

Billing Information Sheet

Glaucoma Care Pilot Payment Schedule – Optometrist Services

Effective October 1, 2025 – Two-year Pilot program

** Services delivered on or after the effective date, October 1, 2025, will be eligible for claim submission and assessment.

Glaucoma Care – Optometrist Assessment, Monitoring, and Co-Management of Glaucoma Patients

The new pilot payment schedule includes new codes which are now available for care provided by a licensed optometrist to a Saskatchewan beneficiary, involving direct real-time patient interaction (in-person or virtual) for the assessment, monitoring, or co-management of glaucoma or high-risk glaucoma suspect cases. Patients must not be charged for any aspect of a publicly funded glaucoma care service beyond the payable amount outlined in the pilot payment schedule.

Billing Information

Eligible Providers

Only Saskatchewan-licensed optometrists with appropriate training and equipment required for the diagnosis and treatment of glaucoma may bill for pilot services.

Eligible Patients & Location

- Glaucoma care services will be eligible for coverage through the pilot program only for those Saskatchewan beneficiaries:
 - Who have been diagnosed with or on treatment for or have had surgery for Primary open-angle glaucoma (POAG);
 - Who have been diagnosed with Pigment Dispersion Glaucoma, Pseudoexfoliation Glaucoma, Steroid-induced Glaucoma or those who have met the definition of Glaucoma Suspect with High Risk, as defined in Appendix A of the *Glaucoma Care Pilot Payment Schedule*.
- Both the optometrist and patient must be in Saskatchewan, with the exception of the border community of Lloydminster, where the optometrist holds Saskatchewan licensure and a Direct Payment Agreement with the Medical Services Branch, and the patient is a Saskatchewan Healthcare beneficiary.

Documentation Requirements

Service must be clearly documented in the patient's medical record: clinical notes, diagnosis/ICD-9 code, treatment, advice, start and end time of patient contact, etc. The medical record must prove the service was rendered and medically necessary. MSB may request a copy of the medical record to support the service(s) billed.

Claim Submission

All claims must be submitted electronically via a Medical Services Branch (MSB) approved vendor or the Customer Portal within 180 days of the date of service.

Explanatory Codes

Rejected or returned claims will cite MSB explanatory codes. The full list of explanatory codes is available in the Glaucoma Pilot Payment Schedule appendix.

Billing Restrictions & Manual Adjudication

- For 300U/310U, there is a combined maximum of one billing per patient per 365-day period.
- Diagnostic services (e.g., 320U) and follow-up codes have separate maximums as outlined in the Payment Schedule.
- No overlapping or duplicate billing on the same day for in-person and virtual services.
- A table summarizing how codes in the Glaucoma Care Pilot Payment Schedule interact with existing visit services included in the *Payment Schedule for Insured Services Provided by an Optometrist* is included on page 3 of this billing information sheet.

Existing Visit Services with New Glaucoma Pilot Codes

In instances when a patient attends an optometrist office for an appointment that is not related to glaucoma care (e.g. 2U/4U/22U), and over the course of the appointment the patient has shown indication of having glaucoma or being a high-risk glaucoma suspect, the optometrist must:

- Provide all elements of the original visit service; and,
- Undertake diagnostic testing codes included in the Glaucoma Pilot Payment Schedule the same day, when possible, to ensure a patient-centred approach; and,
- Schedule the initial glaucoma assessment within 60 days of diagnostic testing being completed.

Billing Pathway for Glaucoma Care Pilot – Initial Detection & Diagnostic Flow

Initial Appointment Code(s)	Diagnostic Codes Billable Same Day	Next Glaucoma Appointment
2U / 4U / 12U / 22U	320U (Tonometry), 325U/326U (OCT), 328U/329U (Fundus), 332U (Visual Field), 334U (Pachymetry), 336U (Gonioscopy)	300U (Glaucoma) or 310U (High Risk) within 60 days
300U (Glaucoma Assessment)	Diagnostic services billable same day, but not with another visit service (e.g., 2U/4U etc.)	301U/801U (Max 2 per 365 days)
310U (High Risk Glaucoma Assessment)	Diagnostic services billable same day, but not with another visit service (e.g., 2U/4U etc.)	311U/811U (Max 2 per 365 days)
Follow Up Appointment Codes	Diagnostic Codes Billable Same Day	Annual Limit
301U / 311U (Follow-ups)	Diagnostic services billable same day, but not with another visit service (e.g., 2U/4U etc.)	Max 2 per 365 days
801U / 811U (Virtual Follow-ups)	Diagnostics may be billable same day where permitted (e.g., 320U), but 801U/811U are not billable with an in-person visit (e.g., 2U/4U/300U/310U etc.)	Max 2 per 365 days for any combination of 301U/311U/801U/811U

Notes:

- If a patient receives an in person visit service 300U/301U/310U/311U, virtual follow-ups (801U/811U) are not payable on the same date of service. Only the higher in-person code (e.g., 301U) is payable in this scenario.
- For the purposes of these rules, “*in-person*” refers to any in-person visit service (e.g., 2U, 4U, 12U, 22U, GPS).
- In-person follow-up remains the **gold standard of care**. Virtual follow-ups (801U/811U) are intended for use in circumstances where it is clinically appropriate and reflects best practices of patient centered care.

Billing inquiries can be directed to the Business Service Desk: 1-800-605-2965

Glaucoma Pilot Billing Code Matrix

Billing Code	2	4	12	15	16	21	22	23	31	34	35	36	37	38	40	91	92	115	116	131	132	133	134	135	136	137	190	191	192	300	301	310	311	320	325	326	328	329	332	334	336	801	810		
2		X	X	X	X	S	X	Y	X	X	X	X	X	X	S	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	G	G	G	G	3	G	G	X	X		
4	X		X	X	X	S	X	Y	X	X	X	X	X	X	S	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	G	G	G	G	3	G	G	X	X		
12	X	X		X	X	S	X	Y	X	X	X	X	X	X	S	X	X	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	G	G	G	G	3	G	G	X	X		
15	X	X	X		X	X	X	Y	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
16	X	X	X	X		X	X	Y	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
22	X	X	X	X	X	X		Y	Y	X	Y	Y	Y	Y	S	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	G	G	G	G	G	G	G	G	X	X	
91	X	X	X	X	X	S	X	Y	X	X	X	X	X	X	1		X	X	X	X	X	X	X	X	X	X	X	Y	Y	X	X	X	X	G	G	G	G	G	G	G	G	X	X		
92	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	Y	X	X	X	X	X	G	G	G	G	G	G	G	G	X	X	
131	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X		Y	X	Y	Y	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
132	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	Y		Y	X	Y	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
133	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	Y		Y	Y	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
134	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	Y	X	Y		Y	Y	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
300	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	G	G	G	G	G	G	G	G	X	X	
301	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	G	G	G	G	G	G	G	G	X	X	
310	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	G	G	G	G	G	G	G	G	X	X	
311	X	X	X	X	X	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	G	G	G	G	G	G	G	G	X	X	
801	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	G	G	G	G	G	G	G	G		X		
810	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	

S	For patients covered under Supplementary Health Services only
Y	Can be billed together
1	Hydroxychloroquine only
2	Can only be billed if non-SUPP patient (ie. 21U was not billed)
3	Can only be billed if non-SUPP patient (ie. 40U was not billed)
G	Patient has glaucoma or is a high risk glaucoma suspect

Note: Billing codes 2-192 in the table above are from the *Payment Schedule for Insured Services Provided by an Optometrist*, and bolded codes **300 to 810** are from the **Glaucoma Care Pilot Payment Schedule**. The table above is intended as a reference guide and is subject to changes as part of the implementation, monitoring, and refinement process associated with launch of the Glaucoma Care Pilot Payment Schedule.