Optical Coherence Tomography

INTRODUCTION

What is the Education and Prevention Committee (EPC)?

The Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) have jointly established the Education and Prevention Committee (EPC). The EPC's primary goal is to educate physicians about submitting OHIP claims that accurately reflect the services provided and that are in compliance with the law.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the Ministry and the OMA to provide general advice and guidance to physicians on specific billing matters. They are provided for education and information purposes only and express the Ministry's and OMA's understanding of the law at the time of publication. The information provided in this Bulletin is based on the September 1, 2011, Schedule of Benefits — Physician Services (Schedule). While the OMA and Ministry make every effort to ensure that this Bulletin is accurate, the Health Insurance Act (HIA) and Regulations are the only authority in this regard and should be referred to by physicians. Changes in the statutes, regulations or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the HIA or its Regulations and/or Schedule under the regulations, the text of the HIA, Regulations and/or Schedule prevail.

EPC Bulletins are available on the OMA website (http://www.oma.org/Resources/Pages/EPCbulletins.aspx). The Schedule is available on the Ministry website (http://www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html).

Purpose

The purpose of this Bulletin is to provide physicians, primarily ophthalmologists, with information specific to the billing requirements of Optical Coherence Tomography (OCT) codes in the Schedule.

These codes, listed on page J80-81 of the Schedule, are:

- G818 – OCT unilateral or bilateral for retinal disease
- G820 – OCT unilateral or bilateral for glaucoma

These services are insured services for a patient and payable to a physician at the listed fee when:

- Medically necessary for the diagnosis and management of retinal disease and/or glaucoma; and
- The ophthalmologist performing the procedure (or supervising the procedure) and interpreting the results is the physician that is most responsible for the care of the patient's retinal disease and/or glaucoma.

These services are also insured services for a patient but payable at zero to the physician when the service is being rendered in whole or in part in preparation for cataract surgery. This means that payment cannot be requested or received for the service in these circumstances. Charging a patient for an insured service is a violation of the Commitment to the Future of Medicare Act.

Conditions for Payment

- Only the physician who personally interprets the OCT test is eligible to receive payment for the service.
- The service is only eligible for payment to an ophthalmologist who is the physician most responsible for the care of the patient's retinal disease and/or glaucoma (evidenced by a claim for an assessment or consultation with the patient at some point in relation to the condition).
- These tests are eligible for payment only for one or more of the following indications:

Retinal Disease (G818)	Glaucoma Monitoring (G820)
Upon clinical examination, findings of: - Hemorrhage or exudate in the macula; - Retinal folds/wrinkling; - Macular hole/pseudo-hole; - Presence or reasonable suspicion of choroidal neovascular membrane, subretinal fluid or cystoid macular edema. or Vision loss not explained by dilated clinical examination findings.	Suspicion of glaucoma based on optic nerve appearance on dilated clinical examination; Suspicion of glaucoma based on visual field testing; Elevated intraocular pressure; or History of glaucoma in an immediate family member.

These services are <u>not insured</u> for other diseases or disorders of the eye.

- Limits and maximums apply at the patient level as follows:

	Retinal Disease (G818)	Glaucoma Monitoring (G820)
Limit per patient per day	Only 1 of the these services is eligible for payment on a single day.	
Limit per patient over 12 consecutive months	Up to 6*	2*
	*Note: Maximum of 6 of any combination of these two codes is eligible.	

Medical Record Requirements

As with all medically necessary insured services, the patient's medical record must document the service rendered in order to support payment for the service claimed.

<u>When are G818 and G820 not eligible for payment at the listed fee?</u>

- When the interpretation is not rendered personally by the physician;
- When the physician submitting the claim for G818 or G820 does not personally render or supervise the test;
- When the ophthalmologist performing the service is not the physician who is most responsible for the care of the patient's retinal disease and/or glaucoma;
- When the test is rendered (in whole or in part) in preparation for cataract surgery;
- When the test is rendered for a medical purpose other than retinal disease or glaucoma;
- When the test is rendered for a reason that does not meet at least one of the stated indications in the chart on the left;
- When the maximums have been exceeded; or,
- When the medical record requirements are not met.

Note: If the physician providing the OCT services is not the physician most responsible for the care of the patient's retinal disease and/or glaucoma and has never assessed the patient in relation to the condition(s), the service is insured and payable at zero and payment cannot be requested or received for the service.

Examples

<u>Example 1</u>

Mrs. A sees Dr. Z, an ophthalmologist, twice a year for glaucoma monitoring. At the first visit in January, Dr. Z assesses her intraocular pressure and supervises as his technician performs an OCT test for her glaucoma. Dr. Z reviews the results of the OCT and documents the test and results in Mrs. A's medical record. When Mrs. A returns in July for a second test, Dr. Z does not assess Mrs. A at this visit, however, Dr. Z supervises as his technician performs the OCT test, he interprets the test, and he updates Mrs. A's medical record. Dr. Z. then asks his secretary to book an appointment for Mrs. A within the next few weeks to discuss the results of the test.

<u>Is Dr. Z eligible for payment of G820 for the two OCT tests?</u>

Yes, Dr. A has met the payment requirements for G820 as follows:

- He has assessed Mrs. A for the condition (at some time);

- He is the ophthalmologist who is most responsible for the care of Mrs. A's glaucoma;
- He has supervised as his technician rendered the tests;
- He personally interpreted the tests; and,
- He has updated Mrs. A's medical record (i.e., documented the test results and his findings and/or course of treatment).

Example 2

If Mrs. A. above did not have glaucoma, but had cataracts, and Dr. Z performed the OCT test in preparation for cataract surgery, the service remains insured for Mrs. A, but Dr. Z is not eligible for payment of the listed fee. In this case, Dr. Z should not submit a claim for G818 or G820.

Example 3

Mrs. A does not have any signs and/or symptoms of retinal disease or glaucoma, and the OCT is not being rendered in preparation of cataract surgery. What is eligible for payment by OHIP?

Nothing is eligible for payment by OHIP in this circumstance. The patient must be advised that the service is not insured, and must be given the option to proceed or decline the service as she may be responsible for any charges incurred in order to receive the uninsured service.

Example 4

Dr. B has purchased the equipment to perform OCT testing and has agreed to render these tests for the patients of some of his ophthalmology colleagues.

Is Dr. B eligible for payment of the tests he performs on other physicians' patients with glaucoma or retinal disease?
No, only the physician who is most responsible for the care of the patient is eligible for payment of the OCT testing for these patients. As such, Dr. B should not submit claims to OHIP for these services. Furthermore, the patients cannot be charged if the service is being rendered for retinal disease or glaucoma, as OCT is insured for these conditions.

Your feedback is welcomed and appreciated!

The Education and Prevention Committee welcomes your feedback on the Bulletins in order to help ensure that these are effective educational tools. If you have comments or questions on this Bulletin, or suggestions for future Bulletin topics, etc., please submit them in writing (referencing this Bulletin) to:

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The PSC Secretariat will anonymously forward all EPC Interpretive Bulletin comments, questions or suggestions to the Co-Chairs of the EPC for review and consideration.

For specific inquiries on Schedule interpretation, please submit your questions IN WRITING to:

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