

# Low-Vision Service Reimbursement Plans in Several Canadian Provinces

**Yejun Hong**

Cumming School  
of Medicine,  
University of Calgary

**Andrew Swift B.Sc., OD**

Cumming School  
of Medicine,  
University of Calgary

**Micah Luong MD, FRCSC**

Section of Ophthalmology,  
Department of Surgery,  
University of Calgary

Calgary, Alberta

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## Abstract

The growing number of low-vision patients worldwide encounter several barriers that prevent them seeking treatment. In Canada, such barriers stem from patients' circumstances, stigma in the community, or factors that discourage eye care professionals from providing low-vision services. Remuneration plans for low-vision services differ between provinces or territories and are often insufficient. One suggestion for how to alter our health care system to enhance the accessibility and equity of low-vision treatment is to adequately reimburse eye care professionals who provide such crucial services.

## KEYWORDS:

low vision, vision rehabilitation, low vision reimbursement, billing code, provincial healthcare plan

## INTRODUCTION

Low vision refers to a subnormal acuity, field of vision or motility that is caused by conditions not correctable by refraction.<sup>1</sup> As the average lifespan increases, the number of patients with low vision continues to grow; currently, 65% of the visually impaired and over 80% of the blind are 50 years of age or older.<sup>2</sup> Low-vision rehabilitation (LVR) services seek to maintain optimal ophthalmic health in this low-vision population. This paper focuses on the assessment of low vision for the purposes of developing recommendations and other planning. As the number of people with low vision increases, it is important to develop policies to overcome barriers to accessibility and utilization of LVR services. A Canadian study identified barriers to accessing LVR services from the patient's perspective; these included a lack of awareness and cost.<sup>3</sup>

The limited accessibility of low-vision assessment is also due to barriers faced by eye care professionals. Chan et al. found that the cost of providing low-vision exams, including devices, was a significant deterrent to providing these services.<sup>4</sup> Overcoming these barriers is key to the effective provision of LVR services, as patients are more likely to use low-vision services when they are available at the same location as other ophthalmic services.<sup>5</sup>

Despite the importance of LVR, the reimbursement eye doctors receive for LVR services varies between provinces. Remuneration should reflect the complexity, time and equipment required for a thorough low-vision examination. This paper outlines provincial reimbursement plans for low-vision examinations across Canada and, where possible, compares compensation for low-vision services between ophthalmologists and optometrists.

**PROVINCIAL LOW-VISION REIMBURSEMENT PLANS**

Unfortunately, we were unable to obtain data for New Brunswick, Prince Edward Island, Saskatchewan, or Newfoundland and Labrador, or for the Northwest Territories, Yukon, or Nunavut.

**1. British Columbia**

British Columbia (BC) has a Medical Services Plan (MSP), which covers medically required procedures and examinations for BC residents. The Medical Services Commission, consisting of governmental representatives, Doctors of BC representatives and members of the public, manages the MSP, adhering to the *Medicare Protection Act*.<sup>6</sup>

When performing a low-vision assessment, BC ophthalmologists can bill MSP using the code 2028, which is for “examination for low visual aid at a clinic” (\$49.50). If patients are referred by another physician, ophthalmologists can additionally bill codes for consultations; either 2010 (normal consultation) or 2012 (special consultation) when referred by another ophthalmologist, neurologist, or neurosurgeon.<sup>7</sup>

For BC optometrists, code 02892 (examination for low-vision aid) can be billed for \$41.12. BC optometrists can also privately bill for low-vision aid assessments.<sup>8</sup>

**2. Alberta**

In Alberta, there is no Alberta Health Services (AHS) care coverage for ophthalmologists who conduct low-vision assessments. Alberta is the only province in this paper that does not provide LVR coverage for ophthalmologists.

Optometrists in Alberta can bill code B660 (complete oculo-visual assessment including optical prescription) under the Alberta Health Care Insurance Plan (AHCIP) for a low-vision assessment.<sup>9</sup> Code B660 is for patients aged under 19 (\$56.32) or over 64 (\$63.86).<sup>10</sup> Optometrists are compensated the same amount for a low-vision assessment as for a routine eye exam in patients aged under 19, and roughly 20% less than a routine eye exam in those over 64. This makes it difficult to incentivize optometrists to spend extra time, training, and equipment to perform low-vision (LV) exams.

For those aged 19-64, there is no code for a low-vision assessment. Therefore, low-vision patients in this age group may need to pay out of pocket. This lack of a code could be responsible for the low number of optometrists who provide LVR services in Alberta, and no ophthalmologists provide LVR services in large city centres like Edmonton.

One exception to the shortage of LVR services in Alberta is Calgary. Patients can visit the Sight Enhancement Clinic at Rockyview General Hospital. The cost of low-vision assessments at this clinic is covered by AHS.

**3. Manitoba**

In Manitoba, ophthalmologists can bill code 9854 for low-vision aid assessment to Health, Seniors and Active Living (\$27.45).<sup>11</sup>

There is no coverage for LVR services by optometrists in Manitoba. Optometrists play a crucial role as entry points in the community for the low-vision population. A lack of billing for low-vision services would be expected to decrease LV optometrists in the community and thus limit accessibility of low-vision assessments.

**4. Ontario**

In Ontario, the Ontario Health Insurance Plan (OHIP) pays for the billing of low-vision assessments by ophthalmologists. Ophthalmologists can bill the initial vision rehabilitation assessment with the code A252, for \$240.00. This code cannot be billed with other eye exams. Four or more of the 8 listed components in the initial LVR assessment section need to be performed for this code to apply, and ophthalmologists can only bill the code twice per patient every five years. The follow-up vision rehabilitation assessment is billed with the code A254 (\$120.00).

Unlike other provinces, no other assessments or consultations can be paid for when billed by the same physician to the same patient on the same day as A252 or A254.<sup>12</sup>

In Ontario, there is no coverage for optometrists conducting LV assessments.

## 5. Québec

In Québec, low-vision codes are billed to Régie de l'assurance maladie du Québec (RAMQ; information provided by Dr. Nicole Robillard). Ophthalmologists can bill for an LV exam once a year per patient, for \$106.75. This billing can only be used if vision with regular glasses is  $\leq 20/40$  in the best eye AND if the patient is significantly and chronically negatively affected in their visual function.

The low-vision exam fee can be added to a principal visit, follow-up visit, or consultation (Table 1).

**Table 1:** Outpatient clinic and office fees in Québec

Clinic/Office	Type of Visitation	Fee (\$ CAD)	Code
Hospital Outpatient clinic	Principal visit	57.60	9253
	Follow-up visit	32.85	9164
	Consultation (ophthalmologist)	106.85	9283
	Consultation (other doctors or optometrist)	73.40	
Private Office	Principal visit	79.10	9252
	Follow-up visit	45.10	9129
	Consultation (ophthalmologist)	112.40	9281
	Consultation (other doctors or optometrist)	100.85	

\* Hospital outpatient clinics would be considered to be part of a hospital for patients visiting for diagnosis or treatment, but not for admission. Private offices are run by individual health professionals for routine or diagnostic examinations.

Optometrists in Quebec can bill for \$70.00 per low-vision exam once a year per patient. This billing can be used if the vision with regular glasses is  $\leq 20/70$  in the better eye or if the visual field is  $\leq 60^\circ$  AND the patient is insured by RAMQ.

Only patients under 19 or over 64 years of age are covered by the RAMQ for low vision. Optometrists can also add a principal visit (\$54.75), a follow-up exam (\$30.00) and some other fees (\$8.00 for visual field exams, and \$4.00 for tonometry/slit lamp exam) to the low-vision exam. Patients not covered by RAMQ must pay the entire cost out of pocket.

In Québec, multidisciplinary Rehabilitation Centers are located strategically across the province.<sup>13</sup> In these centers, low-vision assessments are conducted by optometrists and ophthalmologists, and low-vision aids are provided at no cost for patients of all ages. These centers are funded by the provincial government.

## 6. Nova Scotia

In Nova Scotia, the Nova Scotia Medical Service Insurance (MSI) is billed for low-vision assessments.

Ophthalmologists can bill for low-vision clinic fees (09.02A (VEDT; Visit Excluded Diagnostic & Therapeutic procedure)), which is \$121.00 for the initial visit. This only applies to the first hour of the LV-related visit, and an additional \$33.15 can be billed for every 15 minutes thereafter. For a follow-up visit after 30 days, the code 09.02D (VEDT) applies, for \$60.50.<sup>14</sup> These two codes can be billed on top of 'comprehensive eye examinations' (09.02).

For optometrists, the health service code is 09.02G (low-vision assessment fee), which is \$86.10 for an initial visit and \$43.05 for a subsequent visit. This billing is allowed once every two years and can only cover one follow-up visit. For this code, patients must have 1) subnormal vision that disables them from performing normal activities, even with spectacles, and 2) visual acuity of 20/50 or worse in the better eye.<sup>15</sup>

## DISCUSSION

An overview of the current provincial reimbursements for optometrists and ophthalmologists demonstrates a large variability in compensation (Table 2), even though this service requires more time and care compared to a routine eye examination. This makes it difficult to provide comprehensive, uniform, and equitable LV services across Canada. Inadequate and inconsistent remuneration can be discouraging to eye care professionals seeking to provide LV assessments.

**Table 2:** Summary of reimbursement plans for low vision in Canadian provinces.

Province	Coverage for Ophthalmologists (\$ CAD)	Coverage for Optometrists (\$ CAD)
British Columbia	49.50	41.12
Alberta	N/A	56.32 if Age $\leq$ 18 63.86 if Age $\geq$ 65
Manitoba	27.45	N/A
Ontario	240.00: Initial 120.00: Follow-up	N/A
Quebec	106.75	70.00
Nova Scotia	121.00: 1st hour +33.15: every 15 mins after 1st hour	86.10: Initial 43.05: Follow-up

Gaps in provincial coverage for LV services mean that patients sometimes need to pay out of pocket, which is a barrier to accessing LV services in Canada.<sup>3</sup>

As the human population continues to grow, with a skew toward an older age, there has been an increase in the number of patients with low vision. We recognize that rehabilitation for a low-vision patient is multi-faceted, and requires improvements in visual aid costs, advocacy, and availability of training.<sup>16</sup> Lack of funding of LV services and standardization of the reimbursement system is one of the major factors in LV service limitations. Health care systems are encouraged to enact policies that will increase accessibility and equity of low-vision services by providing adequate incentives for eye care professionals seeking to provide these critical services. ●

## ACKNOWLEDGEMENTS

The authors thank Dr. Nicole Robillard (ophthalmologist in Québec) for providing crucial information on Québec's low-vision reimbursement plans, and Dr. Mary Lou Jackson (Director of Vision Rehabilitation at UBC) for the information on BC's low-vision reimbursement plans.

## DECLARATIONS OF INTEREST:

None. This article has not been published previously and is not under consideration for publication elsewhere.

## FUNDING:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## CORRESPONDING AUTHOR

Yejun Hong – yejun.hong@ucalgary.ca

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