



WORKING TO MAKE A DIFFERENCE

Health Care Services

Mailing Address

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

Location

6951 Westminster Highway
Richmond BC

www.worksafebc.com

Telephone 604 232-7787

Toll-free within BC 1 888 967-5377

Fax 604 231-8424

**WorkSafeBC
OPTOMETRY FEE SCHEDULE**

Fee Item	Service Description	Fee
1100280	Extended Ocular Health Assessment Fee includes report (see definition clause for requirements) May not be billed with any other fee item, except 1100247, 1100248 and 1100249	\$81.60
1100247	Diagnostic Visual Field threshold related (includes copy of test print out)	\$41.66
1100248	Full threshold quantity defect (includes copy of test print out)	\$55.43
1100249	Sonography per eye: A scan (includes copy of test print out)	\$52.12
For the following fee items only one item per visit may be billed. Fee includes a copy of the chart notes		
1100233	Exam for low vision aid	\$41.14
1100236	Diagnostic examination of the eye	\$45.73
1100237	Foreign body removal external superficial conjunctiva	\$26.84
1100281	Limited Ocular Procedure	\$28.56
1100250	Topography	\$55.85
Post surgical follow up visit		
1100255	Post surgical follow up visit Limited to a maximum of three visits during the six week period following surgery and must be required due to: <ul style="list-style-type: none"> Geographic distance of more than two hundred (200) kilometers between WorkSafeBC injured Worker's home and location of surgical centre, or At the request of the Surgeon, or By referral from an Ophthalmologist 	\$33.21 per visit
Photocopies and Reports		
1100238	Photocopy- WorkSafeBC requested existing report or Chart Notes (first five pages)	\$22.81
1100239	Photocopy- WorkSafeBC requested reports over five pages- additional per page	\$1.17
1100240	Report At the request of a WorkSafeBC Board Officer, an Optometrist who had treated the worker may be asked to review the Injured Worker's history and develop a comprehensive report describing the details of the injury, diagnosis, and treatment	\$132.60

Please include claim or account number in all correspondence

Workers' Compensation Board of British Columbia

Mailing AddressPO Box 5350 Stn Terminal
Vancouver BC V6B 5L5**Location**6951 Westminster Highway
Richmond BCTelephone 604 232-7787
Toll-free within BC 1 888 967-5377
Fax 604 231-8424**Definitions****Extended Ocular Health Assessment**

An internal health assessment which will include a dilated fundus examination, external health assessment, binocular assessment, manual or cycloplegic refraction. Tests to assess the integrity of the visual pathways such as Amsler grid or confrontation fields but not limited to these tests are included in this procedure. This procedure should occur at the initial visit for assessment of the injury and annually afterwards if requested by WCB. If a full visual field assessment is required it can be billed separately.

Diagnostic Eye Exam

To include all those tests required by the BOE for a Major Optometric Eye Exam. A dilated fundus examination is only required if the WorkSafeBC Injured Worker qualifies for medically required eye exam and qualifies for that examination if they were not a WCB Injured Worker.

Limited Ocular Procedure

These procedures are tests/procedures that occur separately from a more complete procedure as a result of the patient requiring monitoring over a period of time. Examples of tests/procedures that could occur in this category are:

Tonometry	Gonioscopy
Keratometry	Biomicroscopy
Pachometry	Colour Vision Assessment
Epilation with Forceps	Contrast Sensitivity Assessment
Exophthalmometry	Dark Adaptation per eye
Follow-up visit for foreign body removal	

Only one procedure per visit may be billed. If more than one procedure is required it is expected that a full diagnostic eye exam would be performed instead. Other procedures may be required in the opinion of the Optometrist. They may be billed under this category if they are not part of a more complete assessment.

Reports

Reports must be provided for all Extended Ocular Health Assessments. This report must include:

- Injured worker's name and claim number,
- Reason for visit,
- Referral source,
- History,
- Chief complaint(s),
- A copy of the ocular refraction,
- Visual acuity,
- Change in refraction,
- Diagnosis, prognosis (comment as to the impact of the injury/illness to the visual status),
- Any additional procedure performed (for example, visual field) and why it was performed.