

F O D O

# Making Accurate Claims

**In Northern  
Ireland**



ABDO

## **Guidance to members**

Optometry Northern Ireland

Association of British  
Dispensing Opticians

Association of Optometrists

Federation of Ophthalmic  
and Dispensing Opticians

**December 2007**

AOP



This guidance is directed to optometrists, dispensing opticians, ophthalmic medical practitioners (OMPs) and registered bodies corporate in Northern Ireland. Separate guidance is applicable in England, Scotland and Wales.

Optometry Northern Ireland, the Association of British Dispensing Opticians, the Association of Optometrists and the Federation of Ophthalmic and Dispensing Opticians wish to record their thanks to the Department of Health, Social Services and Public Safety and the Central Services Agency (CSA) for their advice.

The guidance covers ophthalmic medical practitioners providing General Ophthalmic Services; and all references to optometrists should be read as applying also to OMPs (or medical practitioners in general, as appropriate).

All references to patients' records include record cards and electronic records.

This guidance is based on the most recent regulations on the NHS General Ophthalmic Services and optical vouchers and payments in Northern Ireland. However, it cannot be relied upon as a definitive interpretation of the law, which can only be determined by a court of law. In the event of uncertainty, please contact your Local Health Board (LHB), the CSA or professional organisation for specific advice. Alternatively, you may wish to seek your own legal advice.

In this document, all references to he or him should be read as including she and her, where appropriate.

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## 1

## Introduction: Ophthalmic Lists in Northern Ireland

Health Boards (HBs) in Northern Ireland are statutory bodies responsible for securing services to meet the health needs of the people of Northern Ireland. The Central Services Agency (CSA) Family Practitioner Services provides a shared service to the HBs, including payments to practitioners for the provision of General Ophthalmic Services and optical vouchers.

An optometrist or ophthalmic medical practitioner (OMP) can provide or perform sight tests under General Ophthalmic Services (GOS) in Northern Ireland, only if he is on the Northern Ireland Ophthalmic List. Being on a GOS list in England, Wales or Scotland does not allow a practitioner to provide or perform GOS in Northern Ireland.

Contractors (i.e. optometrists, OMPs, partnerships including optometrists or OMPs or bodies corporate registered with the General Optical Council) wishing to provide General Ophthalmic Services in a HB's area must apply to have their names included in the Ophthalmic List of that HB. This applies to both those contractors who wish to work from fixed premises or to provide domiciliary services. (Domiciliary services are also referred to as mobile services, because they are not always provided in the place of domicile.) Contractors providing GOS from premises must apply separately to their HB, if they wish to provide domiciliary services. If a contractor wants to provide GOS in another HB's area, whether from premises or as a domiciliary service, he must contract separately with that HB to do so. If a contractor wishes to provide GOS from fixed premises and provide domiciliary sight tests in the same area, then two separate decisions must be made by the HB. Admission to the NI Ophthalmic List is not sufficient to allow a practitioner also to provide domiciliary sight tests.

You should not assume that, because you have applied to a HB to join the list, that your application has been approved. You should, therefore, check with the HB before providing GOS in that LHB's area.

It is your responsibility to inform the HB, normally within 14 days, if there are any changes to the information that you supplied on the application form. In particular, remember to inform them if you change your address for correspondence. A HB will remove a person from the Ophthalmic List if they do not provide any GOS for six months.

Information about the regulations governing Ophthalmic Lists is available from your representative body.

## 2

### **Post-Payment Verification (PPV)**

You can expect your claims in relation to GOS sight tests and domiciliary visits, as well as the issuing and redemption of optical vouchers, to be audited by your HB and the CSA on their behalf from time to time. The HB/CSA or its representative is legally entitled to inspect records relating to your GOS patients (including mixed GOS and private records relating to a patient). You are obliged under the regulations to make the records available to the HB/CSA, subject to you being given not less than 14 days' notice.

If you, your practice or the practice where you work is subject to a PPV visit, you can check with your HB or the CSA and your Local Optometric Committee the scope of the local protocol, according to which the PPV visit is conducted.

See also the guidance on practice visits issued jointly by ABDO, AOP and FODO.

It is essential to keep a full, accurate and contemporaneous record in respect of each patient to whom you provide general ophthalmic services, including details of any prescription following the testing of sight and details of any dispensing, supply, repair or replacement of an optical appliance. The importance of good record keeping should not be overestimated, since sufficient and robust records will ensure that you are in a position to support your GOS claims, in the event of any queries by your HB or the CSA.

## 3

### **Supplying and Claiming (General)**

You should claim only for what you have supplied and keep accurate, dated records of the services that you have supplied, including details of any voucher issued. For example, you should not redeem a voucher for distance and reading spectacles and supply the patient with a pair of bifocals. Another example: you should not submit a GOS(NI)V form (voucher) and a GOS(NI)R form (repair and replacement voucher) at the

same time in respect of the same patient, in order to create a spare pair. Nor should you keep the GOS(NI)R for a period and submit it later in order to provide the patient with a spare pair of spectacles.

A voucher is a grant to the patient towards the cost of spectacles, which the patient may redeem within two years at the practice of his choice, provided he is still eligible for the voucher. There is no stipulation of the elements of the dispensed appliance a voucher can be used for, whether frames, lenses or professional dispensing fees. For example, a voucher C, may be used towards the charge for a) a re-glaze using relatively expensive hi-index lenses to their own frame; or b) less-expensive plastic lenses in a new frame; or even c) plastic lenses with an anti-reflection coating to their own frame. The choice is the patient's. The patient is entitled to 'spend' a voucher of a specified amount on or towards an appliance containing the correct prescription.

If the practice operates an 'all inclusive' charging policy to a complete pair of spectacles (not including, for example, insurance or a spectacle case), then care must be taken to ensure that the patient receives his correct entitlement. As long as the retail price for the completed appliance - however it is made up - exceeds the total value of the voucher plus any supplements, then the patient is entitled to spend the full value of the voucher; and the practice is entitled to claim the full value of the voucher. Conversely, if the 'all inclusive' retail price (described above) is less than the value of the voucher, then only this lower amount can be claimed.

If a patient requires dilation or cycloplegia and returns on a second occasion for this procedure, the GOS sight test has not been completed until the dilation or cycloplegia has been carried out. You should not submit a claim until the sight test has been completed and the prescription is issued to the patient. Nor should you claim a second fee for the dilation or cycloplegia.

A contact lens fitting or check-up is not a GOS sight test.

Submitting forms on time will assist the CSA to expedite payment on the due date. Check the submission and payment dates with the CSA. You should submit GOS(NI)ST/V/R forms at regular intervals for payment and within the time limits in the regulations: six months in the case of GOS(NI)ST forms; and three months in the case of GOS(NI)V/R forms.



Patients must sign GOS forms to agree to have a sight test or to order spectacles on a voucher. They must also sign again to receive the prescription and to collect the spectacles. The dates of the patient's signature indicate the dates of supply of the service or appliance, namely when the patient signs either part B of the GOS(NI)ST form or part C of the GOS(NI)R/V forms. Thus, you should only submit GOS(NI)V forms for payment by the CSA, after you have supplied the spectacles or contact lenses, the only exception being when the spectacles or contact lenses remain uncollected. But see **31. Contact Lenses** and **41. Non-Collection of Spectacles and Contact Lenses**.

## 4

## Filling and Signing GOS(NI) Forms (General)

All statements that apply to the patient on the fronts of all GOS forms must be marked accordingly; and other details required for that category of patient, e.g. GP name and address, completed.

You are advised to sign only those GOS(NI) forms relating to the services which you have provided. You are advised to sign them at the time of dealing with the patient. **Never sign blank GOS(NI) forms.** If they are subsequently submitted fraudulently and they have your signature, then you will be held responsible and could be accused of fraud. This is of particular importance to those practitioners who do locum work. Apart from signing the contractor's section, you should only sign a GOS(NI)ST form for a test done by someone else when that test was performed by a pre-registration student under your supervision.

The optometrist or OMP who conducted the sight test should sign the practitioner's declaration in the GOS(NI)ST/P/V forms, indicating the date on which the sight test took place and giving their Ophthalmic List number. The contractor should sign and date the claim section of the GOS(NI)ST/V/R forms. (See also **12. Filling GOS(NI)ST Forms**.)

Only an optometrist or an OMP on the Ophthalmic List can issue a voucher. Dispensing opticians and lay suppliers may also sign the suppliers' declaration of the GOS(NI)V/R forms and redeem vouchers, provided the dispensing to patients who are under 16 years of age or who are registered blind or partially sighted has been done by, or

under the supervision of, a registered practitioner. The registered practitioner should be identified on the dispensing record.

The use of a rubber stamp for a signature is not acceptable.

## 5

### **Verifying Patients' Eligibility for GOS and Vouchers: Exemption Checks**

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You are required by your Terms of Service in the GOS Regulations to take reasonable steps to verify a patient's eligibility for a sight test or a voucher. In particular, you are required to carry out an Exemption check.

If a patient fails to produce satisfactory evidence of eligibility, you must record the fact on the GOS(NI)ST/V/R forms by crossing the *Evidence Not Seen* box. In such cases, you should, nevertheless, carry out the sight test or issue the voucher, unless (using your common sense) you have good reason to disbelieve the patient's claim. (Close relatives of glaucoma sufferers and those receiving the income-based Job Seekers Allowance and Pension Credit Guarantee Credit are unlikely to be able to furnish documentary proof of eligibility. You must mark their forms *Evidence Not Seen* unless you have evidence.)

If patients are eligible for a sight test because they have a HC2 or HC3 certificate, you must check that the certificate is valid on the date of the sight test. You must not, under any circumstances, provide the sight test, unless you have seen the valid certificate. Similarly, in respect of a GOS(NI)V form, you must see the HC2 or HC3 certificate and check that it is valid on the date that the patient orders his spectacles or contact lenses from you.

If the patient undergoing a private sight test is found to need a complex lens, then the test should be treated as having been performed under the GOS; and a GOS(NI)ST form should be completed and submitted for payment. Conversely, a GOS patient currently wearing complex lenses, who undergoes a sight test and is found no longer to require a complex lens, may still receive a GOS sight test (on this occasion only).

It can be helpful to make a note on the patient's record of the evidence of eligibility that you have seen.

The CSA is empowered (but not required) to impose a financial penalty on patients who fraudulently claim eligibility for GOS sight tests or optical vouchers. Consequently, it is also not in the patient's interest to claim erroneously.

## 6

### Glaucoma and Ocular Hypertension

After receiving treatment in hospital for glaucoma (either by medication or surgery), patients are not cured of the disease. They will, therefore, continue to be eligible for GOS. Parents, children and siblings of glaucoma sufferers are also eligible for a GOS sight test, if they are aged 40 or over.

Under the GOS Terms of Service, you are required to send a written report to the patient's general medical practitioner of the results of every sight test of a patient suffering from glaucoma.

A patient diagnosed by a consultant ophthalmologist as having ocular hypertension and at risk of glaucoma is eligible for a GOS sight test. However, this eligibility does not extend to their family members. See also **12. Filling GOS(NI)ST forms**.

## 7

### Diabetes

Patients who have gestational diabetes, or diabetes associated with a medical condition that is later resolved, are only eligible for a GOS sight test while they are suffering from the condition.

Patients diagnosed with the common Type 1 or 2 diabetes are not cured (even if the Type 2 is fully controlled by diet). Therefore, they will continue to be eligible for GOS.

Under the GOS Terms of Service, you are required to send a written report to the patient's general medical practitioner of the results of every sight test of a patient suffering from diabetes.

A GOS sight test does not constitute diabetic retinopathy screening. The Department of Health's Diabetes National Service Framework specifies various aspects of screening, including audit and recall processes. It is advisable to establish

whether a patient with diabetes is receiving retinopathy screening. If the patient is not receiving screening, you should request screening in your report to the patient's doctor.

You are only required to dilate a patient suffering from diabetes during the course of a GOS sight test in so far as you judge dilation to be clinically necessary. You cannot be instructed by a GP, practice nurse, LHB or other to routinely dilate all patients having a GOS sight test. See the guidance of The College of Optometrists at [www.college-optometrists.org](http://www.college-optometrists.org)

## 8

### Frequency of Sight Tests

As required by the regulations, you should only carry out a sight test, if you think it clinically necessary. You should ensure that the reason for the test is clearly shown on the patient's record.

The structure of the GOS(NI)ST form is such that you are expected to determine when the patient last had a sight test and to enter that date on the form.

You are free to exercise your clinical judgement to determine how frequently a patient needs a sight test and to determine when to issue a changed prescription. However, the CSA has specified in its GOS Memorandum (MOS/231) of 8 August 2003 the minimum intervals between sight tests expected for different categories of patients. In the event of testing a patient's sight at a shorter interval than that specified by the CSA, you must write the clinical reason for the early sight test in the remarks box on the GOS(NI)ST form. If the sight test is being carried out at an interval of less than three months, approval must be sought from the CSA. You might be challenged by the CSA to justify your clinical decision. Nevertheless, the CSA will pay all *bona fide* claims. Such claims (like other claims) may be subject to post-payment verification.

While you have complete freedom to exercise your clinical judgement in individual cases, it is not appropriate to apply a blanket recall interval to all patients within a category. HBs have the discretion to ask you to justify each decision. Over-frequent GOS sight-testing of patients could cause the HB to question whether you should

remain on the list. When you intend to recall a patient at less than a two-year interval, it is advisable to note the reason in the patient's record. You can also seek advice from the HB's optometric adviser.

A patient, who has a sight test when he/she is already fifteen, would not normally expect to have a sight test a year later, unless there was a clinical reason to do so.

## 9

### **Domiciliary Visits**

You can only claim a domiciliary fee in respect of a patient who is eligible for a GOS sight test and requires a sight test at the place where he normally resides, because he is unable to attend a practice unaccompanied (for reasons of physical or mental ill health or disability). You and the patient have a responsibility to ensure that the domiciliary visit is necessary. You must ask the patient to indicate the specific illness or disability which prevents him/her from attending a practice. Terms like 'housebound', 'immobile', 'wheelchair-bound' or 'resident of a home' are insufficient, unless that is all that the patient or carer can or will say. You or the patient must record the patient's reason for needing a domiciliary visit on the GOS(NI)ST form. Giving the reason why the patient cannot leave his residence unaccompanied is the patient's responsibility, not yours, and as such raises no issues of medical confidentiality.

You must seek approval of the CSA and then inform the HB at least 48 hours (excluding weekends and public holidays) before you intend to make a domiciliary visit. Approval from the CSA can be sought by phone, fax or email. The subsequent notice to the HB can be done by fax, email or post to the ophthalmic adviser of that HB. You must identify the prospective patients and indicate the date and approximate time of the intended visit, when seeking approval from the CSA. The CSA will issue you with an approval number for the visit. The number should be included in your notification to the HB.

The patient or, if they are incapable, their carer or authorised representative must have requested a domiciliary visit.

The regulations do not stipulate where a domiciliary GOS sight test may be provided. Patients in hospital are eligible for a domiciliary sight test under the GOS.

You should assume that most residential homes will be considered as a single address and as a single unit of accommodation by the HB for the purpose of calculating the domiciliary fees payable to you. Accordingly, a lower domiciliary visiting fee will be payable in respect of the third and subsequent residents during one visit to the unit.

If you wish to make domiciliary visits outside the area of the HB where your practice is situated, you must be specifically listed as a domiciliary provider by the HBs responsible for those areas. You will then be required to seek the approval of the CSA and notify the other HBs, when you intend to make those visits, in the same way as when you make a domiciliary visit within your own area.

Provided you are specifically listed as a domiciliary provider by the HB concerned and if the circumstances dictate, you may make a domiciliary visit in an emergency without advance notice, provided you indicate as soon as reasonably possible afterwards the identity of the patient, the date, approximate time and reason for the visit.

See also **11. Changes to Notifications of Domiciliary Visits and Substitutes**.

## 10

### **GOS Sight Testing at Day Centres**

You may carry out GOS sight testing at some day centres for patients with disabilities, children with special needs, patients who have difficulties in communicating their health needs unaided, and for genuinely homeless people.

It should be noted that the domiciliary visiting fees are not payable for GOS sight tests carried out at day centres.

You must seek approval of the CSA and notify the HB, before you visit a day centre in the same way as any other location. Similarly, you must also identify the prospective patients and indicate the date and approximate time of the intended visit. Making changes to the details in respect of a notified visit to a day centre should be made according to the same provisions relating to changes to other notifications. See **11. Changes to Notifications of Domiciliary Visits and Substitutes**.

## 11

## Changes to Notifications of Domiciliary Visits and Substitutes

In respect of a notified visit to be made, you must give the CSA 24 hours' notice (excluding weekends and public holidays), if you wish to change the patients to be tested or add to the list of patients to be tested; or if you wish change the date, indicating the new date and the previously notified date.

In respect of a notified visit to be made, you must obtain the agreement of the CSA, if on the relevant date and approximate time you wish to substitute another location for the location originally notified. You may subsequently visit the original location with the agreement of the CSA.

You may, if the circumstances arise, add up to three patients to those being tested during a notified visit, if you have not been able to notify the CSA in advance of any additions.

## 12

## Filling GOS(NI)ST Forms

See **5. Verifying Patients' Eligibility for GOS and Vouchers: Exemption Checks** for advice on checking a patient's eligibility for GOS.

You are only required to ask the patient to give a previous surname if it has changed in the last twelve months.

You should enter the date of the last sight test, whether or not it took place at the same practice. If the exact date is not known, the month and year should be indicated. If this is the first NHS sight test, you should enter the word 'first'.

You should enter the patient's Health & Care number and/or National Insurance number, if the patient is able to provide them. The patient may still receive GOS, even if he/she does not receive these numbers.

You must ask the patient for evidence of their eligibility for GOS. But, if you have not seen suitable evidence of eligibility, you must enter a cross in the *Evidence not seen* box.

You should ensure that the patient signs and dates the patient's declaration. If the patient cannot sign, the carer or authorised representative must sign in the appropriate place and print their name and provide their address. Under no circumstances should you or a member of your staff sign on behalf of a patient, unless you or the member of staff is the patient's carer or authorised representative.

If the sight test results in a no-change prescription, you must mark the box in Part 2 worded *Unchanged prescription given*. (It is a legal requirement to issue a GOS(NI)P or equivalent, whether or not an optical appliance is prescribed, or a change in prescription is given.)

You must complete the field *Address at which test was carried out* only if you have not indicated your listed community practice elsewhere on the form.

The person who undertook the sight test must sign and date the form, recording the date on which the sight test took place and giving their OO or OMP code number.

## 13

### **Filling GOS(NI)ST Forms (Domiciliary)**

In addition to the requirements for completing a GOS(NI)ST form (see above), you must indicate whether the patient was the first, second, third or subsequent patient seen at that address on that visit.

The domiciliary fee is payable, only if the sight test is carried out at the patient's domicile, i.e. it is not payable for a sight test carried out at a day centre. In this case, only the GOS sight test fee is payable.

## 14

### **Patients Aged Under 16 or Incapable of Signing**

If the patient is under 16, or over 16 and is incapable of signing, the patient's parent, carer or other person responsible for the patient should sign the GOS(NI)ST/V/R forms and print their name and provide their address (if different from the patient's address). Neither the contractor, nor the optometrist nor their staff can sign on behalf of the patient (unless the patient is their child or dependant).



## 15

**Patients Aged 16, 17 or 18 and in Full-time Education**

Patients in full-time education must be attending an institution recognised by the Department for Education. Those who are educated at home or a school overseas are not eligible although they might be able to apply on grounds of income.

## 16

**Prescribing and Supplying Tints, Photochromic Lenses and Prisms**

Tints, photochromic lenses and prisms are supplements to the prescription of a powered lens. Plano lenses cannot have a tint or photochromic lens added to them under GOS. Under the GOS you should only prescribe a tint, if you judge it clinically necessary and are also prescribing a powered lens. You must record the reason for the tint on the patient's record and indicate on the GOS(NI)ST/P/V forms accordingly, at the time of the sight test. You should not prescribe and claim for a tint if it is not clinically necessary or if it has not been included in the prescription. Similarly, you should not claim for a tint if the spectacles supplied are non-tinted. If a patient requests a tint for cosmetic reasons, it cannot be prescribed under the GOS. A tint can only be prescribed by the optometrist/OMP who performed the sight test. It cannot be added to the prescription at the time of dispensing.

If a tint has been prescribed as clinically necessary and photochromic lenses would be suitable, then the spectacles may be dispensed with photochromic lenses and the tint supplement claimed.

You should only prescribe prisms in accordance with your clinical judgement and record the reason, e.g. symptoms and test results, on the patient's record. In exceptional circumstances a prism can be added to plano lenses, but only following approval by an ophthalmic adviser.

Where practices operate an 'all inclusive' charging policy, as long as the patient has been supplied with the correct appliance (including the prism or tint as appropriate) and the retail price of the complete appliance equals or exceeds the value of the voucher including any supplements, then the practice is entitled to claim the full voucher value.

## 17

## **AR Coatings and UV Blocks**

Neither anti-reflection coatings nor ultra-violet blocks are considered to be tints under the GOS. Regardless of whether you have supplied an anti-reflection coating or ultra-violet block, you can only claim the voucher tint supplement, if an actual tint has been prescribed on clinical grounds and supplied.

## 18

## **Plano Lenses with Tints or Prisms**

You may not claim a GOS voucher for plano tinted lenses (either spectacles or contact lenses). If a patient needs a small but clinically significant correction and a tint or prism is clinically necessary, you may claim a supplement, in the same way as with a stronger prescription. The voucher issued should, as always, correspond to the power of the prescription issued plus the appropriate supplement. In exceptional circumstances, a GOS voucher may be used for plano lenses with a prism, but only following approval by an ophthalmic adviser.

## 19

## **Small Prescriptions and Prescription Changes**

You should keep a complete record of the reasons for issuing a small prescription, including any supplements.

If there are small changes to a prescription, the patient should only be advised of the need for a new optical appliance, when you (the prescriber) consider the change clinically significant. In this instance, you can issue a GOS(NI)V form. If, however, you decide the change is not clinically significant, you should not issue a voucher GOS(NI)V. But see **34. Repairs and Replacements (General)**.

If the sight test results in a small refractive change, which you do not consider clinically significant, you are advised to indicate this on the GOS(NI)P form by marking the box 'No Change' and by noting it in the comments section.

The College of Optometrists issues helpful guidance on prescribing small prescriptions. See the College's website [www.college-optometrists.org](http://www.college-optometrists.org)

## 20

**No Change Prescriptions**

Please see **12. Filling GOS 1 Forms** and **34. Repairs and Replacements (General)**.

You should not issue a voucher if there is no change in the prescription (following a sight test) and the patient has a serviceable pair of spectacles. (Spectacles are expected to last two years. See **33. Fair Wear and Tear**.)

If, thereafter, the patient's spectacles break, say, six months after this last sight test and the spectacles were more than two years old (i.e. a period of two years and six months has elapsed since the patient was last issued with a GOS(NI)V form), it is reasonable to assume that the glasses became unserviceable through fair wear and tear. In these circumstances, you should issue a new voucher without performing a sight test, provided you think there is unlikely to have been any change in the prescription since the last sight test. You should ensure that the date of the sight test and date of issue of the voucher are correct. See also **36. Sight Tests for Adult Repairs and Replacements** and **37. Vouchers for Adult Repairs and Replacements**.

## 21

**Non-Tolerance**

The GOS scheme provides support for patients who, exceptionally, cannot tolerate new glasses.

You should annotate the GOS(NI)ST form with the words 're-test/non-tolerance', if a second sight test is necessary. You may only issue a second voucher after receiving the prior approval of the CSA and annotate the GOS(NI)V form accordingly (including the date and the name of the CSA's official who gave you the approval).

## 22

**Choosing Correct Voucher Values**

A voucher may be used for spectacles or contact lenses. Contact lenses can only be fitted (dispensed) by an optometrist, medical practitioner, or contact lens qualified dispensing optician. The value of the voucher is determined by the prescription for the spectacles and not for the contact lenses.

See also **26. Transposition** below.

Vouchers E-H for bifocal lenses may also be used for varifocal/progressive lenses.

The voucher value for a bifocal lens is determined by the distance prescription only; the reading addition is ignored, except when the addition is more than 4 dioptries more powerful than the distance portion. If a bifocal lens has a reading addition of over 4 dioptries and the reading lens power gives a higher voucher value, the higher value can be claimed.

The amount that you can claim on a GOS(NI)V or GOS(NI)R form is the lesser of the voucher value or the retail price of the appliance provided.

## 23

### **Filling GOS(NI)P Forms**

If there is no refractive change, you should tick the box *An unchanged prescription*. You should sign and issue the GOS(NI)P form (or equivalent) at the end of every sight test. See also **19. Small Prescription Changes**.

## 24

### **Filling GOS(NI)V Forms**

The regulations require you to issue a voucher form (GOS(NI)V) at the time of the sight test, provided that the patient is eligible for a voucher *and* either requires spectacles for the first time, or the prescription has changed significantly, or new spectacles are required as a result of fair wear and tear. The patient should sign the relevant part of the form when ordering the spectacles.

If an eligible patient is not issued with a GOS(NI)V form at the time of the sight test and requires a voucher, the supplier can complete a GOS(NI)V form and copy the details from the prescription, provided the supplier is on the Ophthalmic List. If the supplier is not on the Ophthalmic List, the patient should be directed to the practitioner who performed the sight test.

If, at the time of dispensing, a patient has become eligible for a voucher, you may issue a voucher, even if the patient has a HES or private prescription. In such circumstances, it is not necessary to give the patient a second sight test, unless you believe there has been a change in prescription. Instead, having first satisfied yourself that the patient is, in fact, eligible for a voucher, you should copy the details of the prescription from the private or HES prescription into the Part 2 of the GOS(NI)V form. In the signature box you should write 'transcribed by' and enter your name and code number and sign and date the form. You must indicate the date of the prescription, on which the GOS(NI)V is based.

If, after a private sight test, a patient buys a pair of spectacles privately and then becomes eligible for a voucher, you should only issue a voucher in accordance with the advice given in **19. Small Prescriptions and Prescription Changes** and **33. Fair Wear and Tear**.

Patients have the choice of deciding where to have their spectacles dispensed. (Spectacles for children under 16, those registered blind or the partially sighted may only be dispensed by a medical practitioner, optometrist or dispensing optician. Contact lenses may only be fitted by an optometrist, medical practitioner, or contact lens-qualified dispensing optician.) If, immediately following a sight test in your practice, the patient chooses to order the spectacles from your practice, it may not be necessary to physically hand the GOS(NI)V form to the patient. However, if the patient chooses to order his spectacles elsewhere or if the patient chooses not to have the spectacles dispensed immediately, you should sign the GOS(NI)V form and give the patient the GOS(NI)V form at the end of the sight test.

If you receive a GOS(NI)V form for dispensing and the prescription is not written in the form which gives the highest spherical power, you should transpose the prescription, if this would provide a higher-value voucher. You should write the new transposed prescription onto a separate sheet; and sign, date and attach the sheet to the original voucher. The original prescription should be left unchanged. Correction fluid must never be used on a voucher. See **26. Transposition**.

You must always check that the patient is still eligible for the voucher on the date when the patient orders his spectacles or contact lenses. You should indicate the dates when the spectacles or contact lenses were supplied, insert the number of pairs, and ensure that the patient signs and dates the form, when they collect them. You must not ask the patient to sign the declaration of collection before they collect their spectacles or contact lenses.

GOS(NI)V forms are not transferable. They can only be used to pay for or towards the spectacles or contact lenses for the patient named on the front of the voucher.

## 25

### **Altering Another Prescriber's Prescription (BVD)**

If you have to alter another community optometrist's prescription because of a change in the back vertex distance, you may do so without seeking that optometrist's permission. However, you must seek the prescriber's permission, if the other optometrist is a hospital optometrist.

You should annotate and initial the GOS(NI)V form with the words 'BVD change' in the remarks section. The new prescription should be written on a separate sheet, signed and attached to the original voucher. The original prescription should be left unchanged. Correction fluid must never be used on a voucher.

If the change results in a higher voucher band, you should annotate the GOS(NI)V or HES voucher form accordingly.

## 26

### **Transposition**

You should write all prescriptions in the form which gives the highest spherical power, in order to establish voucher values. If you dispense prescriptions not written this way, you should transpose them, if this results in a higher voucher value.

The new transposed prescription should be written on a separate sheet, signed and attached to the voucher. It is not necessary that the form in which the prescription is written on the patient's record should be the same as that on the voucher. Note that the CSA does not transpose prescriptions. So, if you claim a higher voucher value

than the form in which the prescription was written, the voucher may be returned to you for correction.

Prescriptions from the Hospital Eye Service may not be transposed. (See also

**32. HES Vouchers**.)

## 27

### **Single or Reglazed Lenses**

If a prescription has changed in one eye only but the patient requests a new pair of spectacles, you should issue the appropriate voucher, inserting the prescription for both eyes. You can claim the full voucher value or the private retail price for the new spectacles, whichever is the lower.

When re-glazing an eligible patient's frame with a new prescription, you should claim the appropriate voucher value or your normal retail price to private patients for the supplying and fitting of the lenses, whichever is the lower.

If only one lens is re-glazed, you should claim the appropriate voucher value or the private retail price for that lens, whichever is the lower. There is no such thing as a half voucher. You will be due either the full voucher value or the normal retail price for one lens, if lower than the voucher value.

## 28

### **Validity of Vouchers and Prescriptions**

An optical voucher (GOS(NI)V form) is valid only while the patient is eligible and for a maximum of two years from the date on which it was issued. (However, you should be aware that an old prescription may no longer be clinically suitable.) You must check the patient's eligibility for the voucher on the date of the patient ordering the spectacles, if there is any delay between the sight test and the dispensing.

The maximum validity of a prescription (GOS(NI)P form) is two years, if presented to an unregistered supplier.

## 29

**Small Glasses Supplement**

You should claim a small glasses supplement, only if you have supplied as follows:

- glasses with a boxed centre of not more than 55 mm, *and*
- the patient is a child under seven years of age, *and*
- you have supplied a non-stock frame *or* a stock frame requiring extensive adaptation to ensure a satisfactory fit.

Extensive adaptation can apply to the frame or the lenses. Evidence of adaptation should be annotated on the patient's record. The orders for the frame, lenses and/or modification should be retained as evidence.

As you must certify that the appliance supplied makes up small glasses, you should always check the dimensions of the frame, in order to ensure that the manufacturer's claim concerning the size of the frame is correct, before you make your claim. You should not assume that the manufacturer's dimensions are correct.

The supplement is payable in addition to the appropriate voucher. If a frame needs to be repaired or replaced, the supplement is also payable in addition to a repair or replacement voucher. You should claim the lower of the retail price of the spectacles /repair or the sum of the voucher and the supplement.

If a person over six years of age requires a special spectacle frame to be manufactured on account of their facial characteristics, a Special *Frame* Supplement can be approved by an Ophthalmic Adviser.

## 30

**Complex Lenses**

A complex lens is either a lens with a power in any one meridian of plus or minus 10 dioptres or more; or a prism-controlled bifocal lens. This definition means that, if any meridian of any part of a bifocal lens exceeds 10 dioptres, the patient is entitled to a complex lens voucher. This is an exception to the general rule for determining voucher values.



If the distance prescription is below 10 dioptres but the reading addition takes it to 10 dioptres or over, the patient will qualify for a GOS sight test on the grounds that the patient requires a complex lens.

The complex lens voucher is not an addition to the normal voucher for a child or patient who is eligible for a voucher on income grounds. For patients, who receive an income-related benefit, the voucher value is determined by the distance prescription. (For the rule regarding reading additions over 4.00 dioptres, see **22. Choosing Correct Voucher Values**.)

A complex lens voucher is solely for patients who do not qualify for help with charges on any other grounds. However, prisms and tints, if clinically necessary, can be claimed in addition to the complex lens voucher.

Prism-controlled bifocal lenses are classed as voucher H in all cases, regardless of the distance or reading power.

## 31

### Contact Lenses

You should only issue a voucher for contact lenses on the basis of the prescription for the spectacles.

The prescription should not be amended. Vouchers can only be issued for contact lenses on a first prescription, or if there is a change in prescription or on grounds of fair wear and tear. As a prescriber, you should use your professional judgement to determine whether a pair of contact lenses needs to be replaced as a result of fair wear and tear. You should not issue a new voucher for disposable or planned replacement contact lenses on the grounds of fair wear and tear. Therefore, you can only issue a new voucher for disposable or planned replacement contact lenses, if the patient's prescription has changed.

Where patients pay for disposable or planned replacement contact lenses by instalment, a GOS(NI)V form may be accepted in lieu of a number of payments up to the value of the voucher. Where a patient has committed to a contract for supply of such lenses, it is acceptable to submit the voucher for payment once the contract for supply has commenced.

The replacement of lost contact lenses is subject to the same rules for children and adults as for spectacles (see **37. Vouchers for Adult Repairs and Replacements** and **39. Children's Repairs and Replacements**).

Vouchers cannot be used for the purchase of plano tinted contact lenses.

## 32

### **HES Vouchers**

If the prescription on an HES(P) form is not written to the highest spherical power, you may not transpose it. (See also **26. Transposition**.)

## 33

### **Fair Wear and Tear**

As a prescriber, you should use your judgement to determine whether a pair of spectacles needs to be replaced as a result of fair wear and tear. (In general, spectacles are expected to last for about two years. However, that is not a statutory limit.) Therefore, you should not issue a voucher for new spectacles to the same prescription as the patient's existing spectacles (following a sight test), unless you judge the spectacles to be unserviceable through fair wear and tear. See also **31. Contact Lenses**.

In the event of an unchanged prescription for a child, you will have to consider whether the spectacles have become unserviceable, due to fair wear and tear, or the child has outgrown them. If so, you may issue a GOS(NI)V form.

The GOS(NI)V form should be marked to show that replacement spectacles have been issued. The patient's record should indicate the reason for the replacement.

## 34

### **Repairs and Replacements (General)**

A repair or replacement voucher is only appropriate, when there is no reason to believe that there has been a change of prescription.

Such a voucher must not be claimed in order to provide a second or spare pair of spectacles to a child, for example by repairing an old pair, when a new pair has been supplied. Except if a spare pair has been authorised (see **38. Spare Pairs of Spectacles for Children**), a repair should only be made to the most recent pair of spectacles.

In the event of an unchanged prescription for a **child** and if the child's frame is broken, a repair voucher is appropriate in order to replace the frame. A GOS(NI)R form should be used. But see **35. Filling GOS(NI)R Forms** for the conditions of eligibility.

Full-time students aged 16, 17 or 18 are regarded as adults for the purposes of repairs or replacements. Like adults who are eligible for vouchers, they must satisfy the CSA that the breakage or loss was due to illness.

When repairing a patient's spectacles (for example, by soldering), you should claim the appropriate repair voucher or the retail price of the repairs, whichever is the lower. You should endorse the GOS(NI)R form accordingly.

You should not claim for a minor repair, for which you would not normally charge.

You should keep dated records of repairs for which vouchers are claimed, indicating the reason for the repair or replacement, e.g. spectacles lost, frames damaged beyond repair.

## 35

### **Filling GOS(NI)R Forms**

You are required under your GOS terms of service to check a patient's eligibility for a repair or replacement voucher. See **5. Verifying Patients' Eligibility for GOS and Vouchers: Exemption Checks**.

In the case of adults (including students aged 16 to 18), an explanation of how the loss or breakage occurred must be entered on the GOS(NI)R form for consideration and possible approval by the CSA. You should not make any repair or replacement before this approval.

A GOS(NI)R may only be used, if the spectacles or contact lenses are not covered by an insurance policy or other guarantee.

## 36

**Sight Tests for Adult Repairs and Replacements**

If a valid prescription is available, a repair or replacement should be made on the basis of that prescription.

Sight tests should not be carried out except for clinical reasons. Therefore, you should not carry out a sight test solely in order to be able to issue a voucher to replace broken or lost spectacles. Unless a patient is under 16 or qualifies for a GOS(NI)R form because of illness, the patient must make a private arrangement for a repair or replacement. Alternatively, the patient must wait until a further sight test is due. (See also **8. Frequency of Sight Tests.**) In cases of major hardship – for example a patient who is unable to work because his spectacles have been stolen – you may consult the CSA, although the CSA is under no obligation to assist the patient in these circumstances.

## 37

**Vouchers for Adult Repairs and Replacements**

You should not repair or replace an adult's spectacles and issue a GOS(NI)R form, until the CSA is satisfied that the breakage or loss was due to illness. (In very exceptional circumstances of major hardship, the CSA may be willing to consider the replacement of lost, stolen or broken spectacles, without which the patient's quality of life would be affected extremely adversely.)

With regard to the replacement of broken spectacles, which are more than two years old, MOS 204 says *a situation could arise where a patient was retested after two years and found to have no change in prescription and his/her glasses to be serviceable. Shortly after, say within six months, the patient's glasses break and he/she returns to the practice. Since the glasses would have lasted over two years, it would be appropriate for the practice to consider issuing a replacement on the grounds of fair wear and tear. If the practitioner judged that there was unlikely to have been a change in prescription, a voucher could be issued without re-testing.* In this case, the GOS(NI)V form should have the date of the actual sight test and the date when the voucher was issued.

## 38

## Spare Pairs of Spectacles for Children

As Paragraph 24 of MOS 204 says, *no patient has ever been automatically entitled to a spare pair of spectacles to the same prescription*. The memorandum indicates that, in exceptional circumstances, the CSA may be approached for approval of a second pair. In that case, a GOS(NI)V (**not** a GOS(NI)R) form should be used.

Memorandum MOS 227 (the version updated in August 2006) lists the categories of circumstances of a child which are likely to result in the CSA giving approval of a spare pair.

A claim for the repair or replacement of a spare or second pair of spectacles should be dealt with in the same way as the repair or replacement of a first pair, i.e. if necessary, the child may have both pairs repaired. A spare pair, prescribed by a hospital, can be repaired and the repair claimed by using a GOS(NI)R form.

It is unacceptable to submit a GOS(NI)R form for a spare (or second) pair of spectacles for a child at the same time as a GOS(NI)V form for the first pair. It is also illegal to post-date vouchers. See also **39. Children's Repairs and Replacements**.

## 39

## Children's Repairs and Replacements

Children under 16 are eligible for repairs or replacements in consequence of loss or damage without the prior consent of the CSA.

GOS(NI)R forms can only be used to repair or replace the current spectacles and not older pairs. (A new prescription justifies a GOS(NI)V form.)

You are advised to note the reasons for the repair or replacement, and the dates of the order and collection, on the child's record card.

If a child repeatedly breaks or loses his spectacles, the CSA may seek an explanation from the contractor and pursue the matter with the child's parents or guardian.

## 40

**Filling STC Forms**

The STC form is only for use by patients who hold a valid HC3 certificate at the time of the sight test. See also **42. HC2 and HC3 Certificates**.

You should deduct the patient's contribution shown on the HC3 certificate from your private sight test fee, when filling the STC form. If your private sight test fee is less than the GOS sight test fee, you should use the lesser amount to make the calculation.

## 41

**Non-Collection of Spectacles and Contact Lenses**

It is reasonable for you to submit your voucher claim in respect of uncollected appliances after three months. (You should record the steps you took to notify the patient, with the dates.)

In such cases, you should claim for the spectacles or contact lenses at retail price or the appropriate voucher value, whichever is the lower, and annotate the form with the words 'spectacles/contact lenses uncollected'.

A claim may be made in respect of a patient who dies before collecting the spectacles. You should annotate the relevant form with the words 'patient deceased'.

## 42

**HC2 and HC3 Certificates**

All spectacles must be ordered within the period of validity of an HC2 or HC3 certificate. However, the spectacles may be collected by the patient thereafter.

## 43

**HC5 Forms and Refunds**

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If a patient discovers, after receiving and paying for a private sight test, that at the time of that test, he or she was eligible for an NHS sight test, the patient can obtain a refund from the CSA, using the HC5 form. However, this exemption does not allow a patient who chooses in advance to have a private sight test (e.g. on a non-GOS day or by an optometrist who is not listed to provide GOS) to claim a sight test fee from the CSA.

If a patient, who is eligible for GOS, chooses to have a private sight test instead, you should be sure that the patient understands beforehand that he cannot change his mind after the private sight test and claim a GOS sight test using the HC5 form. It is advisable to ask the patient in advance to sign a document stating that he understands this.

## 44

**Assistants, Deputies and Employees**

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Sight tests can only be performed by optometrists or OMPs whose names appear on the Northern Ireland Ophthalmic List.

Contractors are reminded that they are liable for all acts and omissions of their assistants, deputies and employees.

## 45

**Useful Contacts**

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**Central Services Agency**

*Ophthalmic Services*

Tel: 028 90 535527/8/9

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**Notes**





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