



**Department of Health & Wellness  
Ocular Prosthetic Services**

**Ocularists Guide  
In effect on and after  
1 June 2024**

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# GENERAL PREAMBLE

## INTRODUCTION

- 1.1 The ocular prosthetics program ensures that eligible residents of Nova Scotia who have lost one or both eyes have access to the services of a qualified ocularist. The program is a component of the Extended Health Benefits programs provided by the Department of Health and Wellness (DHW). Its mandate is to provide financial assistance/coverage to Nova Scotia residents who are eligible for Medical Services Insurance (MSI) coverage provided under the Health Services and Insurance Act to access the services of a qualified ocularist.
- 1.2 This Ocularists Guide (“Guide”) sets out the services that are insured under the Program, the rules and conditions for coverage, and the compensation payable in respect of those services.
- 1.3 This Guide is issued by the Minister of Health and Wellness under Section 11 of the *Health Services and Insurance Act*. It is the sole authority for determination of insured ocular prosthetics benefits and compensation payable therefor.
- 1.4 This Preamble is the authority for the proper interpretation of the tariff of fees as listed below. Fees will not be correctly interpreted without reference to this Preamble and Schedule of Benefits.

## TERMS AND DEFINITIONS USED IN ALL SECTIONS

|                              |   |
|------------------------------|---|
| <b>DHW:</b>                  | Nova Scotia Department of Health and Wellness.  |
| <b>Eligible Resident(s):</b> | a person who is insured under the <i>Health Services and Insurance Act</i> RSNS, 1989, c. 197 or any successor legislation, and who meets the following criteria: <ul style="list-style-type: none"><li>• having one eye or both eyes absent or with gross scarring deformity; and</li><li>• in the opinion of a physician or optometrist, requires the use of an ocular prosthetic procedure and/or component.</li></ul> |
| <b>Administrator:</b>        | The administrator, on behalf of DHW, of the insured ocular prosthetics program.   |

<sup>1</sup>The former Section 12(b) of the *M.S.I. Regulations, Schedule C of the Prosthetic Devices Tariffs Regulations, the Tariff of Fees for Insured Ocular Prosthetic Services and DHW Policy #4.2, Ocular Prosthesis Program*, are repealed and are of no force and effect.

|                           |  |
|---------------------------|--|
| <b>MSI:</b>               | Medical Services Insurance   |
| <b>Ocularist:</b>         | a Board Certified Ocularist certified by the National Examining Board (US) of Ocularists who is a member in good standing of the Board and a member of the Canadian Society of Ocularists. |
| <b>Ocular Prosthesis:</b> | the supply and fitting of artificial eyes and scleral cover shells, and the buildup, refitting, re-veining, re-surfacing and re-polishing of those artificial eyes.                        |
| <b>Optometrist</b>        | an optometrist licensed to practice under the Nova Scotia <i>Optometry Act</i> .   |
| <b>Physician</b>          | a medical practitioner licensed under the Nova Scotia <i>Medical Act</i> .   |

## GENERAL CONSIDERATIONS

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## **2.1 90 Day Limit on Billing**

Claims received by MSI later than 90 days from the date of service will not be accepted for payment, with the following exceptions:

Resubmissions of refused claims, or incorrect billings, must be submitted within 185 days from the date of service.

Claims submitted later than the 90-day deadline will only be considered if the ocularist demonstrates extenuating circumstances and the Manager, MSI Programs has given prior written approval for the late submission. Questions regarding late claims may be directed to the MSI Assessment Department.

# SCHEDULE OF BENEFITS

## 3.1 Insured Services

The services insured by this program are:

- (a) initial fitting and provision of conformer, and/or scleral or conventional prosthetic coverings when prescribed by a physician or optometrist;
- (b) replacement of the prosthesis in accordance with article 4.3;
- (c) repair of the prosthesis on an as required basis;
- (d) any buildup, adjustment, reglazing and recheck of the prosthesis required, as determined by an ocularist, family physician, ophthalmologist or optometrist;
- (e) house (including hospital/continuing care facility) calls covering the time from leaving the office to the time of return to the office; and
- (f) other services as approved at the discretion of the DHW under exceptional circumstances.

The service described in 3.1(a) refers to a single prosthesis for each eye that requires a prosthesis. A spare prosthetic is not insured.

## 3.2 Providers

Service must be provided by an ocularist who is registered as a provider with MSI. The provider registration form is **Appendix 1** of this Guide.

Under certain circumstances services may be insured when provided outside of Nova Scotia, subject to conditions in the Hospital Insurance Regulations. In these situations, subject to the regulations, reimbursement will be restricted to the maximum tariff benefits prescribed below.

## 3.3 Tariff of Fees

The following fees are payable for insured services listed in article 3.1 provided by an ocularist to an eligible resident.

| Insured Ocular Prosthetic Service   | June 1, 2024 - March 31, 2025 | April 1, 2025 - March 31, 2026 | April 1, 2026 - March 31, 2027 | April 1, 2027 - March 31, 2028 | April 1, 2028 |
|---|-------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------|
| Scleral prosthetic  | \$2,900.00                    | \$3,016.00                     | \$3,136.64                     | \$3,262.11                     | \$3,392.59    |
| Conventional prosthetic   | \$2,500.00                    | \$2,600.00                     | \$2,704.00                     | \$2,812.16                     | \$2,924.65    |
| Build-up  | \$815.00                      | \$847.60                       | \$881.50                       | \$916.76                       | \$953.43      |
| Adjustment  | \$216.00                      | \$224.64                       | \$233.63                       | \$242.97                       | \$252.69      |
| Reglazing and recheck   | \$100.00                      | \$104.00                       | \$108.16                       | \$112.49                       | \$116.99      |
| Conformer   | \$600.00                      | \$624.00                       | \$648.96                       | \$674.92                       | \$701.92      |
| House call including home, hospital and continuing care facilities (per hour) | \$125.00                      | \$130.00                       | \$135.20                       | \$140.61                       | \$146.23      |

## 3.4 Extra Billing

The amounts listed above are the only amounts billable to MSI for the above insured services. Pursuant to the *Health Services Insurance Act*, a provider who renders an insured professional service to a resident shall be entitled to receive in respect of that service only the fee or compensation provided in the tariff of fees.

Therefore, an ocularist who bills MSI for insured services may not bill or charge a patient or anyone other than MSI any amount, including tray fees, balance billing, etc., for an eligible insured service.

An ocularist may elect to opt out of billing MSI for insured services, but must comply with the requirements of the *Health Services and Insurance Act*. These include that the provider must:

- not bill MSI for any insured services;
- before providing a service, advise the patient that the ocularist has opted out of billing MSI;
- assist the patient to claim reimbursement from MSI for any charges;
- not charge the patient any amount greater than the amount payable according to the tariff in this Guide.

### **3.5 Other Coverage**

Under the *Health Services and Insurance Act*, residents are not entitled to coverage for services which are insured under other federal or provincial programs (e.g., Workers Compensation, Veteran Affairs, etc.).

The MSI ocular prosthetic program insures services regardless of whether the service is covered by a resident's private insurance – i.e., the program is first payor of insured services.

## **APPROVALS**

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## **4.1 Initial**

New patients must be referred to an ocularist by an ophthalmologist, family physician or optometrist.

## **4.2 Replacement/Repairs**

Replacement and/or repairs may be made at the determination of an ocularist, subject to the conditions in this guide. A physician referral is not required for replacement/repairs.

## **4.3 Restrictions/Provisions**

Prosthesis replacement is insured:

- not more often than every five (5) years for adults (age 19 and older);
- not more often than every two years for children (up to the end of the month of their 19th birthday); or
- if pre-approved by the Administrator on behalf of DHW, in consultation with the Manager, Extended Health Benefits, DHW.



# BILLING

## 5.1 Payment Levels & Methodology

Payment will be made to ocularists in accordance with the tariff of fees set out in article 3, and the terms and conditions of this Guide. Payment will be made by the Administrator on a bi-weekly basis. All claims for payment must be received by the Administrator within 90 days of the date of service.

## 5.2 Claims & Application Forms

To ensure that the Administrator can verify the services provided, all information listed below must be provided as part of a claim submission:

- Ocularist's name and address
- Ocularist's National Examining Board of Ocularists certification number and date of expiry
- Statement that the ocularist is a member of the Canadian Society of Ocularists
- Ocularist's invoice number (a unique number, never before used), and date of service
- Client's full name, date of birth and home address, including postal code
- Client's current Health Card Number
- Name(s) of referring physician or optometrist(s) as required

For each insured service:

- Type of prosthesis/service provided
- Unit price of line item
- Total fee payable by MSI
- Delivery date of prosthesis or service to client
- Client's signature verifying receipt of goods and services

## 5.3 Claims Submission

Claims must be submitted to MSI using the following Health Service Codes (HSC):

| HSC   | Description                          | Insured Service   |
|-------|--------------------------------------|---|
| Z3000 | Prosthesis                           | Conventional prosthetic   |
| Z3001 | Scleral Cover Shell                  | Scleral prosthetic  |
| Z3002 | Special Cases                        | Pre-authorization required  |
| Z3003 | Conformers                           | Conformer   |
| Z3004 | Enlargement or Build Up              | Build-up  |
| Z3005 | Adjust and Polish                    | Adjustment  |
| Z3006 | Polish                               | Reglazing and recheck   |
| Z3007 | Hospital Visit Per Hour (No Regions) | House call including home, hospital and continuing care facilities (per hour) |

Claims must be submitted to MSI either by regular Canada Post mail, fax, or electronic secure file transfer.

# EVALUATION AND AUDIT

## 6.1 Evaluation

MSI is responsible for collecting all appropriate information to assist DHW in evaluating the effectiveness of the program. MSI will collect the following information on behalf of DHW.

- Type of service provided, i.e., an ocular prosthesis, scleral cover shell, repairs, etc.
- Health Card Number, age and gender of client
- Ocularist name and date service provided
- Number and type of services provided to each client category
- Cost per client/total cost associated with the program
- Date of payment

## 6.2 Audit and Recovery

All claims submitted to MSI for insured services are subject to audit and must be verifiable from the ocularist's patient record. If the record does not substantiate the claim for the service, the service or claim were not in accordance with this Guide and applicable legislation, or the claim is otherwise found to be inappropriate, an amount equivalent to the full amount paid or a partial amount may be repayable by the ocularist to MSI, in the discretion of DHW. Without limiting the remedies available to DHW, DHW may recover any amount payable by the ocularist by setting off the amount against any payment due from DHW to the ocularist.

Pursuant to subsection 28(1), and clauses 30(a), 31(n), 33(a) and 35(1)(g) of the *Personal Health Information Act*, the Administrator on behalf of DHW is permitted to review and make copies as necessary of any records maintained by prosthetists and ocularists in Nova Scotia with respect to insured services.

## PUBLICATION HISTORY

| Version | Publication Date | Updates   |
|---------|------------------|---|
| 1.0     | June 1, 2024     | <ul style="list-style-type: none"><li>• First publication of the Ocularists Guide under section 11 of the <i>Health Services and Insurance Act</i>.</li></ul> |



# Appendix I

**APPROVED PROVIDER APPLICATION**  
Effective June 1, 2024

**PROVIDER INFORMATION**

|  |     |    |
|--|-----|----|
| As a Provider, are you a Board Certified Ocular Prosthetist, registered and in good standing with the National Examining Board (US) of Ocularists ?                  | Yes | No |
| As a Provider, are you a current member of the Canadian Society of Ocularists?   | Yes | No |
| Will all professionals, providing prosthetic services on your behalf, be certified, registered, and practicing within their respective clinical or technical scopes? | Yes | No |
| Do you agree to the conditions of the Nova Scotia Ocular Prosthetic Services program as defined in the NS Department of Health and Wellness Ocularists Guide?        | Yes | No |
| Are you willing to submit all claims using the Nova Scotia fee schedule, as a condition of reimbursement, along with any other information as required by MSI?       | Yes | No |
| Do you agree to ensure the assessment from a validated assessment tool is recorded on patients' records?   | Yes | No |

Provider Name:  
NEBO Certification Number and date of expiry:

**VENDOR INFORMATION**

Operating Name: \_\_\_\_\_ Business Registration ID: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

|                                      |                             |
|--------------------------------------|-----------------------------|
| <b>SITE LEAD NAME (PLEASE PRINT)</b> | <b>CONTACT PHONE NUMBER</b> |
|                                      |                             |
| <b>SIGNATURE OF SITE LEAD</b>        | <b>DATE</b>                 |
| X                                    |                             |
| <b>SIGNATURE OF PROVIDER</b>         | <b>DATE</b>                 |
| X                                    |                             |

By signing this document I am certifying that all information provided is true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program.

**MSI INTERNAL USE ONLY**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**If you need assistance, please contact the MSI Office at (902) 496-7011 or 1-866-553-0585.**

**Please return signed forms by mail or fax to:**  
 MSI - Prosthetic Program                      Fax: (902) 490-2275  
 P.O. Box 500  
 Halifax, NS B3J 2S1