

**Ophthalmic Services
Memorandum of Ophthalmic Service**

To all Ophthalmic Contractors

Dear Contractor

**Post-Operative Cataract Review and Assessment Service –
Process for Management of Claims**

The Health and Social Care Board (HSCB) have introduced a primary care Optometry service for post-operative cataract review and assessment. The service should be provided in line with the service specification in force at the time and this MOS outlines the supporting process to enable Contractors to submit claims for the service provided to eligible patients.

There are two important elements of this service which are required to be completed in order to submit a valid claim and receive payment for the service:

1. Clinical assessment supplementary to a sight test/eye examination as detailed in the service specification

AND

2. Reporting of clinical outcomes and patient experience of surgery via the Medisoft web portal. Full guidance on the use of the Medisoft portal may be read at *click link* [Cataract Service](#) (Medisoft User Information)

The clinical guidelines in relation to providing the service may be viewed at *click link* [Cataract Pathway Guidance](#)

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**Process for submission of
operative cataract review and assessment service****claims for post-**

1. The claim form for the service is a web based 'eForm' and is accessed via the FPS Optometry portal using the "Optometry eForms" link. The form is in 'Section B: Ophthalmic Claim eForms' and is titled "Optometry Post-Operative Cataract Review and Assessment Service"
2. Remuneration for the service is set at £33 at the time of issue of this MOS.
3. Only patients discharged by the Hospital Eye Service with a valid instruction to attend a primary care Optometry practice for their review and assessment are eligible. This includes the provision of a unique patient number, known as a Medisoft PIN, for the patient, by the hospital.
4. To view an example of the patient discharge information *click on link* [Cataract Service Patient Information Leaflet](#)
5. Only Contractor practices that have registered their wish to provide the service with HSCB (via the annual enhanced/supplementary service declaration) will be eligible to submit claims for the service.
6. Only Optometrists who are listed by HSCB to provide the service will be eligible to submit claims for the service.
7. As part of the post-operative review the patient should be provided with a GOS sight test if eligible. All GOS sight tests should be claimed in the usual way on OCS. Note: if the GOS sight test is under 3 months since the last GOS test prior approval must be sought in the usual way.
If the patient is not eligible for a GOS sight test and normally has a private sight test, on this occasion only, their sight test will be funded by the HSC. It may be claimed on the "Optometry Post- Operative Cataract Review and Assessment Service" eform by ticking the "HSC funded sight test" box.
Note: this claim route should only be used if the patient is not eligible for GOS.

In all cases if the patient requires a change in glasses prescription a voucher may only be claimed if they are normally eligible for a GOS voucher.

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8. Patients are required to attend for their post-operative review no longer than **12 weeks** after their surgery. Any patient attending after 12 weeks who has not had a post-operative review may only be provided with a sight test, either GOS or private depending on their eligibility and no claim may be submitted for either a post-operative review or for a HSC funded sight test.
9. Both an ESPR patient declaration form, declaring provision of the post-operative review service, must be completed and an OCSPR patient declaration form, declaring provision of a sight test must also be completed as usual. On the OCSPR form If the sight test is HSC funded (i.e. patient not normally eligible for GOS) put HSC in the category column.
10. Claims will only be paid where the Medisoft report for the patient has been submitted fully completed, by the optometrist, and verified by the hospital eye service as a valid Medisoft return. Information on the Medisoft returns will be provided by the hospital to BSO to verify the claim.
11. Verification and assurance of claims for the service will be undertaken in line with usual post payment verification processes.
12. Claims must be submitted within 3 months of the date of service. Late claims will not be paid and no exceptions will be made. The cut off date for claims to be paid in month is 16th of that month.

Queries in relation to the claims process should be directed to the BSO in the first instance either by telephone to Ophthalmic Services at 02895363753 or by email to: Ophthalmic.BSO@hscni.net