

# OPHTHALMOLOGY

## Guidelines for Billing Eye Examinations

Guide to Payments under the Medical Services Plan of B.C. (MSP) for insured services of consultations and eye examinations by Ophthalmologists to insured patients as agreed to by Section of Ophthalmology, B.C.M.A.

### 1. Consultations:

- (a) The definition of a consultation as outlined in Clause D. 2. of the Preamble to the schedule is applicable to ophthalmologists; an ophthalmologic referral is defined as a referral by a medical practitioner or optometrist to an ophthalmologist for a problem beyond refraction.
- (b) The account from the ophthalmologist to MSP must include the name of the referring medical practitioner, the appropriate diagnosis and/or symptoms.
- (c) A "no charge" referral will be acceptable to MSP to permit payment of the consultative fee where the referring medical practitioner did not carry out an examination of the patient but s/he indicated definite symptoms of which s/he was aware and which were beyond his/her scope.
- (d) A consultative fee may be paid to the consultant where a patient is "referred" on a "no charge" basis for an "eye examination" and the consultant in his/her examination finds significant eye pathology, so indicates and completes a written report to the referring medical practitioner. (Note: MSP reserves the right to request a copy of the written report to assist in its determination of any specific account.)
- (e) A consultative fee will not be paid where there is a "no charge" referral and the ophthalmologist does not find significant pathology in s/he examination or h/she does not provide satisfactory information regarding pathology s/he has found.
- (f) A consultation fee will not be paid if no reference is made to referral received by MSP from the referring medical practitioner, as it will be assumed that no referral was intended.
- (g) The deliberate seeking of referrals by an ophthalmologist is not condoned. Ophthalmologists who severely limit their practice to one area or areas of ophthalmology and who do not accept patients for routine eye examinations are to be considered consulting ophthalmologists only. It is the responsibility of these physicians to ensure that referring physicians and patients are aware that they do not accept patients for routine eye examinations; patients would be advised to seek such services elsewhere.
- (h) It is the responsibility of the ophthalmologist and the referring medical practitioner to make the system work.

### 2. Eye Examinations (Item 02015)

- (a) MSP, by law, includes as insured services, services rendered by a medical practitioner that are medically required by the patient.
- (b) A specific time frequency will not be used as a guide to evidence of medical requirement for an eye examination; if in the opinion of the examining doctor the service was medically required s/he will submit an account to MSP. MSP will accept the account from the examining doctor as evidence of medical requirement, but the Commission (or peer review committees), reserves the right in a specific patient pattern of frequency of

services, or physician pattern of practice to require additional information to clearly determine any question.

- (c) Where a patient demands or requests services that are beyond medical requirement in the opinion of the examining doctor the patient is responsible for payment of such service.
- (d) Where in the judgment of the attending physician the service rendered does not warrant the full 02015 fee, a lesser fee may be charged. It should be kept in mind that in non-referred cases fee item 02015 should not be used where it is more appropriate for the service rendered to be billed as a general practice office visit.

### **3. Deinsurance of Routine Eye Examinations**

A routine eye examination is not a benefit for individuals 19 – 64 years of age when not associated with an ocular or systemic disease or condition, trauma or injury, or if the patient is using medication which could reasonably be expected to cause a change in refractive status. Exceptional circumstances may be given independent consideration when supported by documentation.

An eye examination is still an insured service if medically required. Medically required eye examination may include the following:

- Ocular disease, trauma or injury
- Systemic diseases associated with significant ocular risk (e.g.: diabetes)
- Medications associated with significant ocular risk.

### **4. Rural Retention Program Premium Adjustments**

The Rural Retention Program applies a fee premium based on a community's isolation points. This fee premium is adjusted for Ophthalmology fee codes by a factor of 1.273.

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These fees cannot be correctly interpreted without reference to the Preamble.

\* See fee item 02012.

		\$	Anes. Level
<b>Clinical Examinations</b>			
<b>Referred Cases:</b>			
02010	<b>Consultation:</b> To include history, eye examination, review of X-rays and laboratory findings and in addition where indicated and necessary, any or all of measurement for refractive error, ophthalmoscopy, biomicroscopy, tonometry, eye-balance test and keratometry, in order to prepare and render a written report. ....	91.42	
02011	<b>Repeat or limited consultation:</b> To apply where a consultation is repeated for same condition within six months of the last visit to the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.....	47.89	
02012	<b>Special consultation:</b> To apply when a ophthalmologist, neurologist, pediatric neurologist or a neurosurgeon refers a patient to an ophthalmologist for special examination, or when an ophthalmologist refers a patient to another ophthalmologist where a decision regarding medical or surgical treatment is complicated and requires extra consideration, judgement and implementation of specialized knowledge and experience. This item should include any or all eye examinations marked with an asterisk, when indicated and necessary to prepare a written report..... <i>Note: Where referred for emergency surgery and surgery is performed within 3 days from date consultation requested, charge an ordinary consultation.</i>	131.12	
<b><u>Continuing care by consultant:</u></b>			
02007	Subsequent office visit.....	30.40	
02008	Subsequent hospital visit.....	47.78	
02009	Subsequent home visit .....	59.10	
02005	Emergency visit when specially called (not paid in addition to out-of-office hours premiums)..... <i>Note: Claim must state time service rendered.</i>	88.10	
<b><u>Telehealth Service with Direct Interactive Video Link with the Patient</u></b>			
22010	Telehealth Consultation: To include history, eye examination, review of X-rays and laboratory findings and any or all of measurement for refractive error, ophthalmoscopy, biomicroscopy, tonometry, eye-balance test, keratometry, where indicated and necessary to prepare written report.....	91.42	
22011	Telehealth repeat or limited consultation: To apply where a consultation is repeated for same condition within six months of the last visit to the consultant, or where in the judgment of the consultant the consultative service does not warrant a full consultative fee .....	47.89	
22007	Telehealth subsequent office visit .....	30.40	
22008	Telehealth subsequent hospital visit .....	47.78	

### Basic Eye Examination:

Eye Examinations (included in consultation or visit fee when applicable)

*(When two or more examinations are performed on the same subsequent visit, the major exam is to be charged in full and the lesser exam to be charged at 50%. UP TO A MAXIMUM OF THREE).*

02015*	Eye examination to include measurement of refractive error, ophthalmoscopy, and any or all of biomicroscopy, tonometry, eye-balance test, keratometry where indicated.....	49.88	
<i>Note: Fee items 02015, 02018 and 02019 are payable to certified ophthalmologists only.</i>			
02014	Complete orthoptic evaluation with written report to include history, sensory assessment, motor evaluation in all cardinal gaze situations, and any or all of Hess Screen, Troposcope and Visuscope where indicated .....	50.77	
<i>Note: Item 02014 includes 02007 and 02017.</i>			
02017*	Oculo-motor function tests.....	33.84	
02018*	Biomicroscopy .....	31.33	
02019*	Tonometry.....	31.33	
02020*	Ophthalmo-dynamometry .....	28.06	
02028	Examination for low visual aid at low-vision clinic .....	48.54	
02038*	Keratometry .....	15.33	
02040	Retinoscopy, keratometry, tonometry, indirect funduscopy, fundus photography and prosthetic fitting under general anesthetic .....	130.49	3
02048	Exophthalmometry.....	13.19	
22016	Pachymetry – extra (when billed with other eye examinations) .....	10.00	
<b>Notes:</b>			
i) Payable once per lifetime for patients with glaucoma or elevated IOP(> 24 mm Hg.). Other diagnoses limited to once per year per patient			
ii) Repeats within one year for other diagnoses must be substantiated by diagnostic code or note record.			
iii) Not payable for post-refractive (Lasik) patients.			
iv) Included in daily limit for eye examinations per day per patient.			

### Laboratory / Diagnostic Examinations

**Notes:**

*All eye examination fees cover both eyes unless otherwise indicated.*

*Do not bill professional or technical fee separately to the Plan: for institutional information only.*

22046	Posterior segment contact lens examination.....	10.99	2
22047	Anterior segment gonioscopy .....	14.72	2
<b>Notes:</b>			
i) Fee items 22046 and 22047 are not payable with 02011, 02012, 22113-22117, 02116, or for non-contact lens examination of posterior segment.			
ii) Fee items 22046 and 22047 are not payable together.			
02025	Fluorescein angiography of retina with interpretation .....	104.90	
02026	- professional fee .....	26.38	
02027	- technical fee .....	78.52	
02030	Electro-retinogram .....	92.38	
02031	- professional fee .....	34.31	
02032	- technical fee .....	58.07	
02034	Dark adaptation, per eye .....	20.99	

	\$	Anes. Level
02035	Colour vision assessment (to include a screening test and at least one quantitative test of hue discrimination) .....	40.25
02036	- professional fee .....	26.39
02037	- technical fee .....	13.86
02039	Fundus photography (limitations - glaucomatous, disc changes, tumour progression and potentially progressive retinal disease) .....	13.14
02041	Limited visual field examination: i.e. tangent screen, autoplot arc perimeter, or single level automated test such as OCTOPUS program 3 or 7 or equivalent) .....	31.97
	<b>Notes:</b>	
	i) <i>Gross field testing (e.g. confrontation testing) is included in the consultation, visit or eye examination fee.</i>	
	ii) <i>Fee includes examination of both eyes whether at one time or two separate visits.</i>	
	iii) <i>Recommended frequency depends on the patient's clinical circumstances but cannot be billed at intervals less than 120 days without written justification.</i>	
02042	Quantitative perimetry examination: one of:	
	(a) Full field manual perimetry such as 2 or 3 isopters on Goldman perimeter or equivalent, with spot checks between isopters and kinetic plotting of scotomata; or	
	(b) limited area manual static threshold perimetry such as 2 or 3 half-meridians at 2 degree intervals to 30 degrees from fixation, or 30 to 50 static threshold points in any arrangement; or	
	(c) automated testing at 2 or 3 threshold related luminance levels (such as OCTOPUS program 33 or 34 or equivalent); or	
	(d) automated testing of periphery only (such as OCTOPUS program 41 or equivalent) .....	44.82
	<b>Notes:</b>	
	i) <i>02042 includes 02041.</i>	
	ii) <i>Fee includes examination of both eyes whether at one time or two separate visits.</i>	
	iii) <i>Recommended frequency depends on the patient's clinical circumstances but cannot be billed at intervals less than 120 days without written justification.</i>	
02043	Comprehensive quantitative perimetry examination (oculus visual fields): more extensive examination than under fee item 02042 - comprehensive automated static perimetry with multilevel threshold testing (such as OCTOPUS programs 31 and 32, or 31 and 41, or SQUID programs 310, 311, 410, or 411, or programs of equivalent information) .....	62.10
	<b>Notes:</b>	
	i) <i>02043 includes 02042, 02041.</i>	
	ii) <i>Fee includes examination of both eyes whether at one time or two separate visits.</i>	
	iii) <i>Recommended frequency depends on the patient's clinical circumstances but cannot be billed at intervals less than 120 days without written justification.</i>	
02044	Electro-oculogram .....	74.86
02045	- professional fee .....	26.39
02047	Dacryocystogram.....	61.35

		\$	Anes. Level
02049	Potentiometry.....	30.71	
22023	10 or 24 hour diurnal tension curve .....	34.59	
	<i>Note: Fee items 02018 and 02019 are not billable in addition to 22023 if the physician is required to perform a final intraocular pressure measurement and microscopic assessment of the anterior segment and a review of the trend of the previous hourly pressures taken. This is considered as included in the fee for 22023.</i>		
02067	Manual retinal nerve fibre layer photography and neuro-retinal rim assessment.....	63.92	
02068	- professional fee .....	12.28	
02069	- technical fee .....	51.64	
	<b>Notes:</b>		
	i) <i>Fee items 02067 - 02069 include examination of both eyes whether at one time or two separate visits.</i>		
	ii) <i>Recommended frequency depends on the patient's clinical circumstances but cannot be billed at intervals less than 180 days without written justification.</i>		
22067	Computerized retinal nerve fibre layer photography and neuro-retinal assessment (e.g.: Heidelberg, GDx).....	54.47	
22068	- professional fee .....	12.28	
22069	- technical fee .....	42.19	
	<b>Notes:</b>		
	i) <i>Requires both qualitative and quantitative assessments.</i>		
	ii) <i>Includes examination of both eyes whether at one time or two separate visits.</i>		
	iii) <i>Recommended frequency depends on the patient's clinical circumstances but cannot be billed at intervals less than 180 days without written justification.</i>		
	iv) <i>Includes 02007, 02018, 02019.</i>		
P22075	Computerized Corneal Topography .....	57.57	
P22076	- professional fee .....	15.62	
P22077	- technical fee .....	41.95	
	<b>Notes:</b>		
	i) <i>Payable for post-operative corneal transplant assessment, maximum six per year per patient. In cases of problematic corneal transplant or unresolved astigmatism, additional tests may be paid, if accompanied by the following code (9968).</i>		
	ii) <i>This fee includes both eyes, whether at one time or two separate visits.</i>		
	iii) <i>Payable for corneal thinning disorders, including keratoconus and pellucid marginal degeneration, where progressive astigmatic change greater than 1 diopter in a year has been documented, corneal epithelial or stromal scarring, where the visual central axis of the cornea is affected. Payable once per year per patient. In cases where there is documented progression of any of these conditions, additional tests may be paid, if accompanied by the following code (V80).</i>		
	iv) <i>Not payable for pre- or post-operative cataract patients except where there is documented evidence of irregular astigmatism resulting from the cataract surgery.</i>		
	v) <i>Payable with following fee items if medically necessary: 02015, 02018, 02019, 22169, 02010 and 02012.</i>		
	vi) <i>Note record or letter must be submitted to document evidence of results derived from CCT when billing eye exams.</i>		
	vii) <i>Keratometry (02038) not payable in addition.</i>		
	viii) <i>Not an insured benefit when used in association with laser refractive surgery or assessment for same.</i>		

		\$	Anes. Level
S00780	Schirmer's Test (included in Fee Item 02015).....	12.89	
S00771	Retinal examination under anesthesiology - procedural fee (when done as an independent procedure) .....	19.69	3

## Ultrasound

**Preamble:** "Real-time ultrasound fees may only be claimed for studies performed when a physician is on site in the laboratory for the purpose of diagnostic ultrasound supervision."

22399 Ophthalmic A-scan for determination of axial length (to be billed only if patient proceeds to eye surgery/procedure as indicated below):.....63.11

**Notes:**

- i) *Eligible indications for billing 22399 include:*
  - a) *Intraocular lens (IOL) implant surgery following cataract removal.*
  - b) *Any procedure where a peribulbar or retrobulbar injection is needed and risk of eyeball perforation by the injection needle is a potential danger such as:*
    - i. *any ocular surgery requiring local anesthetic with peri or retro-bulbar block, e.g.: Ptyregium surgery, corneal transplant, retinal surgery;*
    - ii. *Retrobulbar injection of therapeutic agents.*
  - c) *Axial or pathological myopia-serial assessments.*
  - d) *Diagnosis of conditions where axial myopia is a diagnostic criteria (e.g.: Marfan's).*
  - e) *Posterior staphyloma-serial assessments.*
  - f) *Pre-operative assessment for radioactive plaque implant - Brachytherapy for ocular melanoma.*
- ii) *Provide indication in note record when non-IOL implant indicated A-scan is performed.*
- iii) *Claims for IOL implant patients should indicate either:*
  - *R/L for cataract surgery -on wait list or*
  - *R/L eye for cataract surgery (with the surgery date indicated).*
- iv) *Limited to once per year, per eye. A note record indicating the need for additional scans is required.*

08641 Ophthalmic B scan (immersion and contact):.....97.05

**Notes**

- i) *No additional charge for second eye when both eyes examined concurrently.*
- ii) *08641 includes 22399 when done at the same sitting.*
- iii) *Real-time Ultrasound Fees may only be claimed for studies performed when a physician is on site in the laboratory for the purpose of diagnostic ultrasound supervision.*

### Fitting of Contact Lenses

22056	Contact lens bandage - unilateral.....	78.29	
02058	Contact Lens - aphakia - unilateral.....	261.00	
	<i>Note: Fee item 02058 includes follow-up visits for three months.</i>		
22059	Contact lens - keratoconus - unilateral.....	261.00	

### Surgical Fees

*Note: Unless otherwise noted, all fees apply to single eye.  
Second eye is billable as per operative surgical fee Preamble, clause D. 5. 3.*

#### Special Therapy

S02108	Beta radiation.....	20.35	
S02109	Injections – subconjunctival (operation only).....	21.92	
	<i>Note: Not to be billed at the time of any intra-ocular surgery.</i>		
S02110	Placement of radioactive plaque .....	983.04	5
	<i>Note: Fee item S02110 involves 3 surgeries over a span of 3 weeks. The fee includes the 3 procedures. The anesthesiologist may bill for each procedure.</i>		
S02073	Botulinum toxin injections for blepharospasm associated with dystonia (including benign essential blepharospasm) or VII nerve disorders in patients 12 years of age or older - unilateral or bilateral .....	134.03	
S02075	Botulinum toxin injections for entropion.....	73.24	
S02076	Botulinum toxin injections for strabismus in patients age 12 or older .....	203.98	

#### Lacrimal Apparatus

S02111	En bloc micro-dissection lacrimal gland for tumour with excision by lateral approach with levator dissection .....	1,097.92	6
S02118	Two or three snip procedure (operation only) .....	47.02	3
S02120	Punctum dilation and syringing sac .....	25.05	3
S22121	Duct probing - under general anesthesia - unilateral or bilateral .....	173.04	3
	<i>Note: Not to be billed with S02123 on the same eye.</i>		
S02122	- under local anesthesia (operation only) .....	25.05	3
S02123	Insertion of Quickert tube .....	202.21	3
S02129	Insertion of Lester Jones tube .....	415.28	3
S02119	Dacryocystostomy - under local anesthesia (operation only).....	34.61	3
S02112	Dacryocystectomy with unroofing of bony lacrimal canal and removal of lacrimal duct for tumour .....	1,038.22	4
S02126	Dacryocystorhinostomy .....	549.38	3
	<i>Note: Not to be billed with S02123 on the same eye.</i>		
S02127	Repair of canaliculi .....	484.49	3



	\$	Anes. Level
<b>Orbit</b>		
S02132	Retrobulbar injection (operation only) .....89.18	2
	<i>Note: Not to be paid in addition to intra-ocular surgery.</i>	
S02133	Enucleation or evisceration .....519.50	4
S02134	Orbit - enucleation with insertion of complicated implant (e.g.: dermis fat graft and/or scleral wrapped porous implant).....761.35	4
S02135	Exenteration of orbit .....988.88	4
S22136	Biopsy or excision of anterior orbital tumour .....346.07	4
S22140	Orbital exploration (posterior route) - to biopsy posterior orbital tumour or to fenestrate optic nerve sheath .....1,107.42	6
	<i>Note: Not payable with fee item S22138.</i>	
S22138	Posterior orbitotomy for removal of posterior orbital tumour not involving the orbital apex or optic nerve .....1,384.30	6
	<i>Note: Not payable with fee item S22140.</i>	
S02144	Aspiration needle biopsy of orbit under scan control .....133.00	3
S02101	Posterior orbitotomy with microscopic dissection for lesions of optic nerve or orbital apex.....1,730.36	7
S02145	Orbital exenteration with en bloc resection of bony orbital walls - Ophthalmologist.....1,647.31	7
	<i>Note: Fee from Neurosurgeon and Plastic Surgeon in addition</i>	
<b>Orbital decompression:</b>		
S22141	- 1 wall .....622.93	6
S22142	- 2 wall .....962.02	6
S22143	- 3 wall .....1,384.30	6
	<i>Note: Orbital decompression is not paid in addition to fee items S22140 or S22138.</i>	
<b>Eyelids</b>		
<i>Note: For removal of foreign bodies from surface of eye, the appropriate fee item to charge in non-referred cases is one 13610, 13611 or 06063. For properly referred cases it is expected the ophthalmologist will charge only the consultation fee.</i>		
S02103	Minor lid repair (operation only).....86.86	3
S02104	Major lid reconstruction (one or two stage) .....865.18	3
	<i>Note: Includes rotation or transposition of flaps and/or skin grafting if required to reconstruct defect, and/or canalicular reconstruction, and/or (in one-stage procedure) frozen section controlled excision of tumour if performed.</i>	
S02105	Two-stage reconstruction with micrographic tumour excision.....1,441.97	3
	<i>Note: Includes resection of tumour with micrographic control, cross lid flaps, skin grafts and subsequent division of transposition flaps.</i>	
S02106	Microscopic repair of trichiasis including muscular graft or mucosal membrane graft .....571.35	3
S02107	Repair of eyelid margin defect, requiring layered closure.....346.07	3
S02146	Trichiasis - epilation, forceps (operation only).....21.92	3
S02147	- electric (operation only) .....63.15	3
S02148	Cryotherapy of eyelids for trichiasis or tumour (operation only).....115.36	3
S02149	Meibomian gland evacuation (operation only).....21.92	3
S02150	Chalazion excision (operation only) .....77.38	3

		\$	Anes. Level
S02152	Tarsorrhaphy (operation only) .....	114.67	3
S02153	Ectropion/Entropion - Ziegler or simple procedure - involves simple skin incision but does not require associated lid shortening or skin grafting (operation only) .....	55.27	3
S02154	Ectropion/Entropion - complicated, including neoplasms and plastic repair - requires both repair and associated lid shortening and/or skin grafting .....	328.53	3
	<i>Note: When S02154 done in office, support with appropriate operative report to M.S.P</i>		
S02155	Ptosis repair - frontalis sling using synthetic material.....	288.39	3
S02159	- frontalis sling using autologous material .....	536.76	3
S02160	- levator resection .....	527.42	3
S02158	Fasanella Servat.....	259.90	3
S02166	Lid elevation and scleral graft for lower lid retraction .....	461.42	3
S02100	Graded Muellerectomy with levator recession under local anesthesiology .....	461.42	3
S02156	Excision of tumour of lid margin or conjunctiva – benign (operation only) .....	86.86	3
S02157	Excision of benign tumour of lids (operation only).....	37.58	3
	<i>Note: The treatment of benign skin lesions for cosmetic reasons, including common warts (verrucae) is not a benefit of the Plan. Refer to Preamble D.9. 2. 4. a. and b. "Surgery for the Alteration of Appearance."</i>		
<b>Eye Muscles</b>			
S02161	Strabismus - one or two muscles .....	366.99	3
S02162	- three or more muscles.....	519.11	3
S22165	- five or more muscles .....	749.82	4
S02163	- complicated re-operation.....	576.78	4
S22166	Adjustable suture fee - extra to strabismus surgery .....	173.04	
S22167	Prism adaptation therapy and/or amblyopia therapy correction of fusional disturbances and/or amblyopia .....	135.72	
	<i>Note: Billable at full value, only during pre-/post-operative period in association with strabismus surgery (S02161, S02162, S 02163, S22165). Minimum of three visits required to bill single fee.</i>		
<b>Cornea and Sclera</b>			
S22171	Pterygium excision with mucous membrane graft .....	412.04	4
S22172	Complicated pterygium excision (re-operation) or cancer excision, with mucous membrane graft.....	593.34	4
	<i>Note: Record of previous pterygium surgical excision (operative report or referral letter) must be available on request.</i>		
S02167	Cautery or cryotherapy of corneal ulcer (operation only) .....	31.21	3
S02171	Pterygium or limbus tumour excision (operation only) .....	124.50	3
S02172	Gundersen-type flap .....	288.39	3
	<b>Keratoplasty:</b>		
S02173	- lamellar .....	834.23	3
S02175	- penetrating.....	835.06	4
S02168	- complicated re-operation.....	938.34	4
	<i>Note: S02168 applicable only when there is previous anterior segment surgery (with record) or major anterior segment trauma to same eye.</i>		

	\$	Anes. Level
S22169	Suture removal at slit lamp following keratoplasty (operation only) .....21.72	4
	<b>Notes:</b>	
	i) S02168, S02173, S02175 include all suture removals within the normal 42 day post-operative period. After 42 days, bill under S22169.	
	ii) S22169 is not billable with an office visit, but is billable at 50% with other procedures.	
S02174	Suture of cornea and/or sclera - with or without iridectomy - simple.....304.00	4
S02169	- complicated .....687.82	4
<b>Glaucoma/Iris/Anterior Chamber</b>		
S22070	Molteno implant (includes phase 1 and phase 2).....1,051.51	5
	<b>Note:</b> Includes placement of scleral graft if indicated.	
S02176	Sclerotomy - posterior with or without insufflation of gas - isolated procedure.....128.93	4
S02177	Glaucoma - peripheral iridectomy - isolated procedure .....338.61	4
S02178	- filtering procedure, non-microscopic .....586.74	4
S02180	- goniotomy .....533.36	4
S02183	- goniotomy, repeat within 3 months .....221.52	4
S02184	- cyclodialysis.....328.53	4
S22185	- cycloablative procedures.....304.00	4
S02187	- filtering procedure, microscopic .....631.83	4
S22187	- complicated trabeculectomy.....921.25	4
	<b>Note:</b> For use in cases with at least one previous glaucoma filtering operation (S02187 or S22070) or multiple previous intraocular surgeries.	
S02189	Iridocyclectomy via scleral flap dissection.....618.84	4
S02197	Surgical evacuation of a hyphema .....508.73	4
<b>Cataract/Lens</b>		
S02188	Cataract - linear extraction, congenital, traumatic or senile .....332.49	
S22191	- capsulotomy (needling or discission) - isolated procedure .....204.25	
Pediatric cataract extraction		
P22188	- 0 to 7 years.....1,101.00	
P22189	- 8 to 16 years.....734.00	
S02190	Primary intraocular lens implantation to include repositioning of lens within the 42 day post-operative period - extra.....87.51	
S02192	Secondary intraocular lens implantation to include repositioning of lens within the 42 day post-operative period.....472.46	
S02196	Surgical repositioning of implant lens .....221.52	
	<b>Note:</b> For non-surgical repositioning use visit fees	
<b>Retinal Procedures</b>		
S02181	Foreign body intraocular - magnetic extraction - isolated procedure .....608.27	4
S02182	- non-magnetic extraction - isolated procedure .....735.73	4
S02090	Intravitreal injection of vitreous paracentesis .....131.85	4
	<b>Note:</b> Not to be billed with S02199 or S02194.	
S02091	Paracentesis, anterior chamber.....131.65	4

	\$	Anes. Level	
S02092	Intravitreal biopsy (microbiology, cytology) or intraocular tumour needle biopsy .....	211.04	4
S02194	Buckling procedure .....	792.21	5
	<b>Notes:</b>		
	i) Includes cryopexy, and/or laser and/or fluid gas injection, and/or paracentesis, and/or fluid drainage.		
	ii) Not to be billed with S02199.		
S02195	Diathermy or cryopexy for retinal tear or other retinal disorder .....	222.62	5
	<b>Note:</b> Not to be billed in addition to S02199 or S02194.		
S02198	Anterior vitrectomy .....	342.82	4
	<b>Note:</b> S02198 is intended for cases of vast complication requiring removal of membranes from the anterior segment as a result of prior surgery or injury. It is not intended in conjunction with elective cataract removal and/or primary lens implantation		
S02199	Posterior vitrectomy with 2 or 3 port infusion cutting device. Includes membrane peel and/or dissection .....	893.30	5
	<b>Extras to posterior vitrectomy, where appropriate:</b>		
	A maximum of two of the following fee items (S22199 - S22203) may be billed at 100% in addition to S02199. Fee items S02174 or S02169 may be billed at 50% in substitution for one of the above, where applicable:		
S22199	Fluid/gas exchange and silicone injection if required with posterior vitrectomy (operation only) .....	65.93	5
S22200	Panretinal endolaser greater than 200 burns when done with a posterior vitrectomy .....	203.28	5
S22201	Scleral buckle done with posterior vitrectomy (operation only) .....	54.93	5
S22202	Intra-ocular lens removal and/or lensectomy when done with a posterior vitrectomy (operation only) .....	54.93	5
S22203	Removal of intra-ocular foreign body at the time of posterior vitrectomy .....	219.75	5
S22196	Pneumato retinopexy with air or gas - isolated procedure .....	380.18	5
	<b>Note:</b> Includes cryopexy or laser.		
S22195	Removal of buckle material or sponge .....	170.30	5
	<b>Note:</b> Not paid with any other fee item on the same eye.		
S22197	Additional gas (C3F8 or SF6) or air injection .....	97.78	5
	<b>Note:</b> Payable within 42-day post-operative period following buckling procedure, vitrectomy, or pneumato retinopexy.		
S22198	Repair of scleral laceration and cryopexy and/or gas injection with scleral buckle – isolated procedure .....	962.52	5
	<b>Laser Procedures</b>		
S02072	Laser interferometry .....	31.87	4
S22113	Laser iridotomy per eye (operation only) .....	115.36	4
S22114	Laser trabeculoplasty per eye .....	125.92	
S22115	YAG laser capsulotomy per eye (operation only) .....	104.39	4
S22116	Retinal photocoagulation - left .....	125.92	4
S22117	Retinal photocoagulation - right .....	125.92	4
S02116	Panretinal photocoagulation - defined as greater than 700 burns maximum fee for one eye for any 6 month period .....	514.61	4

**Notes:**

- i) All laser procedures include all follow-up visits in the six-week post-operative period except for fee item S22118 which is limited to one visit.
- ii) Laser procedures include fee items 22046 and 22047.
- iii) Where laser procedures are performed on both eyes at the same sitting, both shall be paid at 100%.
- iv) Repeat billing for retinopathy of prematurity (babies under 6 months) is permitted, to a maximum of two billings per eye in 6 month period. A note record is required if more than 2 repeats are needed.

S22118 Laser follow-up visit .....32.56

**Notes:**

- i) Can be billed once only during six weeks following laser treatment.
- ii) Includes examination of lasered site and may include refraction and vision check, and intra-ocular pressure check.

S22125 Photodynamic therapy for age-related wet macular degeneration – professional fee .....274.39

**Note:** Payable to Retinal Physicians certified in PDT treatment only.

00094 YAG laser tray service fee .....62.50

**Notes:**

- i) Applicable to fee items S22113 and S22115 only.
- ii) Hospitals and physicians who use hospital based YAG lasers are not eligible to bill this fee.