



Department of Health & Wellness
Optometry Programs

Optometrists Guide
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NOVA SCOTIA DEPARTMENT OF HEALTH & WELLNESS

OPTOMETRISTS GUIDE

GENERAL PREAMBLE

INTRODUCTION

- 1.1** The Preamble is the authority for the proper interpretation of the tariff as listed in the *Insured Optometric Services Tariff Regulations*. Fees will not be correctly interpreted without reference to the Preamble and Schedule of Benefits. This tariff is negotiated and maintained through agreement by the Department of Health and Wellness (DHW) and the Nova Scotia Association of Optometrists (NSAO).

GENERAL CONSIDERATIONS

2.1 Eligible Residents

“Eligible resident” means a person who is insured within the meaning of the Health Services and Insurance Act, RSNS, 1989, c. 197 or any successor legislation thereto, and, who meet the requirements as described for Routine Vision Exams and Non-Routine Vision Care.

2.2 Billing and Payment

For payment purposes, optometrists are accepted by MSI as valid referring physicians.

2.3 90 Day Limit on Billing

Service encounters submitted over 90 days from the date of service will be paid at zero with the following exception:

Resubmissions of refused claims, or incorrect billings, must be submitted within 185 days from the date of service. Each resubmission must contain an annotation in the text field of the service encounter referencing the previous service encounter number.

Service encounters that fall outside of the specified time lines will only be considered if extenuating circumstances can be demonstrated; and prior written approval for the late submission has been obtained from the Manager, MSI Programs. Questions regarding this issue may be directed to the MSI Assessment Department.

TERMS AND DEFINITIONS USED IN ALL SECTIONS

3.1 Health Service Codes (HSC) with Qualifiers, Modifiers and Unit Values

Health Service Codes indicate the service performed by the optometrist

Qualifiers alpha characters appended to a health service code to subdivide the code and therefore distinguish differences specific to that procedure. Qualifiers are used to distinguish multiple MSI service codes where the unit value differs and/or they cannot be distinguished by modifiers.

Modifiers describe the context of a service according to who performed the service, who received the service, when, where and sometimes how the service was provided.

3.2 Modifiers

AG=ADUT	Age, Person 16 years and older
AG=CH16	Age, Child up to sixteen years
LO=OFFC	Location, Office
PT=PRBK	Patient, Patient Referred Back
PT=PRT0	Patient, Patient referred to Ophthalmologist
RF=REFD	Referred
RG=RIGT	Region, Right
RG=LEFT	Region, Left
RG=BOTH	Region, Both
RO=CCDX	Role, Continuing care in conjunction with attending and describing a differential diagnosis
RO=CNCT	Role, Continuing Care
US=PR50	Unscheduled, Premium fee of 50 percent
US=PREM	Unscheduled, Premium fee of 35 percent
RP=INTL	Initial
RP=SUBS	Subsequent similar service

TARIFF

4.1 Optometry Fee Schedule

Medical Service Units (MSU) indicate the workload associated with each service, the fee is calculated by multiplying the service MSU with the current MSU rate.

The MSU rate for insured optometric services is as follows:

- (a) for insured optometric services provided between April 1, 2015, and March 31, 2017, the Medical Services Unit (MSU) is \$2.80;
- (b) effective April 1, 2017, the MSU is increased to \$2.83; and
- (c) effective April 1, 2018, the MSU is increased to \$2.87.

4.2 Premium Fees

Premium fees are additional amounts paid above normal or customary rates on eligible services provided on an emergency basis during designated times.

- Claims for premium services may be submitted only by optometrists holding a valid Optometric Drug License.
- Only applies to full exams or partial exams.
- Service must be provided after hours, on an emergency basis during an applicable time period for one of the conditions listed as warranting premium fees (see page 24).
- At time of patient contact, the treating optometrist's office must be closed for normal business. If the treating optometrist is in a partnership arrangement, the facility must be closed for all optometrists in the partnership.

The following chart shows the applicable time periods and associated rates and modifiers for premium fees.

Day	Time	Additional Percentage Added to Fee
Monday to Friday	1700-2359	35% (US=PREM)
Tuesday to Saturday	0000-0759	50% (US=PR50)
Saturday	0800-1659	35% (US=PREM)
Saturday to Monday	1700-0759	50% (US=PR50)
Recognized Holidays	0800-2359	50% (US=PR50)

EXCLUSIONS

5.1 The following exclusions apply:

Services for members of the Canadian Forces and such others who are covered under other statutes.

Services for persons covered under the Workers' Compensation Board, Department of Veterans' Affairs and persons covered by other government programs, excluding Non-Insured Health Benefits (NIHB) under First Nations and Inuit Health. For added clarity, insured services provided to persons who have coverage through NIHB are to first be submitted to MSI.

Examinations required for the purpose of employment or insurance; and similar examinations at the request of third party.

Services for any persons not falling within the categories of entitled beneficiaries noted above; i.e. non-residents of Nova Scotia or such others who do not qualify for health care coverage.

ROUTINE VISION EXAMS

INTRODUCTION

- 6.1** This policy was established to provide residents of Nova Scotia with preventive routine vision exams.

ELIGIBILITY

- 7.1** To be eligible for coverage of routine vision exams, an individual must:
- Be a resident of Nova Scotia
 - Have a valid Nova Scotia MSI Health Card
 - Be either:
 - 9 years of age and younger, or
 - 65 years of age and older

INSURED SERVICES

- 8.1** Routine vision exams

A comprehensive eye examination of a routine nature is payable once in a two-year period.

NON-ROUTINE VISION CARE

INTRODUCTION

- 9.1** This policy was established to provide residents of Nova Scotia with medically required vision care services.

ELIGIBILITY

- 10.1** To be eligible for coverage of non-routine vision care services, the individual must:
- Be a resident
 - Have a valid Nova Scotia MSI Health Card

INSURED SERVICES

- 11.1** Vision care of a non-routine nature:

In general, an eye examination of a non-routine nature is payable once per year for a comprehensive exam and once per year for a continuing care limited evaluation (CNTC). A continuing care limited evaluation in conjunction with attending and describing a differential diagnosis (CCDX) is eligible six times per year.

Specific details regarding eligibility for these and other non-routine vision care services are listed in the Schedule of Benefits.

SCHEDULE OF BENEFITS

HSC	Details	Modifier	MSU
09.02C	<p>Comprehensive eye examination: A comprehensive exam or a subsequent comprehensive exam is an in-depth evaluation of a patient necessitated by the seriousness, complexity, or obscurity of the patient's complaints or medical condition. This examination involves the determination of the refractive status of the eye and the identification of any observed abnormality or pathology in the visual system (including all tests, advice and/or instruction to the patient and preparation of the corresponding optometric prescription, where indicated) and ensuring a complete history is recorded in the patient record. In situations in which these criteria are not met, it would be appropriate to claim the visit as a limited eye examination.</p> <p><u>Billing Guidelines:</u> A routine exam is eligible once in a two-year period for those:</p> <ul style="list-style-type: none"> • Age 9 years and younger • Age 65 years and older <p>A non-routine exam is eligible once per year for those:</p> <ul style="list-style-type: none"> • Age 10 to 19 years and highly myopic (near sighted) presenting with symptoms indicating an increase in myopia. • Presenting with any signs or symptoms indicating that eye pathology is present (e.g., red eyes, severe dry eyes, excessively watery eyes, itchy eyes, lid swelling, eye pain, reduced vision, flashes and/or floaters or foreign body sensations, increased intra-ocular pressure, retinal or optic nerve abnormalities, and any external eye abnormalities). • Taking sight-threatening medications. The specific medication(s) must be listed in the patient's chart. • With type 1 and 2 diabetes in accordance with established guidelines. The specific diabetes diagnosis must be included in the patient's chart. <p>A subsequent exam is eligible within one year for the following conditions:</p> <ul style="list-style-type: none"> • sudden loss of vision (36811) • sudden loss of visual field (36840) • sudden globe protrusion (36089) • severe head (95901) or eye injury (9189) • sudden double vision (36830) <p><u>Diagnostic Codes:</u> Routine Vision Exams - Comprehensive eye examination Non-Routine Vision Care - Comprehensive eye examination Diagnostic Codes Eligible for Premium Fees</p>	SP=OPTO US=PREM US=PR50 <u>Referred</u> SP=OTPO SP=REFD US=PREM US=PR50	20.48 27.65 30.72 24 32.40 36
09.02F	<p>Comprehensive eye examination: (with public health nurse referral from Enhanced Vision Screening Program)</p> <p><u>Billing Guidelines:</u></p> <ul style="list-style-type: none"> • The exam is eligible for school aged children (age 4 to 19 years) with referral from the Enhanced Vision Screening Program. <p><u>Diagnostic Codes:</u> Routine Vision Exams - Comprehensive eye exam Non-routine Vision Care - Comprehensive eye examination Diagnostic Codes Eligible for Premium Fees</p>	SP=OPTO US=PREM US=PR50	20.48 27.65 30.72

HSC	Details	Modifier	MSU
09.02G	Low vision assessment fee:	RP=INTL	30
	<u>Billing Guidelines:</u>	RP=SUBS	15
	<ul style="list-style-type: none"> • Patient must have subnormal vision; not able to perform normal activities with spectacles. • Acuity must be at least 20/50 or worse in better eye. • Allowable once in a two-year period. • One follow-up visit is eligible after initial assessment to ensure device(s) are utilized correctly and to address any other needs. 		
03.03	Diagnostic interview and evaluation described as limited: (continuing care)	SP=OPTO RO=CNCT LO=OFFC	11
	<u>Diagnostic Codes:</u>		
	Non-Routine Vision Care - Partial eye examination RO=CNCT	US=PREM	14.85
	Diagnostic Codes Eligible for Premium Fees	US=PR50	16.5
03.03	Diagnostic interview and evaluation described as limited: (continuing care with physician and other health professional referral)	SP=OPTO RO=CNCT LO=OFFC RF=REFD	11
	<u>Diagnostic Codes:</u>		
	Non-Routine Vision Care - Partial eye examination RO=CNCT	US=PREM	14.85
	Diagnostic Codes Eligible for Premium Fees	US=PR50	16.5
03.03	Diagnostic interview and evaluation described as limited: (continuing care with ophthalmologist referral)	SP=OPTO RO=CNCT PT=PRBK LO=OFFC RF=REFD	11
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> • When ophthalmologist refers patient back to optometrist for follow-up care. • Must hold a valid Optometric Drug License. • Allows for a maximum of two follow-up visits (under either RO=CNCT or RO=CCDX codes along with modifier PT=PRBK). • Not counted toward the once per year continuous care or partial exam (CNCT) or the maximum six per year CCDX visits. 		
	<u>Diagnostic Codes:</u>		
	Non-Routine Vision Care - Partial eye examination RO=CNCT		
03.03	Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis)	SP=OPTO RO=CCDX LO=OFFC RP=INTL	14
	<u>Billing Guidelines:</u>		
	<ul style="list-style-type: none"> • Initial visit for removal of corneal foreign body (9300). • Includes cost of bandage contact lens as necessary. • Eligible once per lifetime. 	US=PREM US=PR50	18.90 21
	<u>Diagnostic Code:</u>		
	Corneal foreign body (9300)		

HSC	Details	Modifier	MSU
03.03	Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis)	SP=OPTO RO=CCDX LO=OFFC	11
	Billing Guidelines: <ul style="list-style-type: none"> When treating ocular anterior segment disorders using a noted differential diagnosis. Must include text indicating the visit is required to monitor progress and note any prescribed drug or that no drug was prescribed. Must hold a valid Optometric Drug License. Allows up to six continuing care (CCDX) visits per year. 	US=PREM US=PR50 Referred SP=OPTO RO=CCDX LO=OFFC RF=REFD	14.85 16.5 14
	Diagnostic Codes: Non-Routine Vision Care - Partial eye examination RO=CCDX Diagnostic Codes Eligible for Premium Fees	US=PREM US=PR50	18.90 21
03.03	Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis when diagnosis warrants referral to ophthalmologist)	SP=OPTO RO=CCDX PT=PRTO LO=OFFC RF=REFD	14
	Billing Guidelines: <ul style="list-style-type: none"> When diagnosis results in referral to ophthalmologist. Must hold a valid Optometric Drug License. Must include text indicating ophthalmologist receiving the referral. Allows one visit (PT=PRTO) per patient incident. These visits are not counted toward the once per year continuing care or partial exam (CNTC) or the maximum six CCDX visits per year. 	US=PREM US=PR50	18.90 21
	Diagnostic Codes: Non-Routine Vision Care - Partial eye examination RO=CCDX Diagnostic Codes Eligible for Premium Fees		
03.03	Diagnostic interview and evaluation described as limited: (continuing care in conjunction with attending and describing a differential diagnosis when referred back by an ophthalmologist)	SP=OPTO RO=CCDX PT=PRBK LO=OFFC RF=REFD	14
	Billing Guidelines: <ul style="list-style-type: none"> When ophthalmologist refers back to optometrist for follow-up care. Must hold a valid Optometric Drug License. Allows for a maximum of two follow-up visits (using either the RO=CNTR or RO=CCDX codes along with modifier PT=PRBK). These visits are not counted toward the once per year continuous care or partial exam (CNTC) or the maximum six CCDX visits per year. 		
	Diagnostic Codes: Non-Routine Vision Care - Partial eye examination RO=CCDX		

HSC	Details	Modifier	MSU
09.32A	Contact lens fitting with follow-up for 3 months: (Contact Lens Fitting for Keratoconus under certain guidelines)	SP=OPTO AG=ADUT RG=RIGT RG=LEFT RG=BOTH	83.3 83.3 166.6
	<u>Billing Guidelines:</u> <ul style="list-style-type: none"> Keratometer or automated topography reading must be at least 47 diopters in the visual axis. Patient must have at least 5.0 diopters of astigmatism. Corrected vision with spectacles cannot be more than 6/12 in the better eye. Procedure includes follow up for three months. 	SP=OPTO AG=CH16 RG=RIGT RG=LEFT RG=BOTH	104.13 104.13 208.25
	<u>Diagnostic Codes:</u> Only insured for the following diagnosis: Keratoconus unspecified (37160) Pellucid marginal degeneration (37148) Post-corneal transplant cornea (V425) Corneal ectasia (37171)		
21.31	Dilation of lacrimal punctum: (regions required)	SP=OPTO RG=RIGT RG=LEFT RG=BOTH	30 30 45
	<u>Billing Guidelines:</u> <ul style="list-style-type: none"> In true epiphora cases with a positive Jones Test and when artificial tear and lid hygiene therapies have been tried and found to be unsuccessful. The patient must not have ectropion. Eligible once per eye per year. Eligible as a second service on the same day as a comprehensive or limited eye exam for the following diagnoses: <ul style="list-style-type: none"> dilation & irrigation of lacrimal punctae (37589) punctal occlusion (7102) true epiphora (37520) 		
22.69A	Punctal occlusion: (Insertion of permanent punctal plugs, regions required)	SP=OPTO RG=RIGT RG=LEFT RG=BOTH	22 22 33
	<u>Billing Guidelines:</u> <ul style="list-style-type: none"> Artificial tear and lid hygiene therapies have been tried and found to be unsuccessful. Material costs for the plugs are not insured through MSI. Those costs are the responsibility of the patient. The service is not insured for patients whose dry eye symptoms are associated with contact lens wear. Eligible once per eye per year. Eligible as a second service on the same day as a comprehensive or limited eye exam for the following diagnoses: <ul style="list-style-type: none"> dilation & irrigation of lacrimal punctae (37589) punctal occlusion (7102) true epiphora (37520) 		

DIAGNOSTIC CODES

ROUTINE VISION EXAMS				
Comprehensive Exam – HSC 09.02C				
Category	Code	Description	9 & under	65 & over
Congenital Anomalies	7439	UNSPECIFIED ANOMALY OF EYE (Anomalies (eyelids, lacrimal system, orbit))		X
	74345	ANIRIDIA (Aniridia)		X
	74346	OTH SPEC ANOM IRIS/CILIARY BODY (Anisocoria (congenital))		X
Corneal Inflammation, etc.	3709	UNSPECIFIED KERATITIS	X	X
	37000	CORNEAL ULCER UNSPECIFIED	X	X
	37040	KERATOCONJUNCTIVITIS UNSPEC	X	X
	37060	CORNEAL NEOVASCULARIZATION NOS * If not related to contact lenses	X	X
Disorders of Conjunctiva	3729	UNSPECIFIED DISORD CONJUNCTIVA	X	X
	37220	BLEPHAROCONJUNCTIVITIS UNSPEC	X	X
	37230	CONJUNCTIVITIS UNSPECIFIED	X	X
	37240	PTERYGIUM UNSPECIFIED	X	X
	37254	CONJUNCTIVAL CONCRETIONS (Concretions conjunctiva)	X	X
	37272	CONJUNCTIVAL HEMORRHAGE (Subconjunctival hemorrhage)	X	X
	37273	CONJUNCTIVAL EDEMA (Chemosis conjunctiva)	X	X
	37275	CONJUNCTIVAL CYSTS (Cyst conjunctiva)	X	X
Disorders of Cornea	37120	CORNEAL EDEMA UNSPECIFIED	X	X
	37141	SENILE CORNEAL CHANGES	X	X
	37142	RECURRENT EROSION OF CORNEA	X	X
Disorders of Extra Ocular Muscles	37800	ESOTROPIA UNSPECIFIED		X
	37810	EXOTROPIA UNSPECIFIED		X
	37831	HYPERTROPIA		X
	37834	MONOFIXATION SYNDROME (Monofixational phoria syndrome)		X
	37883	CONVERGENCE INSUFFICIENCY/PALSY		X
	37884	CONVERGENCE EXCESS OR SPASM		X
Disorders of Eyelid	3732	CHALAZION	X	X
	37300	BLEPHARITIS UNSPECIFIED	X	X
	37311	HORDEOLUM EXTERNUM	X	X
	37331	ECZEMATOUS DERMATITIS EYELID (Dermatitis of eyelid)	X	X
Disorders of Iris or Ciliary Body	36470	ADHESIONS OF IRIS UNSPECIFIED	X	X
Disorders of Lacrimal System	3759	UNSPEC DISORDER LACRIMAL SYSTEM (Disorders of lacrimal system)	X	X
	37531	ACUTE CANALICULITIS LACRIMAL (Canaliculitis)	X	X
Disorders of Pupil, Lens, etc.	37900	SCLERITIS UNSPECIFIED (Episcleritis)	X	X
Epidermic Keratoconjunctivitis	0771	EPIDERMIC KERATOCONJUNCTIVITIS	X	X
Foreign Bodies	9309	UNSPEC FOREIGN BODY ON EXT EYE	X	X
Headache	7840	HEADACHE (Headache)	X	X
Hypercholesterolemia	2720	PURE HYPERCHOLESTEROLEMIA		X

ROUTINE VISION EXAMS

Comprehensive Exam – HSC 09.02C

Category	Code	Description	9 & under	65 & over
Reduced Vision, etc.	36800	AMBLYOPIA UNSPECIFIED		X
	36813	VISUAL DISCOMFORT (Asthenopia)	X	X
	36851	PROTAN DEFECT (Protanomaly)	X	X
	36852	DEUTAN DEFECT (Deutanomaly)	X	X
	36853	TRITAN DEFECT (Tritanomaly)	X	X
Refractive Error	3670	HYPERMETROPIA (Hyperopia/Hypermotropia)	X	X
	3671	MYOPIA	X	X
	3674	PRESBYOPIA	X	X
	3679	UNSPEC DISORD REFRACTION/ACCOM (Emmetropia)	X	X
	36720	ASTIGMATISM UNSPECIFIED	X	X
	36731	ANISOMETROPIA	X	X
	36751	PARESIS OF ACCOMMODATION (Disorders of refraction and accommodation)	X	X
Superficial Injury of Eye & Adnexa	9189	OTHER/NOS SUPRFIC INJURIES EYE (Superficial injury of eye and adnexa)	X	X

Note: An "x" in the age column represents eligibility.

NOS means Not Otherwise Specified

NON-ROUTINE VISION CARE Comprehensive Exam – HSC 09.02C

Category	Code	Description	15 & under	16 & over
AIDS	0429	AIDS UNSPECIFIED	X	X
Blindness	36900	PROFOUND IMPAIR BOTH EYES NOS (Blindness)	X	X
Cataract	3669	UNSPECIFIED CATARACT (Cataract) *Opacities are impairing the patient's vision or lifestyle, are progressing rapidly, are causing a rapid prescription change, or, if ophthalmological referral is indicated. Congenital anomalies are only covered in children.	X	X
Chorioretinitis	36320	CHORIORETINITIS UNSPECIFIED	X	X
Congenital Anomalies	7439	UNSPECIFIED ANOMALY OF EYE (Anomalies (eyelids, lacrimal system, orbit)	X	
Corneal Inflammation, etc.	37060	CORNEAL NEOVASCULARIZATION NOS * If not related to contact lenses	X	X
	37062	PANNUS (CORNEAL) * If not related to contact lenses	X	X
Crohn's Disease	5559	REGIONAL ENTERITIS UNSPEC SITE (Crohn's Disease) * For patients taking oral corticosteroids on a chronic basis	X	X
Disorders of Cornea	37150	CORNEAL DYSTROPHY UNSPECIFIED	X	X
	37157	ENDOTHELIAL CORNEAL DYSTROPHY (Fuchs endothelial dystrophy)	X	X
	37160	KERATOCONUS UNSPECIFIED	X	X
Disorders of Extra Ocular Muscles	37800	ESOTROPIA UNSPECIFIED	X	
	37810	EXOTROPIA UNSPECIFIED	X	
	37831	HYPERTROPIA	X	
	37834	MONOFIXATION SYNDROME (Monofixational phoria syndrome) * Sudden onset in adults	X	X
	37883	CONVERGENCE INSUFFICIENCY/PALSY	X	
	37884	CONVERGENCE EXCESS OR SPASM	X	
Disorders of Iris or Ciliary Body	3643	UNSPECIFIED IRIDOCYCLITIS (Iritis)	X	X
	36459	OTHER IRIS ATROPHY	X	X
Disorders of Lacrimal System	37515	TEAR FILM INSUFFICIENCY UNSPEC (Dry eye syndrome) * If chief complaint	X	X
	37520	EPIPHORA UNSPECIFIED CAUSE * If chief complaint or intervention is required for medical reasons	X	X
Disorders of Optic Nerve	37700	PAPILLEDEMA UNSPECIFIED	X	X
	37710	OPTIC ATROPHY UNSPECIFIED	X	X
	37721	DRUSEN OF OPTIC DISC	X	X
	37730	OPTIC NEURITIS UNSPECIFIED	X	X
	37754	DISORD OPTIC CHIASM INFLAM DIS (Disorder of optic chiasm)	X	X
Disorders of Pupil, Lens, etc.	09489	OTHER SPECIFIED NEUROSYPHILIS (Argyll Robertson pupil)	X	X
	36611	PSEUDOEXFOLIATION LENS CAPSULE (Pseudoexfoliation of the lens)	X	X
	37931	APHAKIA	X	X
	37932	SUBLUXATION OF LENS	X	X
	37946	TONIC PUPILLARY REACTION (Adie pupil)	X	X
	37950	NYSTAGMUS UNSPECIFIED * If recent onset	X	X
	37991	PAIN IN OR AROUND EYE (Significant eye pain)	X	X
Disorders of Retina	36214	RETINAL MICROANEURYSMS NOS	X	X
	36230	RETINAL VASCULAR OCCLUSION NOS (Occlusion retinal vein, artery)	X	X
	36250	MACULAR DEGENERATION UNSPEC *Presenting significant macular changes posing a serious risk visual acuity loss.	X	X
	36254	MACULAR CYST/HOLE/PSEUDOHOLE (Hole macula/Cyst Macula)	X	X
	36260	PERIPH RETINAL DEGENERATION NOS	X	X
	36263	LATTICE DEGENERATION	X	X
	36284	RETINAL ISCHEMIA	X	X
Glaucoma or Ocular	3659	UNSPECIFIED GLAUCOMA (physician diagnosis required)	X	X

NON-ROUTINE VISION CARE

Comprehensive Exam – HSC 09.02C

Category	Code	Description	15 & under	16 & over
Hypertension	36504	OCULAR HYPERTENSION *Must have intraocular pressure, field anomalies, narrow angles or optic nerve appearance indicating risk for glaucoma. Family history alone is not sufficient.	X	X
Graves Disease	24200	TOX DIFF GOITRE NO CRISIS/STORM	X	X
Head Injury	85400	OTH INTRACR INJ NO OPEN WND NOS (Head Injury)	X	X
Headache	7840	HEADACHE (Headache) *Requires cause to suspect a grave pathology is present (e.g. brain tumor). Headaches due to narrow-angle glaucoma, iritis and other ocular pathology fall under those associated diagnostic codes. However, if a physician refers a patient with headaches to your office to rule out suspected pathology (not the need for glasses), the visit is covered. Text is required to indicate the cause and suspected pathology when submitting the claim.	X	X
High Risk of Retinal Detachment	3619	UNSPECIFIED RETINAL DETACHMENT	X	X
Hypercholesterolemia	2720	PURE HYPERCHOLESTEROLEMIA	X	
Lupus	7100	SYSTEMIC LUPUS ERYTHEMATOSUS * Must be on chloroquine drug (e.g. Plaquenil)	X	X
Marfan's Syndrome	75982	MARFAN SYNDROME (Marfan's Syndrome)	X	X
Migraine	34690	UNSPECIFIED MIGRAINE NO INTRACT *Must differentiate the aura from a retinal detachment.	X	X
Mild Retardation	317	MILD MENTAL RETARDATION (Mild Retardation) * Must be taking Phenothiazine	X	X
Multiple Sclerosis	340	MULTIPLE SCLEROSIS	X	X
Myasthenia Gravis	3580	MYASTHENIA GRAVIS	X	X
Reduced Vision, etc.	3682	DIPLOPIA	X	X
	36021	PROGRESSIVE HIGH (DEGEN) MYOPIA (High myopia)	X	X
	36813	VISUAL DISCOMFORT (Photophobia) * Only if due to pathology such as iritis	X	X
	36814	VISUAL DISTORTIONS SHAPE/SIZE (Metamorphopsia)	X	X
	36816	PSYCHOPHYSICAL VIS DISTURBANCES (Sudden vision loss)	X	X
	36844	OTH LOCALIZED VIS FIELD DEFECT	X	X
	36846	HOMONYMOUS BILAT FIELD DEFECTS	X	X
Rheumatoid Arthritis	7140	RHEUMATOID ARTHRITIS	X	X
Sarcoidosis	135	SARCOIDOSIS	X	X
Type I Diabetes	25001	DIABETES MELL NO COMPL TYPE I * Patient must be diagnosed	X	X
	25051	DIABETES WITH OPTH MAN TYPE I (Diabetic retinopathy and/or cataract) * Patient must be diagnosed	X	X
	25081	DIABETES W OTH SPEC MAN TYPE I (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X
Type II Diabetes	25000	DIABETES MELL NO COMPL TYPE II * Patient must be diagnosed	X	X
	25050	DIABETES WITH OPTH MAN TYPE II (Diabetic retinopathy, Diabetic cataract) * Patient must be diagnosed	X	X
	25080	DIABETES W OTH SPEC MAN TYPE II (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X

Note: An "x" in the age column represents eligibility.

NON-ROUTINE VISION CARE

Limited Exam (continuing care) – HSC 03.03 RO=CNCTC

Category	Code	Description	15 & under	16 & over
AIDS	0429	AIDS UNSPECIFIED	X	X
Blindness	36900	PROFOUND IMPAIR BOTH EYES NOS (Blindness)	X	X
Cataract	3669	UNSPECIFIED CATARACT *Opacities are impairing vision or lifestyle, are progressing rapidly, are causing a rapid prescription change, or, if ophthalmological referral is indicated. Congenital anomalies are only covered in children.	X	X
Chorioretinitis	36320	CHORIORETINITIS UNSPECIFIED	X	X
Congenital Anomalies	7439	UNSPECIFIED ANOMALY OF EYE (Anomalies: eyelids, lacrimal system, orbit)	X	
	74345	ANIRIDIA	X	
	74346	OTH SPEC ANOM IRIS/CILIARY BODY (congenital anisocoria)	X	
Corneal Inflammation, etc.	3709	UNSPECIFIED KERATITIS	X	X
	37000	CORNEAL ULCER UNSPECIFIED	X	X
	37040	KERATOCONJUNCTIVITIS UNSPEC		
	37060	CORNEAL NEOVASCULARIZATION NOS * If not related to contact lenses	X	X
	37062	PANNUS (CORNEAL) (Pannus corneal) * If not related to contact lenses	X	X
Crohn's Disease	5559	REGIONAL ENTERITIS UNSPEC SITE (Crohn's Disease) * Must be taking oral corticosteroids on a chronic basis	X	X
Disorders of Conjunctiva	3729	UNSPECIFIED DISORD CONJUNCTIVA (Disorders of conjunctiva)	X	X
	37220	BLEPHAROCONJUNCTIVITIS UNSPEC	X	X
	37230	CONJUNCTIVITIS UNSPECIFIED	X	X
	37240	PTERYGIUM UNSPECIFIED	X	X
	37254	CONJUNCTIVAL CONCRETIONS (Concretions conjunctiva)	X	X
	37272	CONJUNCTIVAL HEMORRHAGE (Subconjunctival hemorrhage)	X	X
	37273	CONJUNCTIVAL EDEMA (Chemosis conjunctiva)	X	X
	37275	CONJUNCTIVAL CYSTS (Cyst conjunctiva)	X	X
Disorders of Cornea	37120	CORNEAL EDEMA UNSPECIFIED	X	X
	37142	RECURRENT EROSION OF CORNEA	X	X
	37150	CORNEAL DYSTROPHY UNSPECIFIED	X	X
	37157	ENDOTHELIAL CORNEAL DYSTROPHY (Fuchs endothelial dystrophy)	X	X
	37160	KERATOCONUS UNSPECIFIED	X	X
Disorders of Extra Ocular Muscles	37800	ESOTROPIA UNSPECIFIED	X	
	37810	EXOTROPIA UNSPECIFIED	X	
	37831	HYPERTROPIA	X	
	37834	MONOFIXATION SYNDROME (Monofixational phoria syndrome) * Sudden onset in adults	X	X
	37883	CONVERGENCE INSUFFICIENCY/PALSY	X	
	37884	CONVERGENCE EXCESS OR SPASM	X	
Disorders of Eyelid	3732	CHALAZION * If chief complaint	X	X
	37300	BLEPHARITIS UNSPECIFIED * If chief complaint	X	X
	37311	HORDEOLUM EXTERNUM (Hordeolum, Sty) * If chief complaint	X	X
	37331	ECZEMATOUS DERMATITIS EYELID (Dermatitis of eyelid) * If chief complaint	X	X
Disorders of Iris or Ciliary Body	3643	UNSPECIFIED IRIDOCYCLITIS (Iritis)	X	X
	36459	OTHER IRIS ATROPHY	X	X
Disorders of Lacrimal System	37515	TEAR FILM INSUFFICIENCY UNSPEC (Dry eye syndrome) * If chief complaint	X	X
	37520	EPIPHORA UNSPECIFIED CAUSE * Chief complaint or intervention is required for medical reasons	X	X
Disorders of Optic Nerve	37700	PAPILLEDEMA UNSPECIFIED	X	X
	37710	OPTIC ATROPHY UNSPECIFIED	X	X
	37721	DRUSEN OF OPTIC DISC	X	X

NON-ROUTINE VISION CARE

Limited Exam (continuing care) – HSC 03.03 RO=CNCTC

Category	Code	Description	15 & under	16 & over
Disorders of Pupil, Lens, etc.	37730	OPTIC NEURITIS UNSPECIFIED	X	X
	37754	DISORD OPTIC CHIASM INFLAM DIS (Disorder of optic chiasm)	X	X
	09489	OTHER SPECIFIED NEUROSYPHILIS (Argyll Robertson pupil)	X	X
	36611	PSEUDOEXFOLIATION LENS CAPSULE (Pseudoexfoliation of the lens)	X	X
	37900	SCLERITIS UNSPECIFIED (Episcleritis)	X	X
	37931	APHAKIA	X	X
	37932	SUBLUXATION OF LENS	X	X
	37946	TONIC PUPILLARY REACTION (Adie pupil)	X	X
	37950	NYSTAGMUS UNSPECIFIED (Nystagmus) *If recent onset	X	X
Disorders of Retina	37991	PAIN IN OR AROUND EYE (Significant eye pain)	X	X
	36214	RETINAL MICROANEURYSMS NOS	X	X
	36230	RETINAL VASCULAR OCCLUSION NOS (Occlusion retinal vein, artery)	X	X
	36250	MACULAR DEGENERATION UNSPEC *Must present significant macular changes indicating a serious risk of visual acuity loss.	X	X
	36254	MACULAR CYST/HOLE/PSEUDOHOLE (Hole macula/Cyst macula)	X	X
	36260	PERIPH RETINAL DEGENERATION NOS (Degeneration retina)	X	X
	36263	LATTICE DEGENERATION	X	X
Epidemic Keratoconjunctivitis	36284	RETINAL ISCHEMIA	X	X
	0771	EPIDEMIC KERATOCONJUNCTIVITIS	X	X
Foreign Bodies	9309	UNSPEC FOREIGN BODY ON EXT EYE	X	X
Glaucoma or Ocular Hypertension	3659	UNSPECIFIED GLAUCOMA	X	X
	36504	OCULAR HYPERTENSION *Must have intraocular pressure, field anomalies, narrow angles or optic nerve appearance indicating risk for glaucoma. Family history alone is sufficient.	X	X
Graves Disease	24200	TOX DIFF GOITRE NO CRISIS/STORM (Graves disease)	X	X
Head Injury	85400	OTH INTRACR INJ NO OPEN WND NOS (Head injury)	X	X
Headache	7840	HEADACHE (Headache) *Headaches are generally not covered. You must have reason to suspect a grave pathology is present, e.g. brain tumor. Headaches due to narrow-angle glaucoma, iritis and other ocular pathology would be billed under the code for that pathology. However, if a physician refers a patient with headaches to your office to rule out suspected pathology (not the need for glasses), the visit is covered. Text is required to indicate the cause and pathology suspected when submitting the claim.	X	X
High Risk of Retinal Detachment	3619	UNSPECIFIED RETINAL DETACHMENT (High risk of retinal detachment)	X	X
Hypercholesterolemia	2720	PURE HYPERCHOLESTEROLEMIA	X	
Lupus	7100	SYSTEMIC LUPUS ERYTHEMATOSUS * Patient must be on chloroquine drug, e.g. Plaquenil	X	X
Marfan's Syndrome	75982	MARFAN SYNDROME (Marfan's syndrome)	X	X
Migraine	34690	UNSPECIFIED MIGRAINE NO INTRACT *Must differentiate the aura from a retinal detachment.	X	X
Mild Retardation	317	MILD MENTAL RETARDATION * Must be taking Phenothiazine	X	X
Multiple Sclerosis	340	MULTIPLE SCLEROSIS	X	X
Myasthenia Gravis	3580	MYASTHENIA GRAVIS	X	X
Reduced Vision, etc.	3682	DIPLOPIA (Diplopia)	X	X
	36021	PROGRESSIVE HIGH (DEGEN) MYOPIA (High myopia)	X	X
	36814	VISUAL DISTORTIONS SHAPE/SIZE (Metamorphopsia)	X	X
	36816	PSYCHOPHYSICAL VIS DISTURBANCES (Sudden vision loss)	X	X
	36844	OTH LOCALIZED VIS FIELD DEFECT (Scotoma)	X	X
	36846	HOMONYMOUS BILAT FIELD DEFECTS (Hemianopsia)	X	X

NON-ROUTINE VISION CARE

Limited Exam (continuing care) – HSC 03.03 RO=CNCTC

Category	Code	Description	15 & under	16 & over
Rheumatoid Arthritis	7140	RHEUMATOID ARTHRITIS (Rheumatoid arthritis)	X	X
Sarcoidosis	135	SARCOIDOSIS (Sarcoidosis)	X	X
Superficial Injury of Eye & Adnexa	9189	OTHER/NOS SUPRFIC INJURIES EYE (Superficial injury of eye and adnexa)	X	X
Type I Diabetes	25001	DIABETES MELL NO COMPL TYPE I * Patient must be diagnosed	X	X
	25051	DIABETES WITH OPHTH MAN TYPE I (Diabetic retinopathy and/or cataract) * Patient must be diagnosed	X	X
	25081	DIABETES W OTH SPEC MAN TYPE I (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X
Type II Diabetes	25000	DIABETES MELL NO COMPL TYPE II * Patient must be diagnosed	X	X
	25050	DIABETES WITH OPHTH MAN TYPE II (Diabetic retinopathy, Diabetic cataract) * Patient must be diagnosed	X	X
	25080	DIABETES W OTH SPEC MAN TYPE II (Diabetes with ophthalmic manifestation) * Patient must be diagnosed	X	X

Note: An "x" in the age column represents eligibility.

NOS means Not Otherwise Specified

NON-ROUTINE VISION CARE

Limited Exam (continuing care with differential diagnosis) – HSC 03.03 RO=CCDX

Category	Code	Description
Blepharitis	37220	BLEPHAROCONJUNCTIVITIS UNSPEC
	37221	ANGULAR BLEPHAROCONJUNCTIVITIS
	37222	CONTACT BLEPHAROCONJUNCTIVITIS
	37263	SYMBLEPHARON
	37300	BLEPHARITIS UNSPECIFIED
	37301	ULCERATIVE BLEPHARITIS
	37302	SQUAMOUS BLEPHARITIS
	37434	BLEPHAROCHALASIS
	37446	BLEPHAROPHIMOSIS
Breast Cancer Patient on Tamoxifen	1749	MAL NEO OTH/UNSPEC SITE MALE BR *Must include text on the claim indicating patient is taking tamoxifen.
	1759	MAL NEO FEMALE BREAST UNSPEC *Must include text on the claim indicating patient is taking tamoxifen.
Conjunctivitis (Bacterial, allergic, toxic, mechanical, inflammatory)	0770	INCLUSION CONJUNCTIVITIS
	0773	OTHER ADENOVIRAL CONJUNCTIVITIS
	0774	EPIDEM HEMORRHAG CONJUNCTIVITIS
	0778	OTHER VIRAL CONJUNCTIVITIS
	1301	TOXOPLASMOSIS CONJUNCTIVITIS
	09840	GC CONJUNCTIVITIS (NEONATORUM)
	37032	LIMBR/CORN INVOLV VERN CONJUNC
	37200	ACUTE CONJUNCTIVITIS UNSPEC
	37201	SEROUS CONJUNCTIVITIS EXC VIRAL
	37202	ACUTE FOLLICULAR CONJUNCTIVITIS
	37203	OTH MUCOPURULENT CONJUNCTIVIT
	37204	PSEUDOMEMBRANOUS CONJUNCTIVITIS
	37205	ACUTE ATOPIC CONJUNCTIVITIS
	37210	CHRONIC CONJUNCTIVITIS UNSPEC
	37211	SIMPLE CHRONIC CONJUNCTIVITIS
	37212	CHR FOLLICULAR CONJUNCTIVITIS
	37213	VERNAL CONJUNCTIVITIS
	37214	OTH CHR ALLERGIC CONJUNCTIVITIS
	37215	PARASITIC CONJUNCTIVITIS
	37230	CONJUNCTIVITIS UNSPECIFIED
	37231	ROSACEA CONJUNCTIVITIS
	37239	OTHER CONJUNCTIVITIS
Corneal Abrasions and Erosions	2642	VIT A DEFIC W CORNEAL XEROSIS
	2643	VIT A DEFIC W CORN ULC/XEROSIS
	2646	VIT A DEFIC/XEROPHTH SCAR CORN
	3719	UNSPECIFIED CORNEAL DISORDER
	9181	SUPERFICIAL INJURY CORNEA
	9402	ALKALINE BURN CORNEA/CONJUNCT
	9403	ACID BURN CORNEA/CONJUNCTIVA
	9404	OTHER BURN CORNEA/CONJUNCTIVA
	37000	CORNEAL ULCER UNSPECIFIED
	37001	MARGINAL CORNEAL ULCER
	37130	CORNEAL MEMBRANE CHANGE UNSPEC
	37140	CORNEAL DEGENERATION UNSPEC
	37141	SENILE CORNEAL CHANGES
	37142	RECURRENT EROSION OF CORNEA
	37144	OTHER CALCEROUS DEGEN OF CORNEA
	37146	NODULAR DEGENERATION OF CORNEA
	37148	PERIPHERAL DEGENERATIONS CORNEA
	37149	OTHER CORNEAL DEGENERATIONS
	37150	CORNEAL DYSTROPHY UNSPECIFIED
	37151	JUV EPITHELIAL CORN DYSTROPHY
	37152	OTH ANTERIOR CORNEAL DYSTROPHY
	37153	GRANULAR CORNEAL DYSTROPHY
	37154	LATTICE CORNEAL DYSTROPHY
	37155	MACULAR CORNEAL DYSTROPHY
	37156	OTH STROMAL CORNEAL DYSTROPHIES

NON-ROUTINE VISION CARE

Limited Exam (continuing care with differential diagnosis) – HSC 03.03 RO=CCDX

Category	Code	Description
	37157	ENDOTHELIAL CORNEAL DYSTROPHY
	37158	OTH POSTERIOR CORN DYSTROPHIES
	37170	CORNEAL DEFORMITY UNSPECIFIED
	37171	CORNEAL ECTASIA
	37173	CORNEAL STAPHYLOMA
	37181	CORNEAL ANESTHESIA/HYPOESTHESIA
	37182	CORNEAL DISORD D/T CONTACT LENS
	37189	OTHER CORNEAL DISORDERS
	74341	ANOMALIES OF CORNEAL SIZE/SHAPE
	74342	CONGEN CORNEAL OPAC AFFECT VIS
	74343	OTHER CONGEN CORNEAL OPACITIES
	99651	MECH COMPLICATION CORNEAL GRAFT
Corneal Edema	37120	CORNEAL EDEMA UNSPECIFIED
	37121	IDIOPATHIC CORNEAL EDEMA
	37122	SECONDARY CORNEAL EDEMA
	37124	CORNEAL EDEMA D/T CONTACT LENS
Episcleritis	37902	NODULAR EPISCLERITIS
	37909	OTHER SCLERITIS/EPISCLERITIS
Foreign Body and Eyelash Removal	9300	CORNEAL FOREIGN BODY
	9301	FOREIGN BODY CONJUNCTIVAL SAC
	9302	FOREIGN BODY LACRIMAL PUNCTUM
	9308	OTH/COMBIN FOREIGN BODY EXT EYE
	9309	UNSPEC FOREIGN BODY ON EXT EYE
	37486	RETAINED FOREIGN BODY OF EYELID
Keratitis Sicca and Non-Ulcerative Keratitis	0771	EPIDEMIC KERATOCONJUNCTIVITIS
	2644	VITAMIN A DEFIC W KERATOMALACIA
	3708	OTHER FORMS OF KERATITIS
	3709	UNSPECIFIED KERATITIS
	7102	SICCA SYNDROME
	37020	SUPERFICIAL KERATITIS UNSPEC
	37021	PUNCTATE KERATITIS
	37023	FILAMENTARY KERATITIS
	37024	PHOTOKERATITIS
	37031	PHLYCTENULAR KERATOCONJUNCT
	37033	KERATOCONJUNCTIVITIS SICCA
	37034	EXPOSURE KERATOCONJUNCTIVITIS
	37035	NEUROTROPHIC KERATOCONJUNCT
	37040	KERATOCONJUNCTIVITIS UNSPEC
	37044	KERATIT/KERATOCONJUNCT EXANTHMA
	37049	OTHER KERATOCONJUNCTIVITIS
	37123	BULLOUS KERATOPATHY
	37143	BAND-SHAPED KERATOPATHY
	37160	KERATOCONUS UNSPECIFIED
	37161	KERATOCONUS STABLE CONDITION
	37162	KERATOCONUS ACUTE HYDROPS
	70211	INFLAMED SEBORRHEIC KERATOSIS
	70219	OTHER SEBORRHEIC KERATOSIS
Non-Surgical Treatment of Chalazia/Hordeola	3732	CHALAZION
	37311	HORDEOLUM EXTERNUM
	37312	HORDEOLUM INTERNUM
Pingueculitis	37251	PINGUECULA
Additional Conditions	36089	SUDDEN GLOBE PROTRUSION, I.E. EXOPHTHALMOS
	36130	RETINAL TEAR OR HOLE
	3643	ANTERIOR UVEITIS
	74346	ANTERIOR UVEITIS
	36522	ACUTE ANGLE CLOSURE GLAUCOMA
	36811	SUDDEN VISION LOSS (NOT DUE TO REFRACTIVE ERROR)
	36830	SUDDEN CHANGE IN BINOCULAR VISION STATUS (ADULT)
	36840	VISUAL FIELD DEFECT UNSPECIFIED
	37240	PTERYGIUM

NON-ROUTINE VISION CARE

Limited Exam (continuing care with differential diagnosis) – HSC 03.03 RO=CCDX

Category	Code	Description
	3729	CONJUNCTIVAL HEMORRHAGES, CONCRETIONS, CYST
	37272	CONJUNCTIVAL HEMORRHAGES, CONCRETIONS, CYST
	37489	EYELID DISORDERS (PTOSIS, ECTROPION, ENTROPION, SPASM)
	37589	DISORDERS OF LACRIMAL SYSTEM (EPIPHORA, DACRYOCYSTITIS, CANALICULITIS)
	37700	OPTIC NEURITIS, PAPILLEDEMA
	37739	OPTIC NEURITIS, PAPILLEDEMA
	37926	FLASHING LIGHTS (POSTERIOR VITREOUS DETACHMENT, MIGRAINE, TRANSIENT ISCHEMIC ATTACKS)
	34690	FLASHING LIGHTS (POSTERIOR VITREOUS DETACHMENT, MIGRAINE, TRANSIENT ISCHEMIC ATTACKS)
	37919	POST SCLERAL BUCKLE REFRACTION
	37991	EYE PAIN – MINOR, NON SIGHT THREATENING
	95901	HEAD INJURY – MINIMAL WITHOUT SYMPTOMS
	V4561	POST CATARACT EXTRACTION REFRACTION

NON-ROUTINE VISION CARE

PREMIUM FEES

Category	Code	Description
Acute Conditions	9189	SEVERE EYE INJURY
	9309	FOREIGN BODIES
	36811	SUDDEN VISION LOSS
	37239	HYPER ACUTE CONJUNCTIVITIS
	37991	SEVERE EYE PAIN

EXPLANATORY CODES

Code	Description
DE003	SERVICE ENCOUNTER HAS BEEN REFUSED. PAYMENT RESPONSIBILITY INDICATED IS NOT VALID FOR THIS SERVICE.
ED001	INVALID OR OMITTED RECORD TYPE.
ED002	OMITTED ACTION CODE OR INVALID ACTION CODE AND RECORD SUB-TYPE COMBINATION.
ED003	INVALID SERVICE ENCOUNTER NUMBER. (INVALID OR OMITTED SUBMITTER ID, YEAR, SEQUENCE NUMBER, AND/OR CHECK DIGIT.)
ED004	INVALID OR OMITTED TXN TYPE.
ED005	OMITTED RECORD SUB-TYPE OR INVALID TXN TYPE AND RECORD SUB-TYPE COMBINATION.
ED006	INVALID PAYMENT RESPONSIBILITY.
ED007	INVALID OR OMITTED SERVICE ENCOUNTER TYPE.
ED008	INVALID OR OMITTED SERVICE START DATE.
ED009	INVALID OR OMITTED SERVICE OCCURRENCE NUMBER.
ED010	INVALID OR OMITTED DIAGNOSTIC CODE 1
ED011	INVALID OR OMITTED DIAGNOSTIC CODE 2 OR 3
ED012	INVALID MULTIPLES INDICATED.
ED013	INVALID MODIFIER TYPE, MODIFIER VALUE OR INVALID COMBINATION OF TYPE AND VALUE.
ED014	INVALID CLAIMED UNIT VALUE.
ED015	CLAIMED UNIT VALUE MUST BE NUMERIC IF UNIT VALUE INDICATOR CONTAINS A VALUE OF Y OR HEALTH SERVICE CODE CONTAINS A VALUE OF EC, IC, OR IF.
ED016	INVALID CLAIMED AMOUNT.
ED017	INVALID UNIT VALUE INDICATOR.
ED018	UNIT VALUE INDICATOR MUST BE BLANK IF CLAIMED UNIT VALUE IS BLANK.
ED019	INVALID PAPER SUPPORT DOCUMENT INDICATOR.
ED020	INVALID OR OMITTED HOSPITAL ADMIT DATE OR HOSPITAL ADMIT DATE INAPPROPRIATE FOR THE LOCATION
ED021	HOSPITAL ADMIT DATE CANNOT BE SUBSEQUENT TO SERVICE DATE.
ED022	HOSPITAL ADMIT DATE MUST BE PRESENT IF SERVICE IS FOR A REGISTERED INPATIENT.
ED023	INVALID INTENSIVE CARE ADMIT DATE.
ED024	INTENSIVE CARE ADMIT DATE CANNOT BE PRIOR TO HOSPITAL ADMIT DATE.
ED025	INTENSIVE CARE ADMIT DATE IS REQUIRED WHEN FUNCTIONAL CENTRE CONTAINS A VALUE OF NICU OR INCU.
ED026	INVALID START TIME.
ED027	INVALID PRE-AUTHORIZATION NUMBER.
ED028	INVALID INJURY DIAGNOSTIC CODE.
ED029	OMITTED OR INVALID SERVICE PROVIDER NUMBER OR NUMBER NOT VALID FOR DATE OF SERVICE.
ED030	INVALID OR OMITTED PROVIDER TYPE.
ED031	PROVIDER TYPE IS NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE INDICATED.
ED032	INVALID REFERRAL PROVIDER NUMBER
ED033	REFERRAL PROVIDER NUMBER MUST BE PRESENT AND MUST BE VALID.
ED034	REFERRAL PROVIDER NUMBER AND REFERRAL PROVIDER TYPE MUST BE BLANK IF OOP REFERRAL INDICATOR CONTAINS A VALUE OF Y.
ED035	REFERRAL PROVIDER NUMBER MUST BE BLANK IF REFERRAL PROVIDER TYPE IS BLANK.
ED036	REFERRAL PROVIDER NUMBER MUST BE PRESENT IF REFERRAL PROVIDER TYPE IS PRESENT.
ED037	INVALID REFERRAL PROVIDER TYPE.
ED038	REFERRAL PROVIDER TYPE MUST BE BLANK IF REFERRAL PROVIDER NUMBER IS BLANK.
ED039	INVALID BUSINESS ARRANGEMENT FOR PROVIDER NUMBER OR PROVIDER TYPE ; OR , INEFFECTIVE FOR THE SERVICE START DATE ON THE SERVICE ENCOUNTER
ED040	BUSINESS ARRANGEMENT IS NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE.

Code	Description
ED041	INVALID OR OMITTED SPECIALTY CODE.
ED042	SPECIALTY CODE NOT VALID FOR SERVICE PROVIDER NUMBER AND/OR DATE OF SERVICE.
ED043	SPECIALTY CODE PRESENT ON SERVICE ENCOUNTER IS INVALID FOR BUSINESS ARRANGEMENT INDICATED.
ED044	INVALID OR OMITTED FACILITY NUMBER OR FUNCTIONAL CENTRE
ED048	INVALID OR OMITTED SERVICE RECIPIENT HEALTH CARD NUMBER.
ED049	INVALID SERVICE RECIPIENT HEALTH CARD NUMBER FOR DATE OF SERVICE OR RECIPIENT IS INELIGIBLE FOR THE PROGRAM
ED050	DUPLICATE SERVICE ENCOUNTER NUMBER PREVIOUSLY SUBMITTED.
ED051	SERVICE ENCOUNTER NUMBER MATCH NOT FOUND.
ED052	REFERRAL PROVIDER TYPE MUST BE PRESENT AND VALID FOR SERVICE DATE IF REFERRAL PROVIDER NUMBER IS INDICATED.
ED053	INVALID OR OMITTED REFERRAL PROVIDER TYPE.
ED054	REFERRAL PROVIDER TYPE NOT VALID FOR DATE OF SERVICE FOR REFERRAL PROVIDER NUMBER INDICATED.
ED055	FACILITY NUMBER INVALID FOR LOCATION CODE INDICATED.
ED056	FACILITY NUMBER PRESENT ON SERVICE ENCOUNTER IS INVALID FOR BUSINESS ARRANGEMENT INDICATED.
ED057	INVALID OR OMITTED LOCATION CODE.
ED058	INVALID OR OMITTED PROGRAM.
ED060	SERVICE RECIPIENT BIRTH DATE IS OMITTED OR SERVICE START DATE IS PRIOR TO BIRTH DATE.
ED062	HEALTH SERVICE CODE IS INVALID, OMITTED OR INVALID FOR THE BUSINESS ARRANGEMENT INDICATED.
ED063	INVALID OR OMITTED PAY TO CODE.
ED064	INVALID PAY TO HEALTH CARD NUMBER.
ED065	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE SERVICE ENCOUNTER THAT SHARES THE SAME TEXT CANNOT BE FOUND.
ED066	INVALID RECORD SEQUENCE.
ED067	INVALID OR OMITTED SURNAME ON PERSON DATA RECORD.
ED068	INVALID OR OMITTED GIVEN NAME ON PERSON DATA RECORD.
ED069	INVALID DATE OF BIRTH ON PERSON DATA RECORD.
ED070	BIRTH DATE IN PERSON DATA RECORD MUST BE BLANK IF PAY TO CODE IS OTHR AND BIRTH DATE MUST BE PRESENT ON PERSON DATA RECORD IF PAY TO CODE IS RECP
ED071	INVALID GENDER CODE ON PERSON DATA RECORD.
ED072	OMITTED ADDRESS ON PERSON DATA RECORD.
ED073	INVALID OR OMITTED CITY NAME ON PERSON DATA RECORD.
ED074	INVALID OR OMITTED PROVINCE/STATE CODE ON PERSON DATA RECORD.
ED075	INVALID COUNTRY ON PERSON DATA RECORD.
ED076	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PERSON DATA RECORD IS ABSENT.
ED077	ONLY ONE CPD1,CBE1, OR CTX1 PERMITTED FOR EACH SERVICE ENCOUNTER TRANSACTION
ED078	RECIPIENT HEALTH CARD NUMBER AND PAY TO HEALTH CARD NUMBER ARE THE SAME
ED079	REMUNERATION METHOD NOT FEE FOR SERVICE OR SHADOW BILLING.
ED080	HEALTH SERVICE CODE MUST CONTAIN SUPPORTING TEXT AND CLAIMED UNIT VALUE
ED081	INVALID HEALTH CARD NUMBER CHECK DIGIT
ED082	INVALID RECORD LENGTH
ED083	CPD1 RECORD SUB- TYPE PRESENT WHEN IT IS NOT REQUIRED
ED084	OUT OF PROVINCE REFERRAL INDICATOR IS NOT BLANK OR IT CONTAINS A VALUE OTHER THAN Y
ED085	NON-PRINTABLE CHARACTERS IN CHART NUMBER FIELD
ED086	NON-PRINTABLE CHARACTERS IN UNUSED FIELD
ED087	INVALID POSTAL CODE FORMAT

Code	Description
ED088	GUARDIAN/PARENT HCN IS NOT ALPHANUMERIC
ED089	SUPPORTING TEXT CONTAINS UNPRINTABLE CHARACTERS
ED090	INVALID SUBMITTER ID
ED091	INVALID YEAR IN THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE
ED092	INVALID SEQUENCE NUMBER IN THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE
ED093	INVALID CHECK DIGIT ON THE SERVICE ENCOUNTER NUMBER ON THE CTX1 RECORD SUB TYPE
ED094	UNSUPPORTED TRANSACTION TYPE
ED095	TRANSACTION BADLY FORMED
ED096	PARENT OR GUARDIAN MUST CONTACT MSI TO VALIDATE HEALTH CARD NUMBER FOR PREREGISTERED NEWBORN.
ED097	DATE OF SERVICE IS SUBSEQUENT TO EXPIRY DATE FOR HEALTH CARD NUMBER.
ED098	HOSPITAL ADMIT DATE AND INTENSIVE CARE ADMIT DATE MUST BE BLANK FOR ACTION CODE OF P.
ED099	BIRTH DATE IS BLANK ON BASE SERVICE ENCOUNTER RECORD AND PERSON DATA RECORD.
ED100	DUPLICATE SERVICE ENCOUNTER NUMBER PREVIOUSLY SUBMITTED, CURRENTLY IN HELD STATUS, WAITING FOR MANUAL REVIEW.
ED101	PROVIDER TYPE NOT ALLOWED TO BILL.
ED102	PROVIDER TYPE NOT ALLOWED TO REFER.
ED103	SERVICE RECIPIENT BIRTH DATE DOES NOT MATCH BIRTH DATE ON HEALTH CARD.
ED104	SERVICE ENCOUNTER ACCEPTED AT ZERO AS IT IS OUTDATED.
ED105	SERVICE ENCOUNTER HAS BEEN REFUSED AS OUTSIDE DATE OF DEATH GRACE PERIOD.
ED106	PAYMENT RESPONSIBILITY IS INCORRECT FOR THE HEALTH CARD NUMBER PROVIDED.
GN001	SERVICE ENCOUNTER HAS BEEN REFUSED AS A SIMILAR SERVICE HAS BEEN APPROVED ON THE SAME DAY.
GN003	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS IS AN EXCLUDED SERVICE UNDER THE RECIPROCAL BILLING AGREEMENT.
GN004	SERVICE ENCOUNTER HAS BEEN REFUSED AS SELF REFERRAL IS NOT ACCEPTABLE.
GN005	SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY WCB IS NOT VALID FOR PATIENT UNDER SIXTEEN.
GN007	SERVICE ENCOUNTER HAS BEEN REFUSED AS MODIFIER AG VALUE DOES NOT AGREE WITH AGE OF PATIENT.
GN009	SERVICE ENCOUNTER HAS BEEN REFUSED AS PATIENT'S SEX IS INVALID FOR SERVICE PROVIDED.
GN012	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO PREAUTHORIZATION NUMBER WAS INDICATED OR NUMBER INDICATED IS INVALID.
GN013	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS A DUPLICATE SUBMISSION.
GN014	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUSLY REDUCED MATCHING SERVICE ENCOUNTER IS NOT PRESENT.
GN015	SERVICE ENCOUNTER HAS BEEN REASSESSED.
GN016	INVALID OR OMITTED HEALTH SERVICE CODE.
GN017	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT APPROVED FOR PERFORMING THIS SERVICE.
GN019	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS AN EXACT DUPLICATE TO A PREVIOUSLY SUBMITTED SERVICE ENCOUNTER.
GN020	SERVICE ENCOUNTER HAS BEEN ADJUDICATED ACCORDING TO INFORMATION PROVIDED.
GN022	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS AN UNINSURED SERVICE UNDER MSI.
GN023	SERVICE ENCOUNTER HAS BEEN REFUSED AS IT IS OUTDATED.
GN024	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS AN UNINSURED SERVICE UNDER MSI.
GN030	SERVICE ENCOUNTER HAS BEEN REFUSED. IF RESUBMITTING, PROVIDE ALL DETAILS THAT WILL ASSIST IN DETERMINING PAYMENT.
GN031	SERVICE RECIPIENT BIRTH DATE DOES NOT MATCH BIRTH DATE ON HEALTH CARD. BIRTH DATE FROM HEALTH CARD SHOULD BE USED. THIS DOES NOT AFFECT PAYMENT.
GN034	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT APPROPRIATE.
GN035	SERVICE ENCOUNTER HAS BEEN REFUSED AS PAY TO CODE INDICATED IS NOT VALID FOR PAYMENT RESPONSIBILITY INDICATED.
GN036	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE UNDER THIS SAME SERVICE CODE HAS BEEN APPROVED.

Code	Description
GN037	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE HAS BEEN APPROVED UNDER THIS SAME SERVICE CODE AT THIS SERVICE ENCOUNTER.
GN038	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER HAS BEEN ACCEPTED FOR THIS SAME SERVICE CODE.
GN039	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER FOR THIS SAME HEALTH SERVICE CODE HAS BEEN APPROVED.
GN041	SERVICE ENCOUNTER HAS BEEN REFUSED AS A PREVIOUS SERVICE ENCOUNTER WAS APPROVED FOR THIS SAME HEALTH SERVICE CODE.
GN042	SERVICE ENCOUNTER HAS BEEN REFUSED AS PAYMENT RESPONSIBILITY IS NOT VALID FOR DATE OF SERVICE INDICATED.
GN044	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A SERVICE OCCURRENCE OTHER THAN 1 HAS BEEN USED WITHOUT EXPLANATORY TEXT
GN045	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT INCLUDE THE ORIGINAL SERVICE ENCOUNTER NUMBER
GN047	SERVICE ENCOUNTER HAS BEEN REFUSED. SUBMIT A REASSESS (ACTION CODE R) FOR THE ORIGINAL SUBMISSION TO AID IN THE ASSESSMENT OF YOUR CLAIM.
GN049	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT PROVIDE SUFFICIENT DETAILS. IF RESUBMITTING, PLEASE PROVIDE MORE DETAILS TO AID IN THE ASSESSMENT OF YOUR CLAIM.
GN050	SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT UNDER THE SAME HEALTH SERVICE CODE USING THE APPROPRIATE LESSER VALUE MODIFIER FOR THE SERVICE PROVIDED.
GN051	SERVICE ENCOUNTER HAS BEEN REFUSED AS A SERVICE OCCURRENCE ONE (1) HAS NOT BEEN CLAIMED FOR THIS DAY BY THIS PHYSICIAN.
GN057	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE DIAGNOSTIC CODE SUBMITTED DOES NOT WARRANT A PREMIUM FEE.
GN065	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE HAS ALREADY BEEN CLAIMED BY ANOTHER PROVIDER ON THIS DAY.
GN073	PLEASE SUBMIT DOCUMENTATION TO FURTHER ASSIST IN ASSESSING THIS CLAIM
GN095	SERVICE ENCOUNTER HAS BEEN REDUCED TO THE APPROPRIATE FEE FOR THE SERVICE PROVIDED.
MI007	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 03.03, 09.02C OR 09.02F ON THIS DAY.
MJ003	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS ONCE PER LIFETIME PROCEDURE HAS PREVIOUSLY BEEN APPROVED.
NR009	PLEASE DELETE ORIGINAL SUBMISSION AND SUBMIT A NEW SERVICE ENCOUNTER FOR A PARTIAL EYE EXAM.
NR011	SERVICE ENCOUNTER HAS BEEN REFUSED AS DATE OF SERVICE APPEARS INCORRECT ACCORDING TO OUR RECORDS.
NR013	SERVICE ENCOUNTER HAS BEEN REFUSED. DELETE ORIGINAL SUBMISSION AND RESUBMIT USING THE APPROPRIATE MODIFIER OF REGION BOTH.
NR016	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ALL THE REQUIREMENTS FOR BILLING THIS SERVICE HAVE NOT BEEN MET.
NR019	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SAME SERVICE HAS BEEN APPROVED FOR ANOTHER PROVIDER.
NR020	SERVICE ENCOUNTER HAS BEEN REFUSED. RESUBMIT USING THE APPROPRIATE SERVICE OCCURRENCE NUMBER.
NR025	SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON THE PREAMBLE RULING FOR OUTDATED SUBMISSIONS.
NR027	SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON PREAMBLE RULES.
NR039	SERVICE ENCOUNTER HAS BEEN ACCEPTED AT ZERO AS IT IS OUTDATED.
NR040	SERVICE ENCOUNTER HAS BEEN REFUSED AS PRIOR APPROVAL NUMBER INDICATED IS NOT VALID.
NR050	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS TEXT PROVIDED DOES NOT WARRANT APPROVAL.
NR053	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE BUSINESS ARRANGEMENT INDICATED IS INCORRECT ACCORDING TO OUR RECORDS.
NR054	SERVICE ENCOUNTER HAS BEEN DISALLOWED. DELETE THE ORIGINAL SUBMISSION AND SUBMIT A NEW SERVICE ENCOUNTER UNDER THE APPROPRIATE BUSINESS ARRANGEMENT.
NR061	SERVICE ENCOUNTER HAS BEEN REFUSED RE DIAGNOSIS INDICATED.
NR076	SERVICE ENCOUNTER HAS BEEN ADJUDICATED BASED ON DIAGNOSIS INDICATED
NR080	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT BAPY
NR082	PLEASE CONTACT MSI REGARDING THIS CLAIM
NR080	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE PAY TO CODE INDICATED IS NOT BAPY
OP001	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ROUTINE VISION CARE IS UNINSURED RE AGE OF PATIENT.
OP002	SERVICE ENCOUNTER HAS BEEN DISALLOWED. ONLY ONE EXAM FOR MEDICAL NECESSITY IS PAYABLE PER YEAR. PAYMENT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.
OP003	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS NOT PAYABLE FOR PERSONS 19 YEARS OF AGE AND OLDER.

Code	Description
OP004	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.
OP005	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONTINUING CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER IN THE PREVIOUS YEAR.
OP006	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.
OP007	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS CONTINUING CARE VISIT HAS BEEN APPROVED TO YOU OR ANOTHER PROVIDER DURING THE PREVIOUS YEAR.
OP008	SERVICE ENCOUNTER HAS BEEN REFUSED AS THIS SERVICE IS NOT PAYABLE FOR YOUR SPECIALTY.
OP009	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE ROUTINE OPTOMETRIC VISION ANALYSIS IS PAYABLE DURING A TWO YEAR PERIOD.
OP010	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE ROUTINE OPTOMETRIC VISION ANALYSIS IS PAYABLE DURING A TWO YEAR PERIOD.
OP011	SERVICE ENCOUNTER HAS BEEN REFUSED AS ELECTRONIC TEXT IS REQUIRED WITH REFERENCE TO THE SPECIFIC DRUG INVOLVED.
OP012	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER YEAR PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION RIGHT, LEFT OR BOTH.
OP013	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER YEAR PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION LEFT OR BOTH.
OP014	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS ONCE PER YEAR PROCEDURE HAS PREVIOUSLY BEEN APPROVED FOR EITHER REGION RIGHT OR BOTH.
OP015	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A ROUTINE VISION ANALYSIS IS NOT AN INSURED SERVICE RE AGE OF PATIENT.
OP016	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS IT IS ROUTINE IN NATURE.
OP017	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS SERVICE IS ONLY PAYABLE FOR A NON-ROUTINE DIAGNOSIS.
OP018	SERVICE ENCOUNTER HAS BEEN DISALLOWED RE ROUTINE DIAGNOSIS INDICATED.
OP019	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED IN THE PAST YEAR.
OP020	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A CONTINUING CARE VISIT IS PAYABLE ONLY ONCE PER YEAR.
OP021	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS WAS APPROVED DURING THE PREVIOUS YEAR.
OP022	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTINUING CARE VISITS ARE PAYABLE ONCE PER YEAR ONLY.
OP023	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A ROUTINE DIAGNOSIS HAS BEEN INDICATED.
OP024	SERVICE ENCOUNTER HAS BEEN DISALLOWED DUE TO ROUTINE DIAGNOSIS INDICATED.
OP025	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ANOTHER NON-ROUTINE VISION ANALYSIS HAS BEEN APPROVED DURING THE PREVIOUS YEAR.
OP026	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS CONTINUING CARE VISIT HAS BEEN APPROVED DURING THE LAST YEAR.
OP027	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS DIAGNOSIS DOES NOT WARRANT PAYMENT OF THIS SERVICE.
OP028	SERVICE ENCOUNTER HAS BEEN APPROVED AT THE NON REFERRED RATE FOR THIS SERVICE AS THE REFERRING PROVIDER TYPE IS NOT PH.
OP029	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM 6 VISITS ALLOWED PER YEAR FOR THIS TYPE OF SERVICE HAVE BEEN APPROVED.
OP030	SERVICE ENCOUNTER HAS BEEN REFUSED AS TEXT IS REQUIRED INDICATING THE NAME OF THE PRESCRIBED DRUG OR THAT NO PRESCRIPTION WAS REQUIRED.
OP031	SERVICE ENCOUNTER HAS BEEN REFUSED AS TEXT IS REQUIRED INDICATING THE NAME OF THE OPHTHALMOLOGIST RECEIVING THE REFERRAL.
OP032	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOUR SPECIALTY IS NOT VALID FOR SERVICE CLAIMED.
OP033	SERVICE ENCOUNTER HAS BEEN REFUSED AS ONE OF THE REQUIRED DIAGNOSTIC CODES (37160,37148,37171,V425) WAS NOT INCLUDED ON THE SERVICE ENCOUNTER.
OP034	SERVICE ENCOUNTER HAS BEEN REFUSED AS NO DIAGNOSTIC CODE WARRANTING PAYMENT OF PREMIUM FEE WAS INDICATED.
OP035	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID A VISIT THIS DAY
OP036	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BEEN PAID AN OPTOMETRIC VISION ANALYSIS THIS DAY
OP037	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE INITIAL LOW VISION ASSESSMENT IS PAYABLE DURING A TWO YEAR PERIOD
OP038	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS ONLY ONE SUBSEQUENT LOW VISION ASSESSMENT IS PAYABLE DURING A TWO YEAR PERIOD
OP039	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THE MAXIMUM NUMBER OF FOLLOW-UP VISITS RESULTING FROM A REFERRAL BACK FROM AN OPHTHALMOLOGIST HAVE BEEN APPROVED

Code	Description
OP040	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY BILLED HSC 22.69A OR 21.31 ON THIS DAY.
OP041	SERVICE ENCOUNTER HAS BEEN REFUSED AS THE DIAGNOSTIC CODE BILLED IS NOT VALID FOR THIS SERVICE
OP042	SERVICE ENCOUNTER HAS BEEN REFUSED AS AN INITIAL VISIT HAS ALREADY BEEN CLAIMED FOR THIS DIAGNOSIS.
OP043	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS AN ADDITIONAL COMPLETE EXAM HAS ALREADY BEEN APPROVED IN THE PAST YEAR.
OP044	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS THIS FEE IS ONLY PAYABLE ONCE EVERY 2 YEARS FOR THE DIAGNOSIS SPECIFIED.
OP045	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED CORNEAL TOPOGRAPHY THE MAXIMUM OF SIX TIMES FOR THIS PATIENT WITHIN THE PAST YEAR.
OP046	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS A PREVIOUS OPTOMETRIC VISION ANALYSIS HAS BEEN APPROVED WITHIN THE PREVIOUS 2 YEARS.
OP047	SERVICE ENCOUNTER HAS BEEN REFUSED AS YOU HAVE PREVIOUSLY CLAIMED CORNEAL TOPOGRAPHY FOR KERATOCONUS AND PELLUCID DEGENERATION THE MAXIMUM OF TWO TIMES FOR THIS PATIENT WITHIN THE PAST YEAR.
VT027	SERVICE ENCOUNTER HAS BEEN DISALLOWED AS CONTACT LENS FITTING INCLUDES FOLLOW UP FOR THREE MONTHS.
VT055	SERVICE ENCOUNTER HAS BEEN DISALLOWED. CONTACT LENS FITTING INCLUDES FOLLOW UP CARE FOR THREE MONTHS.