  - c) glaucoma
  - d) cataract
  - e) progressive myopia
  - f) corneal health analysis, including corneal abrasion or trauma, recurrent corneal erosions, following surgery for the eye(s) causing corneal health problems
  - g) post-operative examination carried out by another practitioner in a different community, after the fourteen day post-operative period
  - h) post-operative examination carried out in the same community after the fourteen day post-operative period
  - i) neuromuscular imbalance
  - j) intra-ocular hemorrhages
  - k) physician has advised the resident to have an eye examination because the resident has headaches
  - l) presence of a superficial foreign body in the eye
  - m) an ocular anterior segment disorder requiring the administration and prescription for a therapeutic pharmaceutical agent.
- 5.3 The Minister may waive the restrictions in Subsection 5.1 if he considers that it is appropriate to do so, based on the nature of the disease or condition of the resident.
- 5.4 The restrictions in Subsection 5.1 do not apply if the resident has been referred to the Optometrist by a physician.
- 5.5 Unless otherwise specified in the Schedule, when more than one insured optometric service is provided on the same day, only one benefit is payable, except as provided in G.R. 5.6.
- 5.6 Examinations for low vision aid (HSC B660) and computer assisted visual fields testing (HSC B661) may be claimed in addition to a complete or partial examination when provided on the same date of service, by the same Optometrist.
- 5.7 Diagnostic procedures covered under this Schedule include both the technical and interpretation components. If the technical and interpretation components are provided on separate dates, the date of interpretation must be used as the date of service.

5.8 If the Alberta College of Optometrists (ACO) requires its members to have any particular skills, training, education, certification, accreditation or approval to perform a particular procedure, payable under the Alberta Health Care Insurance Plan (the Plan), a benefit will only be paid by the Plan if the Optometrist has met the requirements of the ACO.