

October 2019

**Ophthalmic Services****General Ophthalmic Services Memorandum****To all Ophthalmic Contractors  
Providing General Ophthalmic Services****Guidance on Submitting Claims for Repairs/Replacements  
using the Ophthalmic Claims System (OCS)**

The repair /replacement claim form (GOS R/R) on OCS requires the practice to indicate whether the claim is for a complete replacement or a repair. This is done using the drop down box which requires you to click on either the **Replacement** tab, if the glasses have been completely replaced, or the **Repair** tab for any other repair that has been carried out, including reglazing lenses or replacing the frame.

It has come to light through probity post payment verification (PPV) visits that some practices have submitted incorrect claims as they have been selecting the 'Replacement' tab when only a **repair** has been provided e.g. when replacing lenses or replacing a whole frame. The OCS system has therefore understood the claim to be for a complete replacement and an overpayment has been made which has had to be recovered at a later stage. This has been identified at PPV practice visits where BSO records show that a payment has been made for a complete replacement but the patient record shows that only a repair has been provided.

*Providing Support to Health and Social Care*

*Ophthalmic Services, 2 Franklin St, Belfast, BT2 8DQ*

*☎ 028 9536 0333*

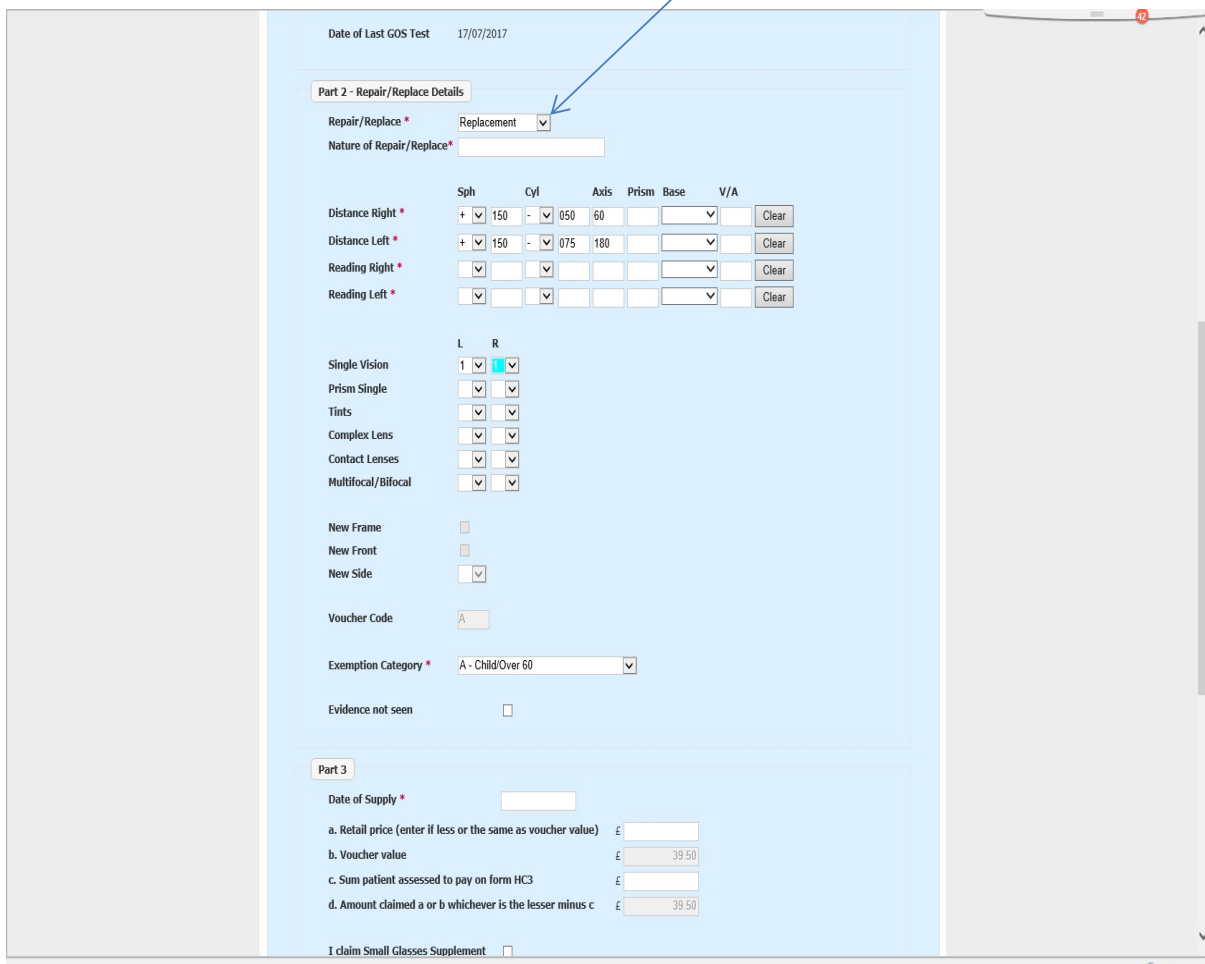
*Option 1 & then Option 1 again*

Practice staff that are inputting claim information are asked to take the following steps to avoid an incorrect GOS R/R claim/payment:

1. Only click the **Replacement tab** if a complete replacement of glasses has been supplied i.e. total new lenses and frame.
2. Click the **Repair tab** for all other repairs i.e. new lens(es) only, new frame only, new side(s) etc. and give details as requested in the box below the Repair tab.
3. Check that the monetary value for the claim, which is auto populated by the system, is the correct and appropriate GOS value before submitting the claim.

## Examples

Screen shot of claim form completed for a **complete replacement** of glasses. Note: Drop down box **tab** “**Replacement**”



Date of Last GOS Test 17/07/2017

**Part 2 - Repair/Replace Details**

Repair/Replace \* **Replacement** ▼

Nature of Repair/Replace\*

|                  | Sph   | Cyl   | Axis | Prism | Base | V/A |       |
|------------------|-------|-------|------|-------|------|-----|-------|
| Distance Right * | + 150 | - 050 | 60   |       |      |     | Clear |
| Distance Left *  | + 150 | - 075 | 180  |       |      |     | Clear |
| Reading Right *  |       |       |      |       |      |     | Clear |
| Reading Left *   |       |       |      |       |      |     | Clear |

L R

Single Vision

Prism Single

Tints

Complex Lens

Contact Lenses

Multifocal/Bifocal

New Frame

New Front

New Side

Voucher Code

Exemption Category \* A - Child/Over 60 ▼

Evidence not seen

**Part 3**

Date of Supply \*

a. Retail price (enter if less or the same as voucher value) £

b. Voucher value £ 39.50

c. Sum patient assessed to pay on form HC3 £

d. Amount claimed a or b whichever is the lesser minus c £ 39.50

I claim Small Glasses Supplement

Screen shot of claim form completed for a Repair for 2 replacement **lenses only**. Note: Drop down box **tab: "Repair"**

Repair/Replace \* Repair

Nature of Repair/Replace\*

|                | Sph   | Cyl   | Axis | Prism | Base | V/A   |
|----------------|-------|-------|------|-------|------|-------|
| Distance Right | + 100 | - 050 | 10   |       |      | Clear |
| Distance Left  | + 100 | - 075 | 180  |       |      | Clear |
| Reading Right  |       |       |      |       |      | Clear |
| Reading Left   |       |       |      |       |      | Clear |

L R

Single Vision

Prism Single

Tints

Complex Lens

Contact Lenses

Multifocal/Bifocal

Repair Frame

Repair Front

Repair Side

Voucher Code A

Exemption Category \* A - Child/Over 60

Evidence not seen

Part 3

Date of Supply \*

a. Retail price (enter if less or the same as voucher value) £

b. Voucher value £ 24.55

c. Sum patient assessed to pay on form HC3 £

d. Amount claimed a or b whichever is the lesser minus c £ 24.55

I claim Small Glasses Supplement

In full-time attendance at school

For further guidance please contact BSO Ophthalmic Services.

**Providing Support to Health and Social Care**

*Ophthalmic Services, 2 Franklin St, Belfast, BT2 8DQ*

*☎ 028 9536 0333*

*Option 1 & then Option 1 again*