



Health
Canada

Santé
Canada

Non-Insured Health Benefits

The Non-Insured Health Benefits Program provides supplementary health benefits, including vision benefits, for registered First Nations and recognized Inuit throughout Canada.
Visit our Web site at: www.hc-sc.gc.ca/fnihb/nihb

VISION CARE FRAMEWORK VERSION 1 JANUARY 2005

“Our mission is to help the people of Canada maintain and improve their health”

Canada

NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM

First Nations and Inuit Health Branch

Health Canada

VISION CARE FRAMEWORK

Version 1 – January 2005

Ce document est aussi offert en français sous le titre :

CADRE DE TRAVAIL SUR LES SOINS DE LA VUE

Version 1 – janvier 2005

This document provides important information about the Vision Care benefits available under the NIHB Program.

TABLE OF CONTENTS

PURPOSE	3
PRIVACY	3
NIHB CLIENT ELIGIBILITY	4
NIHB VISION CARE BENEFITS	5
ELIGIBILITY CRITERIA	5
REIMBURSEMENT FOR VISION CARE GOODS AND SERVICES	5
Reimbursement Criteria	5
Unclaimed glasses – Provider Reimbursement Process	6
PRIOR APPROVAL PROCESS	7
EYE AND VISION EXAMINATIONS	8
General Eye and Vision Examination	8
Specific Examination	8
Follow-Up Examination	9
Frequency Guidelines	9
GLASSES	10
Lenses (Ophthalmic)	10
Eligibility for Initial Lenses	10
Replacement Guidelines	10
Replacement Outside Replacement Guidelines	10
Specific Types of Lenses	11
Eligibility Criteria	11
Frames	11
Warranty and Repairs	11
Replacement guidelines	12
Replacement Outside Replacement Guidelines	12
Dispensing Fees	12
VISION CARE EXCEPTIONS	13
Contact Lenses	13
Replacement guidelines	13
Replacement Outside Replacement Guidelines	14
Tints and Coatings for Lenses	14
Replacement guidelines	14
Frames	15
Replacement guidelines	15
APPEAL PROCEDURES	16
EXCLUSIONS	16
NIHB PROVIDER AUDIT PROGRAM	17
NIHB EYE AND VISION PRODUCTS AND SERVICES PRIOR APPROVAL AND CLAIMS FORM	18

PURPOSE

The purpose of this document is to clearly define the benefits and criteria associated with the provision of vision care benefits to Non-Insured Health Benefits (NIHB) Program clients.

In this document, NIHB refers to the Non-Insured Health Benefits Program or the appropriate First Nation or Inuit representative recognized through a contribution agreement with FNIHB.

This document will be updated as required to meet the needs of the NIHB Program.

The vision care benefits funded by the NIHB Program are the goods and services described in this document.

PRIVACY

The Non-Insured Health Benefits Program (NIHB) of Health Canada recognizes an individual's right to control who has access to his or her personal information and the purpose for which that information will be used. The Program is committed to protecting an individual's privacy and safeguarding the personal information in its possession. When a request for benefits is received, the NIHB Program collects, uses, discloses and retains an individual's personal information according to the applicable privacy legislation. The information collected is limited only to information needed for the NIHB Program to provide and verify benefits.

As a program of the federal government, NIHB must comply with the *Privacy Act*, the *Charter of Rights and Freedoms*, the *Access to Information Act*, Treasury Board policies and guidelines including, the Treasury Board of Canada Government Security Policy, and the Health Canada Security Policy. The NIHB Privacy Code addresses the requirements of these acts and policies.

Objectives of the NIHB Privacy Code:

- to set out the commitments of the NIHB Program to ensure confidentiality through responsible and secure handling of personal information collected for program delivery, administration and management; and
- to foster transparency, accountability, increased awareness of the NIHB Program's privacy procedures and practices.

The NIHB Privacy Code is based on the ten principles set out in the Canadian Standards Association, Model for the Protection of Personal Information (The CSA Model Code) which is also schedule 1 to the *Personal Information Protection and Electronic Documents Act (PIPEDA)*. This is commonly regarded as the national privacy standard for Canada.

The Privacy Code can be found on the Health Canada website at www.hc-sc.gc.ca/fnihb/nihb/index.htm, or contact your First Nations and Inuit Health Branch Office.

The Non-Insured Health Benefits Privacy Code will be reviewed and revised on an ongoing basis as Federal Government privacy policies, legislation and/or program changes require. The Program would be pleased to receive stakeholder advice on the Code at anytime.

NIHB CLIENT ELIGIBILITY

To be eligible to receive benefits under the NIHB Program a person must be:

- a registered Indian according to the Indian Act (effective December 2002 this includes Innu members of Davis Inlet and Sheshatshiu); or
- an Inuk recognized by one of the Inuit Land Claim organizations - Nunavut Tunngavik Incorporated, Inuvialuit Regional Corporation, Makivik Corporation or Labrador Inuit Association. For Inuit residing outside of their land claim settlement area, a letter of recognition from one of the Inuit land claim organizations and a long form birth certificate are required; or
- a James Bay Cree and Northern Quebec Inuk who lives permanently outside the area covered by the James Bay Northern Québec Agreement or who was not living in the territory at the time the agreement was signed; and
- currently registered or eligible for registration under a provincial or territorial health insurance plan; and
- residing in Canada or a student or migrant worker outside of Canada who is registered or eligible for registration under a provincial or territorial health insurance plan.

NIHB VISION CARE BENEFITS

ELIGIBILITY CRITERIA

Vision care benefits are available to eligible registered First Nations and recognized Inuit, in accordance with the relevant NIHB Program regional payment schedule when ALL of the following criteria are met:

- The requested item is a NIHB Vision Care Benefit
- Prior approval is granted as per the NIHB Regional Office process.
- The item is not available to the client through any other federal, provincial, territorial, or other third party health care plan or program
- The item is prescribed by an ophthalmologist or an optometrist. The ophthalmologist or optometrist will determine the type of vision care products and services required to meet the client's needs
- The prescription must be less than one year old
- The item is dispensed by an optometrist or optician
- The vision care services/devices must be provided according to established professional standards and applicable provincial/territorial laws
- Co-ordination of benefits must be done when other coverage is available to the client. NIHB is always the payer of last resort.

REIMBURSEMENT FOR VISION CARE GOODS AND SERVICES

Reimbursement Criteria

The NIHB Program will only be responsible for reimbursement of goods and services if:

- a) the client meets the NIHB eligibility and frequency criteria for those goods and services, and
- b) the provider/prescriber is recognized by the NIHB Program to provide those services or goods.

To ensure that reimbursement for goods and services is rendered, providers must obtain a prior approval (PA) from the NIHB Regional Office.

Please note that claims must be submitted to the Program within one year from the date on which the goods or services were provided. This policy applies to payments to providers and reimbursements to clients who have paid fees directly to a provider.

The client, or the client's parent or legal guardian, if the client is under 18 years of age, must sign the invoice which is being submitted to the NIHB Regional Office for payment to confirm the receipt of the goods and services as per the PA.

Unclaimed glasses – Provider Reimbursement Process

The client has four (4) months to pick up the glasses **from the order date**. The provider should make a reasonable effort to encourage the client to pick up the glasses. These efforts should be documented on the client's file. In the event that the client does not pick up the glasses within four months, two options for the provider are proposed:

- The provider will dismantle the glasses. The provider will invoice NIHB only for the lenses and other parts of the glasses which cannot be reused, as well as for any professional fees incurred for the provision of the lenses and other parts of the glasses which cannot be reused. The frames should go back into the provider's inventory. No dispensing fee will be provided for the frames. The lenses should be sent to the regional office. Instead of the client's signature, the provider will indicate that the client did not pick up the glasses within the four month timeframe, and submit the signed invoice for payment from the regional office. The regional office will add a note on the client's file, stating that the lenses will be held by the regional office until the client claims them, or the frequency period expires (which ever comes first). Should the client contact the regional office for the lenses, the regional office will make arrangements to have the lenses sent to an eligible provider to be fit into frames and provided to the client. At that time, NIHB will reimburse the provider for the frames and dispensing fees for the client's glasses.

Based on the provider's professional opinion, if the glasses do not consist of any reusable parts, the second option should be employed.

- The provider will mail the glasses to the regional office. The regional office will sign for the glasses once they have received them on behalf of the client. The provider will submit an invoice and be reimbursed as per regional funding levels. The regional office will add a note on the client's file, stating that the glasses will be held by the regional office until the client claims them, or the frequency period expires (which ever comes first). Should the client contact the regional office for the glasses, the regional office will make arrangements to have the glasses sent to the client. A note indicating the date that the glasses were mailed out will be put on file. If the client does not contact the provider within the frequency period, the glasses will be sent to a charitable organization for their use.

It is important to note that NIHB will not reimburse providers for any additional product options which the client may have selected that are beyond the scope of NIHB coverage.

PRIOR APPROVAL PROCESS

To ensure that reimbursement for goods and services is rendered providers must obtain a prior approval (PA) from the NIHB Regional Office. If prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/fitting/dispensing of the item. In applicable regions, Professional/Dispensing fees will be authorized in accordance with the relevant NIHB Program regional payment schedule. The PA will also ensure efficient processing of the claim.

If the client resides in a remote area, delivery charges (including mailing and registration) may be paid by the regional office. Request for payment for any delivery charges should be included in the request for prior approval.

Prescribers and providers should contact the Regional Office in the province or territory where they practice for additional information on the PA process.

EYE AND VISION EXAMINATIONS

General Eye and Vision Examination (Full, Major, Routine) (Only in Applicable Regions)

General eye and vision examinations are benefits to the NIHB Program when performed by an ophthalmologist or an optometrist in those regions where the eligible First Nations and Inuit client is not covered by provincial, territorial, private or other federal health care plans.

The general examination must include all of the following:

- case history
- external examination of the eye
- assessment of visual acuity
- profile of ocular motility
- objective and subjective measurement of refraction
- assessment of binocular coordination
- assessment of amplitude of accommodation, when required
- biomicroscopy and assessment of pupillary reflexes
- tonometry (if clinically indicated)
- direct ophthalmoscopy
- analysis and diagnosis of findings
- recommendations to the patient and, if necessary, prescription for treatment

Specific Examination

(Only In Applicable Regions)

Clients may be eligible for coverage from the NIHB Program when a severe abnormality in their ocular or visual condition requires a thorough assessment using specific tests. This condition will have been detected at the general examination. Specific examinations will be performed by an ophthalmologist or an optometrist who must be able to attest in writing to the oculo-visual condition justifying the examination.

Specific examinations include at least one of the following tests:

- assessment of visual fields, using a Goldmann perimeter/visual field analyzer
- color blindness vision test
- examination of the peripheral retina under pupil dilation
- study of oculomotor imbalance using the Hess-Lancaster test
- study of contrast sensitivity function over at least six spatial frequencies
- measurement of aniseikonia using an eikonometer or afocal magnifying lenses
- precise assessment of visual impairment and trial of optical aids
- assessment of corneal topography using a computerized video-keratoscope
- trial contact lens and assessment of ocular reaction for eligible clients
- electroretinogram measurement or visually evoked potentials

Follow-Up Examination (Control, Minor)
 (Only In Applicable Regions)

Clients may be eligible for a follow-up examination when their ocular or visual condition requires one. The examination will be performed by an ophthalmologist or an optometrist who must be able to attest in writing to the oculo-visual condition justifying the examination. Authorization will be granted only if the client is not eligible for a general examination.

The follow-up examination must include all of the following:

- case history
- the repetition of one or more tests from the general examination in order to assess the condition or progression of the oculo-visual condition
- diagnosis
- recommendations to the patient and, if necessary, prescription for treatment.

Frequency Guidelines

Eye and Vision Examinations	Frequency Guidelines
Eye/vision exam, general (full, major, routine) – if eligible NIHB client is not covered by provincial, territorial, private or other federal health care plans	Under 18 years old - 1 per year 18 years old and over - 1 per 2 years
Eye/vision exam, follow-up (control, minor exam) – if eligible NIHB client is not covered by provincial, territorial, private or other federal health care plans	Evaluated on a case by case basis
Eye/vision exam, specific examination – if eligible NIHB client is not covered by provincial, territorial, private or other federal health care plans	

GLASSES

Glasses are comprised of one frame and two lenses.

Lenses (Ophthalmic)

Eligibility for Initial Lenses

To be eligible for initial or replacement lenses within the replacement guidelines, the client must obtain a written prescription by an ophthalmologist or an optometrist. The lenses will correct at least one of the following oculo-visual conditions in at least one eye:

- refractive error (myopia, hypermetropia and/or astigmatism)
- presbyopia
- oculo-motor imbalance

AND the client's oculo-visual condition requires one of the following in at least one eye:

- spherical or cylindrical correction of at least 0.50 diopter (prescription must always be converted to a minus cylinder)
- prismatic correction totaling at least 1 prism diopter vertically or at least 2 prism diopters horizontally (prismatic correction may be achieved in the form of a surfaced prism, a Fresnel prism or a compensatory prism for near vision).

Replacement Guidelines

Lens (Ophthalmic)	Replacement Guidelines
Unifocal (Distance or near vision)	Under 18 years old - 1 per year 18 years old and over - 1 per 2 years
Aspheric	
Bifocal	
High Index	
Polycarbonate lenses - for monocular clients OR those who with the best possible correction have far vision acuity in the weaker eye which is equal to or less than 6/60 (20/200)	Evaluated on a case by case basis

Replacement Outside Replacement Guidelines

If a replacement lens is required outside of the regular replacement guidelines, the NIHB Program will provide funding when a prescription from an ophthalmologist or an optometrist demonstrates one of the following changes in one or both eyes:

- a negative or positive change of at least 0.50 diopter over the sphere, cylinder or addition AND the new power meets the eligibility criteria for initial ophthalmic lenses
- a change in axis greater than 15 degrees for cylinder power up to 2.00 diopters or greater than 10 degrees for a cylindrical power greater than 2.00 diopters
- a change of at least 1 prism diopter vertically or at least 2 prism diopters horizontally AND the new prism power meets the eligibility criteria for initial eyeglasses.

Outside of the replacement guidelines, consideration of replacements in the event of breakage, damage or loss, will require written justification and appropriate written proof such as an accident or police report. Replacements will not be provided as a result of misuse, carelessness or client negligence.

Specific Types of Lenses

Eligibility Criteria

Additional criteria for specific types of lenses are as follows:

Aspheric Lenses: Lenses whose front sides are aspheric (to reduce distortion and eye magnification) can be funded to clients who require correction greater than or equal to +10.25 diopters. Clients with an intra-ocular lens are not eligible for this benefit.

Bifocal Lenses: Clients who require different near and far vision correction can receive a single pair of glasses with bifocal lenses if the prescription meets the following criteria:

- a refractive error for far vision of at least 0.50 diopter on the sphere or cylinder AND
- add power is equal to or greater than 0.75 diopter.

If the client is not eligible for bifocal lenses, it is possible that he/she may be eligible for unifocal lenses if the prescription meets the NIHB Program criteria.

High Index Lenses: Lenses made of a material with a refractive index equal to or greater than 1.60 diopters may be provided to clients who require, in at least one eye, correction whose minimum power in a meridian is ± 7.00 diopters. Eligibility depends on the actual power of the principal meridians of the corrective lens.

Polycarbonate Lenses: Polycarbonate or other safety lenses may only be authorized in cases where the client has just one functional eye or for those clients who, with the best possible correction have far visual acuity in the weaker eye which is equal to or less than 6/60 (20/200).

Trial of bifocals: Clients should attempt full time wear of bifocals for a period of three months. If unsuccessful, the frames used to fit the bifocals should be used to make reading glasses. A separate pair of distance glasses can be dispensed to the client who meets the NIHB Program eligibility criteria.

Frames

Warranty and Repairs

All initial and replacement frames provided will be of a type that can be repaired and carry a replacement warranty against defective workmanship and material for a minimum of one (1) year from date of issue or as per a negotiated regional agreement. Costs for frames will be paid in accordance with the relevant NIHB Program regional payment schedule.

Repairs to frames (minor or major) are a benefit after the usual and customary guarantees have expired and will be paid in accordance with the NIHB Program regional payment schedule.

Repairs are eligible on the conditions that:

1. the frame has been funded by NIHB;
2. the repairs render the frame acceptable for wear and
3. repair costs do not exceed the price of a new frame.

Repairs required as a result of misuse, carelessness or client negligence are not a benefit.

Replacement guidelines

Frames and Frame Repairs	Replacement Guidelines
Regular frames (general purpose issue)	<p style="text-align: center;">Under 18 years old - 1 per year 18 years old and over - 1 per 2 years</p>
Frame repairs, minor (includes repairs to nose pads, hinges - up to 20% of the cost of a new frame) **Prescription is NOT required**	
Frame repairs, major (includes repairs to frame fronts, frame arms and replacement of one lens of the same prescription - more than 20% of the cost of a new frame and less than the cost of a new frame) **Prescription is NOT required**	

Replacement Outside Replacement Guidelines

Outside of the replacement guidelines, consideration of replacements in the event of breakage, damage or loss, will require written justification and appropriate written proof, such as an accident or police report. Replacements will not be provided as a result of misuse, carelessness or client negligence.

✚ Dispensing Fees

Providers may charge a dispensing fee if it is included in the relevant NIHB Program regional payment schedule.

Prescribers and providers should contact the Regional Office in the province or territory where they practice to verify if a dispensing fee is an eligible benefit in that province or territory.

Dispensing Fees	Replacement Guidelines
Frame dispensing fee, client's own frames	<p style="text-align: center;">Where applicable as per the NIHB Program regional payment schedule.</p>
Frame dispensing fee, new	
Laboratory fee	
Lenses dispensing fee, bifocal	
Lenses dispensing fee, unifocal	
Delivery – remote areas, mailing and registration	

VISION CARE EXCEPTIONS

Items which are not on the NIHB Vision Care Benefit List, and are not exclusions under the NIHB Program, may be considered on an exception basis.

***N.B.:** Ocular prosthesis, scleral shell and low vision aids are available to eligible NIHB clients through the Medical Supplies and Equipment Benefits Program. For information, please contact the NIHB Regional Office in your region.

For all exception items, a written prescription with proper medical justification by the ophthalmologist or optometrist is required as well as a completed NIHB Prior Approval form.

Items that may be provided on an exception basis may include contact lenses, tints and coatings and in applicable regions eye exams, specific examinations and follow-up examinations.

Contact Lenses

Clients may be eligible for initial contact lenses when the detailed medical justification/prescription from an ophthalmologist or an optometrist demonstrates one of the following:

- astigmatism of at least 3 diopters in glasses prescription
- anisometropia or antimetropia of at least 2 diopters
- corneal irregularities
- treatment of certain ocular pathologies

Clients who meet the above criteria and also have a neurological or arthritic condition which makes it difficult for them to physically handle contact lenses, may be eligible for extended wear contact lenses.

Contact lens wearers are eligible for one back-up pair of eyeglasses in accordance with the conditions and rates set out in the relevant NIHB Program regional payment schedule for initial eyeglasses.

Replacement guidelines

Contact Lenses	Replacement Guidelines
Regular soft, left Regular soft, right	1 per 2 years
Gas permeable, soft, left Gas permeable, soft, right	
Gas permeable, hard, left Gas permeable, hard, right	
Extended wear, soft, left Extended wear, soft, right	
	Reviewed on a case by case basis

***N.B.:** Contact lens solution is an exclusion to the NIHB Program.

Replacement Outside Replacement Guidelines

If replacement contact lens (es) is/are required outside of the regular replacement guidelines, NIHB will provide funding when the prescription from the ophthalmologist or optometrist demonstrates one of the following:

- a negative or positive change of at least 0.50 diopter over the sphere or cylinder AND the new power meets the eligibility criteria for initial contact lenses
- a change of cylinder axis of more than 10 degrees AND the new prescription meets the eligibility criteria for initial contact lenses

Tints and Coatings for Lenses

When requesting any of the following, details of the client's medical condition supporting the request must be provided in writing by the attending ophthalmologist or optometrist.

Anti-Reflective Coating: Multi-layer anti-glare treatment may be authorized on lenses with a refractive index equal to or greater than 1.60 diopters AND the client must be eligible for high index lenses.

Scratch Resistant Coating: Scratch resistant coating may be authorized for polycarbonate, high index plastic lenses (please refer to "Type of lenses" for eligibility criteria) and for children's glasses.

Tints: Tinted lenses must have an average transmission over the visible spectrum of 40 percent, as long as the tinted lenses provide total UV protection. Tints may be authorized for the following conditions:

- albinism
- aniridia
- certain chronic conditions of the anterior segment of the eye causing photophobia

Ultraviolet Protection Filter: Ultraviolet protection is the incorporation of a filter which blocks UV rays up to 400mm, without changing lens transmission over the visible spectrum. These filters may be authorized for the following conditions:

- aphakia (without intra ocular lens)
- cataracts
- retinal degeneration or dystrophy
- prolonged usage of some drugs that cause photosensitivity

Replacement guidelines

Tints and Coatings	Replacement Guidelines
Anti-reflective treatment	1 per lifetime of ophthalmic lens
Tints	
Scratch resistant coating for plastic lens, left where applicable	
Scratch resistant coating for plastic lens, right where applicable	
Ultraviolet protection filter	

Frames

Replacement guidelines

Frames (Exceptions)	Replacement Guidelines
Flex frames (only for those who are neurologically compromised)	Evaluated on a case by case basis
Frames and unifocal lenses (second set) for those who cannot wear bifocals	
Oversize frames (56mm)	

APPEAL PROCEDURES

There are three levels of appeal available under the NIHB Program which must be initiated by the client in writing. At each stage, the appeal must be accompanied by supporting information from the prescriber or provider; therefore, it is important that all of the following information be included along with the client's letter:

- The condition (diagnosis and prognosis) for which the item or service is being requested
- Alternatives that have been tried
- Relevant diagnostic test results
- Justification for the proposed benefit or service.

The appeal will be reviewed by a qualified health care consultant who will provide a recommendation to NIHB. The final decision will be made by NIHB, based on the consultant's recommendation, client's specific needs, the availability of alternatives, and NIHB policy.

Information sheets outlining the three levels of appeal and the contact addresses are available from the First Nations and Inuit Health Branch Regional Offices or on the NIHB Web Site at www.hc-sc.gc.ca/fnihb/nihb/appealprocedures/index.htm

Appeals cannot be submitted for any exclusions under the NIHB Program.

EXCLUSIONS

Exclusions are goods and services which will not be provided as benefits under the NIHB Program under any circumstances and are not subject to the NIHB appeal procedures.

Exclusions include:

- vision care goods and services covered by the provincial/territorial insurance plan in the province/territory of residence of the client; or any other third party
- additional carrying cases for glasses or contact lenses (one is usually dispensed with the initial purchase)
- cleaning kit
- esthetic products
- shampoo (e.g. "no more tears" type shampoo solution)
- a vision examination in the following cases: to obtain a job, driver's license or to engage in sports activity
- a vision examination at the request of a third party (for example: completing a report or medical certificate)
- contact lenses for esthetic purpose
- contact lens solution
- industrial safety frames or lenses for sports or professional use
- progressive, or trifocal lenses
- photochromic/photochromatic lenses
- sunglasses with no prescription (please refer to the "Tints and Coating for Lenses" section to verify when tints may be authorized for prescription glasses)
- replacements as a result of misuse, carelessness or client negligence
- implants (e.g. punctal occlusion procedure)
- refractive laser surgery
- treatments with investigational/experimental status
- vision training

NIHB PROVIDER AUDIT PROGRAM

NIHB reserves the right to undertake ongoing quality assurance and audit activities on claims submitted under the NIHB Program. These activities are required to comply with accountability requirements for the use of public funds and to ensure provider compliance with the terms, conditions and prices of the program.

The objectives of the NIHB Provider Audit Program are to:

- validate the active license of the provider, if applicable
- validate the credentials of the provider, if applicable
- detect billing irregularities, whether through error or fraudulent claims
- ensure that the services paid for were received by the NIHB client
- ensure that any required signatures on claim submissions are valid
- ensure that providers have retained appropriate documentation in support of each claim, in accordance with the terms and conditions of the program.

The audit activities are based on accepted industry practices and accounting principles and may be carried out up to a maximum of two years from the date of service. Providers must retain a copy of the original prescription in accordance with provincial or territorial requirements, and any other information to support a claim on file for two years from the date of dispense for audit purposes. Claims for which the original prescription or supporting documentation is not available for review, including those with prior approvals, may be recovered through the audit program. A unique prescription number must be assigned by the provider for each item dispensed and claimed.

Hard copy and electronic patient records are reviewed where documentation is required (documentation of Drug Utilization Review overrides, therapy change, etc.)

The provider must maintain records relating to NIHB clients and their prescriptions in accordance with all applicable laws. All records shall be treated as confidential so as to comply with all applicable provincial and federal legislation regarding confidentiality of patient records.

A provider submitting claims under the NIHB Program will assist NIHB, or a third party authorized by NIHB by:

- granting access to provider's premises, during the provider's normal business hours, to inspect, review and reproduce any vision records maintained by the provider pertaining to NIHB claims
- providing access to all documentation relevant to the processing and payment of vision care claims, held by the service provider to Health Canada, its agents or contractors, or any appropriate health professional licensing or regulatory body for the purposes of administrative audit, including original prescriptions and cancelled or revoked prescriptions
- responding to a request for documentation via mail or fax within the specified response time

NIHB EYE AND VISION PRODUCTS AND SERVICES PRIOR APPROVAL AND CLAIMS FORM

Health Canada Protected

For Prior Approval
 For Claim

Provider to Complete

<p><u>PART 1 - CLIENT INFORMATION</u></p> <p>SURNAME _____ GIVEN NAME(S) _____</p> <p>ADDRESS _____ APT _____ CITY _____</p> <p>_____ PROVINCE POSTAL CODE AREA CODE TELEPHONE</p> <p>_____ CLIENT ID NO. _____ D.O.B. ____/____/____ DD MM YY</p> <p>_____ BAND NO. _____ FAMILY NO. _____</p>	<p><u>PART 2 - CLIENT INJURY HISTORY</u></p> <p>Is request due to an injury? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where did the injury occur: Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other, please specify: _____</p> <p>Date of injury: ____/____/____ DD MM YY</p> <p>Are these expenses eligible under another plan or program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: _____</p> <p>Claim No.: _____</p>	<p><u>PART 3 - PROVIDER INFORMATION</u></p> <p>(Please use office stamp if available)</p> <p>PROVIDER NO. _____</p> <p>_____ AREA CODE TELEPHONE</p> <p>_____ PROVIDER SIGNATURE</p>
--	--	---

<u>PART 4 - OPTICAL INFORMATION/PRESCRIPTION</u>						
Oculo-visual Measure	Sphere	Cyl	Axis	Prism	Base	Add
Right						
Left						

DIAGNOSIS & OTHER RELEVANT INFORMATION:

BENEFITS REQUESTED: (please complete information as is applicable in the region where benefit is accessed, for each product or service)

Benefit Description, Items	Initial Request (✓)	Replacement (✓)	Acquisition cost	Mark-up in S	Total Cost	MFR Product Name	Product Number	Warranty	
								Yes(✓)	No(✓)
EYE AND VISION EXAMS (ONLY in regions where applicable)									
Eye/vision exam, general (full, major, routine)									
DISPENSING FEES (ONLY in regions where applicable)									
Frame dispensing fee, existing frame									
Frame dispensing fee, new									
Laboratory fee									
Lenses dispensing fee, bifocal									
Lenses dispensing fee, unifocal									
Delivery (remote areas, mailing & registration)									
FRAMES & FRAME REPAIRS									
Regular									
Frame repairs, major									
Frame repairs, minor									
LENSES, OPHTHALMIC									
Aspheric lens, left									
Aspheric lens, right									
Bifocal lens, left									
Bifocal lens, right									
High index, left									
High index, right									
Unifocal (Crown glass or plastic CR-39)									
Other									

PART 5 - CLIENT SIGNATURE

Client: I have received the above item(s) or service(s).

 SIGNATURE OF CLIENT, PARENT OR GUARDIAN Relationship to Patient if Guardian Date DD MM YY

PART 6 - FOR NIHB OFFICE USE ONLY

PA Approval Number _____ Date _____ Authorizing Officer _____