

# Optical Supplement

## Optician



Ministry of  
Social Development  
and Social Innovation



## Ministry of Social Development Optical Supplement

---

### **Who is eligible for the MSD Optical Supplement?**

Optical supplements are provided to both children and adult clients of the Ministry of Social Development, and children who are eligible through the Healthy Kids Program.

Eligibility must be confirmed to be in effect on the date of service and a reserve number must be obtained prior to any services being performed. In some circumstances, pre-authorization may also be required. As eligibility can change month to month, it is important to confirm coverage immediately prior to providing service.

All supplier inquiries related to the Optical Supplement are to be directed to Pacific Blue Cross.

**Obtain the client's Personal Health Number (PHN) and contact  
PACIFIC BLUE CROSS at:**

**Vancouver: 1-604-419-2782      All other Communities: 1-800-667-8801**

If Ministry clients have questions, they should be referred to their local Ministry office. Parents of children covered through the Healthy Kids Program should be referred to the Healthy Kids information line at 1-866-866-0800 (press 4 then 2).

### **What services are available to eligible clients?**

The attached *Schedule of Fee Allowances - Optical* lists the eligible services along with their associated fees and conditions.

#### **Basic Eyewear**

##### **Adults**

With a valid prescription, eligible adults may receive one pair of eyeglasses every three years.

##### **Children and Healthy Kids**

With a valid prescription, children (18 years of age and under) with coverage through either the Ministry of Social Development or the Healthy Kids Program are eligible for one pair of eyeglasses annually.

## **Eye Examination Supplements**

Routine eye examinations are covered through MSD for Ministry clients 19 to 64 years of age who have not had an eye examination in the last 24 months and where the client is not eligible for this coverage under the Medical Services Plan. Payment is made at the rates negotiated by the Ministry of Health and is restricted to examinations performed by an Ophthalmologist or an Optometrist. Prior to proceeding with an eye examination, eligibility must be confirmed by calling Pacific Blue Cross.

## **New Lenses or Repairs**

Replacement of a single lens or both lenses may be considered with a current prescription confirming a significant change in refractive status.

The definition of 'change in refractive status' in the BC Employment and Assistance Regulation and the Employment and Assistance for Persons with Disabilities Regulation is:

**"change in refractive status"** means a change of not less than 0.5 dioptres to the spherical or cylinder lens, or a change in axis that equals or exceeds

- (a) 20 degrees for a cylinder lens of 0.5 dioptres or less,
- (b) 10 degrees for a cylinder lens of more than 0.5 dioptres but not more than 1.0 dioptre, and
- (c) 3 degrees for a cylinder lens of more than 1.0 dioptre;

Necessary repairs to either lenses or frames may be also be considered. Eligibility must be confirmed prior to provision of services by calling Pacific Blue Cross.

## **Additional Optical Services**

Additional items may be considered under the MSD Optical Supplement when they are found to be required for medical reasons and specific medical justification is provided. Refer to the Additional Optical Services section of this booklet for a comprehensive list of eligible services and the restrictions that apply.

## **Pre-Authorized Optical**

In some circumstances, replacement or specialized items may also be considered under the MSD Optical Supplement. Without exception, prior approval from the Ministry is required and detailed medical justification supporting the need for such items must be provided. Contact Pacific Blue Cross for additional information.

## **Payment Eligibility and Process:**

Please ensure prescriptions are in minus cylinder form and are within 2 years of the date of the eye examination for adults or within 1 year for a child 18 years and under.

Claims must be submitted on the Ministry claim form within one year of the date of service and sent to:

Pacific Blue Cross  
PO Box 65339  
Vancouver, BC  
V5N 5P3

Blank claim forms are available through Pacific Blue Cross.

Claims under the Ministry's Optical Supplement will be paid in accordance with the MSD *Schedule of Fee Allowances - Optical*.

To facilitate payment, the submitted claim form must be fully completed and signed by the supplier and the client. In addition, please ensure all required documentation, (i.e.: lab slips or prescriptions if required) has been attached to your claim form prior to submission. Incomplete claim forms cannot be processed and will be returned to your office.

Where payment of a claim has been adjusted or refused, your remittance statement will include an explanation code.

**MINISTRY OF SOCIAL DEVELOPMENT  
OPTICAL**

**SCHEDULE OF FEE ALLOWANCES - OPTICAL -  
OPTICIANS  
APRIL 1, 2005**

ITEM CODE	ITEM DESCRIPTION	FEE AMOUNT
101	New Frames Only, including dispensing	\$64.39
201	Minor repair with parts (e.g., screws, nose pads)	\$10.20
202	Major with parts (e.g., temple joints)	\$15.30
<b>COMPLETE: LENSES/FRAMES/CASE (hardening included)</b>		
<b>Singlevision</b>		
301	4D or less	\$118.00
302	4.25-8D	\$125.00
<b>Add on Singlevision per lens</b>		
320	8.25 to 16D (add this code to 302/402)	\$9.00
321	Above 16D (add this code to 302/402)	\$14.00
322	Cylinders to 3	\$2.60
323	Cylinders 3.25 to 6	\$6.90
324	Cylinders above 6	\$10.00
<b>Bifocal (flat top/round segment)</b>		
330	4D or less	\$161.00
331	4.25 – 8D	\$170.00
<b>Trifocal</b>		
332	Add to Bifocal Fee	\$24.25
<b>Add on Bifocal/Trifocal per lens</b>		
340	8.25 to 16D (add this code to 331/421)	\$10.00
341	Above 16D (add this code to 331/421)	\$15.00
342	Cylinders to 3	\$4.90
343	Cylinders 3.25 to 6	\$8.40
344	Cylinders above 6	\$10.00
<b>Add on Singlevision/Bifocal/Trifocal per lens</b>		
350	Prisms up to 5.00	\$4.00
351	Prisms over 5.00	\$7.00

<b>LENSES ONLY (hardening included)</b>		
<b>Singlevision</b>		
401	4D or less	\$62.00
402	4.25 - 8D	\$69.00
403	4D or less (one lens)	\$26.20
404	4.25 – 8D (one lens)	\$29.70
<b>Bifocal (flat top/round segment)</b>		
420	4D or less	\$104.00
421	4.25 – 8D	\$113.00
422	4D or less (one lens)	\$47.60
423	4.25 – 8D (one lens)	\$52.00
<b>Trifocal Single Lens Replacement</b>		
432	4D or less	\$58.75
433	Over 4D	\$63.25

PLEASE NOTE: Prescriptions must be in minus cylinder form

## ADDITIONAL OPTICAL SERVICES - OPTICIANS

The following items were previously available only after consultation and approval from the Ministry. To facilitate easier access for the supplier to provide these services to eligible clients, prior approval is no longer required. However, please note that some fee items have eligibility requirements that must be followed and payment may be denied if the eligibility requirement is not satisfied. When billing for items that are paid based on lab costs incurred, a copy of the lab slip detailing individual items must be submitted along with the claim form.

**Note:** Eligibility must be confirmed and a reserve number obtained prior to providing any services.

ITEM CODE	ITEM DESCRIPTION	FEE AMOUNT
012	<u>Photogrey (pgx)</u> – single vision, bifocal or trifocal <ul style="list-style-type: none"> <li>▪ Limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to claim form. Fee paid reflects photogrey portion only.</li> </ul>	Lab costs only*
013	<u>Tint</u> <ul style="list-style-type: none"> <li>▪ Limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to claim form. Fee paid reflects tint portion only.</li> </ul>	Lab costs only*
015	<u>UV Coating</u> <ul style="list-style-type: none"> <li>▪ Limited to clients with a specific medical condition that requires UV coating on lenses. Medical condition must be noted on the prescription and attached to claim form. Fee paid reflects UV coating portion only.</li> </ul>	Lab costs only*
017	<u>Out of Office Visits</u> <ul style="list-style-type: none"> <li>▪ Limited to clients residing in a long-term care facility and billable once per day/institution regardless of the number of clients seen. Name and address of institution must be noted on claim form.</li> </ul>	\$24.50
025	<u>Anti-Scratch Coating (i.e., TD2)</u> <ul style="list-style-type: none"> <li>▪ Fee paid reflects coating portion only.</li> </ul>	Lab costs only*
026	Edging of single vision lens/lenses into new frame.	\$7.50 per lens
027	Edging of bifocal or trifocal lens/lenses into new frame.	\$10.00 per lens
028	<b>Fresnel Prisms</b> <ul style="list-style-type: none"> <li>▪ Fee includes labour.</li> </ul>	\$60.00
029	<u>Transition Lenses</u> <ul style="list-style-type: none"> <li>▪ Limited to clients with a specific medical condition that is causing photophobia medical condition must be noted on the prescription and attached to claim form. Fee paid reflects transition portion only.</li> </ul>	Lab costs only*

\* Denotes lab slip required with claim form

**Note:** The symptom of photophobia alone will not be accepted as medical justification for the above noted items.

If you require further information, please contact Pacific Blue Cross at 1-800-667-8801.

The following information lists the items/services considered under Pre-authorized Optical for Opticians for which prior approval is required. This list is for information purposes only.

**MINISTRY PRE-AUTHORIZATION FEE CODES - Opticians**

Fee Code	Fee Item	Fee Amount
011	<i>High index lenses</i>	Lab costs only
014	<i>Anti-reflective coating</i>	Lab costs only
018	<i>Aphakic lenses – dispensing fee (without lens implant)</i>	\$69.50 per pair of lenses
999	<i>Aphakic lenses</i>	Lab costs only
019	<i>Aspheric lenses – dispensing fee</i>	\$22.00 per lens
999	<i>Aspheric lenses</i>	Lab costs only
021	<i>Lenses dispensing fee (for specialized lenses)</i>	Single vision - \$11.00 per lens Bifocal - \$16.50 per lens Trifocal - \$20.25 per lens
022*	<i>Contact lenses – first time (including fitting fees)</i>	\$185.00
023*	<i>Single contact lens dispensing fee</i>	\$16.00
999	<i>Single contact lens</i>	Wholesale cost
024*	<i>Pair of contact lenses dispensing fee</i>	\$32.00
999	<i>Pair of contact lenses</i>	Wholesale cost
999	<i>Specialized lenses (other than listed)</i>	Lab costs only
999	<i>Polycarbonate lenses</i>	Lab costs only
999	<i>Specialized frame – dispensing fee (adult and children)</i>	\$22.50
999	<i>Specialized frame (adult and children)</i>	Wholesale cost
999	<i>Specialized grinds</i>	Lab costs only
999	<i>Repairs to specialized frames</i>	Wholesale costs

\* Denotes in-active codes...code 999 is currently being used.