



VETERANS AFFAIRS CANADA (VAC) PROGRAM OF CHOICE (POC) 14 – VISION (EYE) CARE

*** CORRECTION NOTICE ***

February 2012

Veterans Affairs Canada (VAC) recently implemented changes to the Benefit Grid for Program of Choice (POC) 14 – Vision (Eye) Care. These changes were communicated via a four-page bulletin mailed to you.

Attached to this correction notice is a revised version of the entire bulletin, including the revisions described below.

- The new benefit codes 604126, 604128 and 600312 created February 1, 2012 will be terminated effective February 29, 2012. These codes were created in error. Please continue using 604127 and 604129 in lieu of 604126 and 604128.

604127	Lens Benefit - Left Lens (Corrective)	Pre-authorization Required: No Prescriber: O,OP Frequency: 1/2 CY
604129	Lens Benefit - Right Lens (Corrective)	Pre-authorization Required: No Prescriber: O,OP Frequency: 1/2 CY

- Benefit code 600313 is now listed as:

600313	Lenses – Progressive	Pre-authorization Required: No Prescriber: O,OP Frequency: 2/2 CY Dollar Limit: \$108.99 (per lens)
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- The benefit code 602561, Contact Lens Replacement no longer requires pre-authorization.
- The dollar limit was removed from benefit code 600212, Lens Coating – Photochromatic.

All other information in the previous bulletin remains the same. Bulletins can be viewed electronically by visiting the Medavie Blue Cross website at www.medavie.bluecross.ca and clicking on the Health Professionals link, then the Bulletins link under Additional Health Care Providers.

Should you have any questions, please contact your regional Blue Cross office Provider Inquiry Line toll free at 1-888-261-4033.



**VETERANS AFFAIRS CANADA (VAC)
PROGRAM OF CHOICE (POC) 14 – VISION (EYE) CARE
BENEFIT GRID UPDATE – EFFECTIVE FEBRUARY 1, 2012
** REVISED ****

February 2012

Veterans Affairs Canada (VAC) has recently completed a review of the Benefit Grid for Program of Choice (POC) 14 – Vision (Eye) Care. The updates include the addition of new benefit codes and changes to existing benefits (effective February 1, 2012), as well as the termination of benefit codes (effective January 31, 2012). Please refer to the pages that follow for details.

Providers will be reimbursed their usual and customary charges to a maximum of the dollar limits indicated on the benefit grid.

Should you have any questions, please contact your regional Blue Cross office Provider Inquiry Line toll free at 1-888-261-4033.

In the future we would like to communicate with you by e-mail. Please visit the Medavie Blue Cross website at www.medavie.bluecross.ca and click on the *Health Professionals* link, then scroll down to the *Update Your Contact Information* link. Enter your information on the Provider Application page to send us your e-mail address or to update other contact information. Your e-mail address will be added to our electronic mailing list and will only be used to keep you up to date on important changes to programs and benefits (i.e. rates, frequencies, etc.) via e-mail. You can also visit the Blue Cross website to view all provider bulletins, and to download and print claim forms.

Thank you for the ongoing care and service you provide to our Veterans.

REMINDER

Veterans Affairs Canada (VAC) is improving the service delivery of its treatment benefits program by updating benefit grids so that most services/items will only require pre-authorization the first time a Veteran accesses the benefit. In many cases, subsequent requests by the Veteran for the same benefit will not require subsequent pre-authorizations making it easier for the Veteran to obtain the services/items required.

In some cases, benefits/services such as those that support VAC's rehabilitation program may continue to require pre-approval. Please contact our Treatment Authorization Centre toll free at 1-866-811-6060 to verify client eligibility.

NEW BENEFIT CODES – EFFECTIVE FEBRUARY 1, 2012 (ALL PROVINCES)		
CODE	DESCRIPTION	COMMENTS
600221	GDX Scanning Laser Polarimetry	Pre-authorization Required: Yes Frequency: 1/1 CY
600036	Heidelberg Retinal Tomography (HRT) for Glaucoma	Pre-authorization Required: Yes Frequency: 1/1 CY
600301	Pachymetry	Pre-authorization Required: Yes Frequency: 1/2 CY
600302	Retinal Imaging	Pre-authorization Required: Yes Frequency: 1/2 CY Dollar Limit: \$35
600303	Therapeutic Exam and Treatment	Pre-authorization Required: Yes
600034	Ocular Coherence Tomography (OCT) exam	Pre-authorization Required: Yes Frequency: 1/1 CY
602561	Contact Lens Replacement	Pre-authorization Required: No Prescriber: O,OP Frequency: 4/1 CY
600313	Lenses – Progressive	Pre-authorization Required: No Prescriber: O,OP Frequency: 2/2 CY Dollar Limit: \$108.99 (per lens)
630111	Exam – Intraocular Lenses Master	Pre-authorization Required: Yes Frequency: 1/2 CY
600310	Frames and Lenses (1 set) – Special Oversized	Pre-authorization Required: Yes Prescriber: O,OP Frequency: 1/2 CY
630100	Exam – Dilation Exam for Diabetics	Pre-authorization Required: No Prescriber: No
602854	Ophthalmic Dispensing Fee – Multifocal/Trifocal/Progressive	Prescriber: No Dollar Limit: \$90
602562	Contact Lens Fitting Procedure/Evaluation – Multifocal/Toric	Pre-authorization Required: Yes Prescriber: No Frequency: 1/1 CY
600212	Lens Coating – Photochromatic	Prescriber: No
NEW BENEFIT CODE – ALL PROVINCES EXCEPT THE ATLANTIC PROVINCES WHERE A CODE ALREADY EXISTS FOR THIS BENEFIT		
600211	Lens Coating – Anti-Reflective/Scratch Resistant Coating	Frequency: 2/2 CY

MODIFICATIONS TO EXISTING BENEFITS – EFFECTIVE FEBRUARY 1, 2012		
CODE	DESCRIPTION	COMMENTS
THE FOLLOWING MODIFICATIONS APPLY TO ALL PROVINCES:		
600624	Fees (Vision) – Ophthalmoscopy	Pre-authorization Required: Yes (added)
603070	Sunglasses (not-corrective) Including Clip-Ons/ Wrap-Arounds	Preauthorization Required: Yes (added) Prescriber: No (removed) Frequency: 1/2 CY (revised)
THE FOLLOWING MODIFICATION APPLIES TO ONTARIO ONLY:		
600624	Fees (Vision) – Ophthalmoscopy	Pre-authorization Required: Yes (added) Dollar Limit: \$24.74 (added)
THE FOLLOWING MODIFICATION APPLIES TO ALL PROVINCES EXCEPT THE ATLANTIC PROVINCES (WHERE THIS IS ALREADY A REQUIREMENT):		
600638	Fees (Vision) – Biomicroscopy	Pre-authorization Required: Yes (added)
THE FOLLOWING MODIFICATION APPLIES TO ALL PROVINCES EXCEPT THE ATLANTIC PROVINCES AND QUEBEC (AGREEMENTS IN PLACE):		
604120	Lens Coating – Hardened/Impact Resistant - New Frames or Lenses	Dollar Limit: \$15 (added)
THE FOLLOWING MODIFICATION APPLIES TO ALL PROVINCES EXCEPT THE ATLANTIC PROVINCES (WHERE THIS IS ALREADY A REQUIREMENT) AND BRITISH COLUMBIA:		
600427	Fees (Vision) – Tonometry	Pre-authorization Required: Yes (added) Dollar Limit: \$21.70 (added)

THE FOLLOWING CODES ARE TERMINATED AS OF JANUARY 31, 2012 IN ALL PROVINCES:

CODE	DESCRIPTION
600220	Lens Benefit - Other Lens Benefits - Oversized Lens
600332	Fees Vision - Contact Lens Evaluation
600777	Dispensing Fees - Special Frames for Cataracts
601756	Lens Benefit - Other Lens Benefits - Progressive Lenses
601991	Ophthalmic Dispensing Fees - Progressive
602250	Contact lens replacement - Left
602255	Contact lens replacement - Right
603321	Glass Lens Coating – Photochromatic
604015	Contact Lens Solution
604118	Eyeglass Cases
605006	Frames - Special Oversized Lens
604136	Lens Benefit - Other Lens Benefits - Executive Lens
604139	Lens Benefit - Other Lens Benefits - Plastic Lens
602177	Contact Lens Fitting Procedures Including Initial Issue - Multifocal
601300	Therapeutic Exam

THE FOLLOWING CODES ARE TERMINATED AS OF JANUARY 31, 2012 IN ALL PROVINCES EXCEPT THE ATLANTIC PROVINCES (WHERE THERE IS AN AGREEMENT IN PLACE):

600230	Lens Coating - Ultraviolet Coating - Glass Lens
603324	Lens Coating - Scratch Resistant
603802	Glass Lens Benefit - Oversize Lens
600218	Lens Coatings - Anti-Reflecting Coating
601945	Ophthalmic Dispensing Fees - Multifocal/Trifocal
602156	Lens Fitting Procedure Including Initial Issue - Toric

THE FOLLOWING CODE IS TERMINATED AS OF JANUARY 31, 2012 IN THE ATLANTIC PROVINCES ONLY:

603322	Plastic Lens Coating – Photochromatic
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THE FOLLOWING CODE IS TERMINATED AS OF JANUARY 31, 2012 IN SASKATCHEWAN ONLY:

602505	High Index Lenses
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Abbreviations

CY = Calendar Year
 O = Ophthalmologist
 OP = Optometrist