

Optical Supplements



Optometrists and Ophthalmologists

Fee Schedule Booklet





Optical Supplements

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Part A - Preamble

The Ministry of Social Development and Poverty Reduction (Ministry) provides optical coverage to eligible individuals who receive assistance through the BC Employment and Assistance (BCEA) Program and children who are eligible through the Healthy Kids Program.

This booklet provides details about what is covered under the Ministry's Optical Supplements along with the rules, frequency and financial limits associated with each service.

The Ministry's Optical Supplements are administered by Pacific Blue Cross (PBC). Vision Care Providers can find detailed procedures for confirming eligibility, obtaining predetermination or preauthorization and submitting claims in the PBC Vision Reference Guide available under Provider Resources at www.pac.bluecross.ca/provider.

Eligibility for Optical Supplements

Optical supplements are provided to both children and adult clients of the Ministry, 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 predetermination must be obtained prior to any services being performed. Predeterminations are a simple way to check if the product is an eligible item, and how much coverage is available. For specialized items, a written preauthorization with supporting documentation is required. As eligibility can change month to month, it is important to confirm coverage immediately prior to providing service.

More information on the procedures for confirming eligibility for your patients and for obtaining predetermination or preauthorization are outlined under the Eligibility Information section on pages 4 and 5 of this booklet.

What services are available to eligible clients?

Refer to "Part B - Schedule of Fee Allowances – Optical" and "Part C – Preauthorized Optical" of this booklet for the list of the eligible services available along with their associated billing codes, fees and conditions.

Eye Examinations

Routine eye examinations are covered 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. Coverage is restricted to examinations performed by an Ophthalmologist or an Optometrist.

Eye examinations for children are not covered under the Ministry's Optical Supplement as these are an eligible benefit under BC's Medical Services Plan.

Eligibility must be confirmed prior to proceeding with an eye examination.

Basic Eyewear

BCEA Adults

Eligible adults may receive one pair of eyeglasses every three years. A current prescription from an Ophthalmologist or Optometrist is required. Prescriptions must be dated within 2 years of the date of the eye examination.

BCEA Children and Healthy Kids

Eligible children (under 19 years of age) are eligible for one pair of eyeglasses annually. A current prescription from an Ophthalmologist or Optometrist is required. Prescriptions must be dated within 1 year of the date of the eye examination.

Please ensure prescriptions are in minus cylinder form.

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 also be considered. Eligibility must be confirmed, and predetermination obtained prior to provision of services.

Additional Optical Services

Additional items may be considered under the Ministry's Optical Supplement when they are found to be required for medical reasons and specific medical justification is provided. Refer to Table 2: Additional Optical Services on page 9 of this booklet for a comprehensive list of eligible services and the restrictions that apply.

Preauthorized Optical

In some circumstances, early replacement or specialized items may also be considered under the Ministry's Optical Supplement. Without exception, prior approval is required and detailed medical justification supporting the need for such items must be provided. Refer to Table 3: Preauthorized Optical Services on page 10 of this booklet for a comprehensive list of eligible services and the restrictions that apply.

Eligibility Information

Confirmation of Eligibility and Predetermination Process:

All provider inquiries related to the Optical Supplement are to be directed to Pacific Blue Cross. Eligibility must be confirmed for all patients, and a pre-determination must be obtained prior to providing services at which time previous optical history will be checked for time-limited services.

Coverage is determined on a month-to-month basis. When determining benefit eligibility, you must always confirm the client is active for the current month. We recommend you request picture identification in addition to their Personal Health Number (PHN) from new patients.

Steps to submit a predetermination or confirm a patient's eligibility:

- **Obtain the patient's PHN from their CareCard, BC Driver's Licence or BC Services Card.**
- **Submit a predetermination, either:**
 1. **electronically using PROVIDERnet at www.providernet.ca**
 - or**
 2. **mail/fax a paper-based predetermination form to PBC**

Fax Numbers: 1-604-419-2701 or 1-877-419-2196

Pacific Blue Cross PO Box 65339 Stn F Vancouver BC V5N 5P3

- **To confirm a client's coverage is active, you can also contact Pacific Blue Cross' Ministry Department at:**

Vancouver: 1-604-419-2780

All other Communities: 1-800-665-1297

Predeterminations cannot be provided over the telephone and not all services can be approved for predetermination using PROVIDERnet (i.e.: Table 2 and Table 3 items that require supporting documentation).

Vision Care Providers can find detailed procedures in the PBC Vision Reference Guide available under Provider Resources at www.pac.bluecross.ca/provider

If Ministry clients or parents of children covered through the Healthy Kids Program have questions related to their coverage, they should be referred to the Ministry's Toll-free Information Line at 1-866-866-0800.

Preauthorization Process:

In some circumstances, preauthorization for services may be required. Preauthorizations must be submitted in writing along with supporting medical or clinical information. Refer to Table 3: Preauthorized Optical Services on page 10 of this booklet.

Steps to submit a preauthorization

- **Requests for services that require written preauthorization must be submitted to PBC by fax or mail:**

Fax Numbers: 1-604-419-2701 or 1-877-419-2196

Pacific Blue Cross PO Box 65339 Stn F Vancouver BC V5N 5P3

- **Blank forms can be found on PROVIDERnet at www.providernet.ca**
- **Include detailed medical or clinical justification to support the specialized item being requested.**

Vision Care Providers can find detailed procedures in the PBC Vision Reference Guide available under Provider Resources at www.pac.bluecross.ca/provider

Payment Process:

Claims under the Ministry's Optical Supplements will be paid in accordance with "Part B - Schedule of Fee Allowances – Optical" and Part C – "Preauthorized Optical".

Steps to submit a claim:

There are two ways to submit claims:

- 1. Most claims can be submitted electronically using PROVIDERnet at www.providernet.ca.**

Note: Claims for services requiring preauthorization or claims that include items requiring lab slips, supporting documentation or medical/clinical justification for processing are excluded from electronic submission and must be submitted by mail.

- 2. Paper-based claims can be submitted on a standard PBC claim form and sent by mail to:**

Pacific Blue Cross PO Box 65339 Stn F Vancouver BC V5N 5P3

Vision Care Providers can find detailed procedures on how to submit claims in the PBC Vision Reference Guide available under Provider Resources at www.pac.bluecross.ca/provider

All claims must be submitted within one year of date of service.

To facilitate payment, the submitted claim form must be fully completed. Paper-based claim forms must be signed by the provider and the client. In addition, please ensure all required documentation, (i.e. lab slips, medical justification, or prescription, if required) has been included with 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 Explanation of Benefits (EOB) Statement will include an explanation.



Ministry of
Social Development
and Poverty Reduction

Part B - Optical Supplements

Table 1: Schedule of Fee Allowances – Optical – Optometrists and Ophthalmologists
April 1, 2005

ITEM CODES	ITEM DESCRIPTION	FEE AMOUNT
FRAMES		
60101	New frames only, including dispensing	\$68.26
REPAIRS ONLY		
60201	Minor with parts (i.e. screws, nose pads)	\$10.00
60202	Major with parts (i.e. temple joints)	\$15.00
COMPLETE – LENSES/FRAMES/CASE (hardening included)		
Single Vision		
60301	4D or less	\$124.00
60302	4.25 – 8D	\$132.00
Add on Single Vision per lens		
60320	8.25 to 16D (add this code to 60302/60402)	\$9.00
60321	Above 16D (add this code to 60302/60402)	\$14.00
60322	Cylinders to 3	\$2.60
60323	Cylinders 3.25 to 6	\$6.90
60324	Cylinders above 6	\$10.00
Bifocal (flat top/round segment)		
60330	4D or less	\$170.00
60331	4.25 – 8D	\$179.00
Trifocal		
60332	Add to Bifocal Fee	\$25.00
Add on Bifocal per lens		
60340	8.25 to 16D (add this code to 60331/60421)	\$10.00
60341	Above 16D (add this code to 60331/60421)	\$15.00
60342	Cylinders to 3	\$4.90
60343	Cylinders to 3.25 to 6	\$8.40
60344	Cylinders above 6	\$10.00

ITEM CODE	ITEM DESCRIPTION		FEE AMOUNT
Add on Single Vision/Bifocal per lens			
60350	Prisms up to 5.00		\$4.00
60351	Prisms over 5.00		\$7.00
LENSES ONLY (hardening included)			
Single Vision			
60401	4D or less (both)		\$65.00
60402	4.25 – 8D (both)		\$73.00
Right	Left		
60403	61403	4D or less (one lens)	\$27.50
60404	61404	4.25 – 8D (one lens)	\$31.00
Bifocal (flat top/round segment)			
60420	4D or less (both)		\$111.00
60421	4.25 – 8D (both)		\$120.00
Right	Left		
60422	61422	4D or less (one lens)	\$50.05
60423	61423	4.25 – 8D (one lens)	\$54.75
Trifocal Single Lens Replacement			
Right	Left		
60432	61432	4D or less	\$62.65
60433	61433	Over 4D	\$67.15
Eye Examinations (ages 19 – 64) Allowance once every 24 months			
60601	Eye Examination by an Optometrist		\$44.83
60701	Eye Examination by an Ophthalmologist		\$48.90

PLEASE NOTE: Prescriptions must be in minus cylinder form.

ADDITIONAL OPTICAL SERVICES – OPTOMETRISTS AND OPHTHALMOLOGISTS

The following items may be covered in addition to basic eyewear. 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 claim form.

Note: Eligibility must be confirmed and a predetermination obtained prior to providing any services.

Table 2: Additional Optical Services

ITEM CODE	ITEM DESCRIPTION	FEE AMOUNT
60012	<u>Photogrey</u> (pgx) – single vision, bifocal or trifocal <ul style="list-style-type: none"> • Limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to the claim form. Fee paid reflects photogrey portion only. 	Lab costs only*
60013	<u>Tint</u> <ul style="list-style-type: none"> • Limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to the claim form. Fee paid reflects tint portion only. 	Lab costs only*
60015	<u>UV Coating</u> <ul style="list-style-type: none"> • 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 the claim form. Fee paid reflects UV coating portion only. 	Lab costs only*
60017	<u>Out of Office Visits</u> <ul style="list-style-type: none"> • 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. 	\$25.50
60025	<u>Anti-Scratch Coating</u> (i.e. TD2) <ul style="list-style-type: none"> • Fee paid reflects coating portion only. 	Lab costs only*
60026	Edging of single vision lens/lenses into new frame.	\$7.50 per lens
60027	Edging of bifocal or trifocal lens/lenses into new frame.	\$10.00 per lens
60028	<u>Fresnel Prisms</u> <ul style="list-style-type: none"> • Fee includes labour. 	\$60.00 per pair
60029	<u>Transition Lenses</u> <ul style="list-style-type: none"> • Limited to clients with a specific medical condition that is causing photophobia. Medical condition must be noted on the prescription and attached to the claim form. Fee paid reflects transition portion only. 	Lab costs only*

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.

Part C – Preauthorized Optical Optometrists and Ophthalmologists

The following specialized items required written preapproval from Pacific Blue Cross prior to provision of the services. Refer to Part A – Preamble for detailed policy and procedures related the Preauthorized Optical Services.

Table 3: Preauthorized Optical Services

ITEM CODE	ITEM DESCRIPTION	FEE AMOUNT
60007	Contact lenses – first time (including fitting fees)	\$220.50
60008	Single contact lens dispensing fee	\$17.00
60500	Single contact lens	Wholesale cost
60009	Pair of contact lenses dispensing fee	\$34.00
60501	Pair of contact lenses	Wholesale cost
60502	Contact lenses for Keratoconus	Wholesale cost
60011	High index lenses	Lab costs only
60014	Anti-reflective coating	Lab costs only
60018	Aphakic lenses – dispensing fee (without lens implant)	\$83.00 per pair of lenses
60503	Aphakic lenses	Lab costs only
60019	Aspheric lenses – dispensing fee	\$22.00 per lens
60504	Aspheric lenses	Lab costs only
60021	Lens dispensing fee (for specialized lenses)	Single vision - \$12.25 per lens
60022	- These codes are used in conjunction with hi-index (60011), polycarbonate (60506) or other specialised lenses (60505)	Bifocal - \$19.00 per lens
60023		Trifocal - \$24.25 per lens
60505		Specialized lenses (other than listed)
60506	Polycarbonate lenses	Lab costs only
60507	Specialized frame – dispensing fee (adult and children)	\$22.50
60508	Specialized frame (adult and children)	Wholesale cost
60509	Specialized grinds – bicentric	Lab costs only
60510	Repairs to specialized frame	Wholesale cost

Replacement of Lost or Damaged Glasses

The ministry coverage provides replacement glasses once every 3 years for adults and once every 12 months for children. If a patient loses or breaks their glasses before this timeframe is met, replacement glasses may be considered on an exceptional basis. Preapproval is required and a request for preauthorization with detailed explanation must be submitted to Pacific Blue Cross. Refer to page 5 of this booklet for detailed procedures.