

**MINISTRY OF HEALTH AND LONG-TERM CARE**

**ASSISTIVE DEVICES PROGRAM**

**OCULAR PROSTHESES**

**ADMINISTRATION MANUAL**

**AUGUST 2005**

**TABLE OF CONTENTS**

<b><u>Section</u></b>		<b><u>Page</u></b>
<b>1.0</b>	<b>POLICIES AND PROCEDURES</b>	
1.1	Introduction	1-1
1.2	Provision of Ocular Prostheses/Procedures	1-3
1.3	Completion of the ADP Equipment/Supply Authorization Form	1-4
1.4	Vending	1-7
1.5	Invoicing	1-8
1.6	Reimbursement to Vendors	1-10
1.7	Warranty	1-11
1.8	Prostheses Obtained Outside Ontario	1-12
1.9	Replacements	1-13
1.10	Modifications and Adjustments	1-15
1.11	Requests for Special Approval	1-16
1.12	Becoming an ADP-Registered Authorizer	1-18
1.13	Becoming an ADP-Registered Vendor	1-19
1.14	Definitions	1-20
1.15	Information	1-23
1.16	ADP Funding Policy for MCSS Recipients	1-25
	<b>APPENDICES</b>	
<u>Appendix A</u>	- Sample ADP Equipment/Supply Authorization Form	1-26
<u>Appendix B</u>	- Request for Special Approval for Prosthetics & Orthotics	1-27
<u>Appendix C</u>	- Sample Invoice	1-28

# **SECTION 1**

## **POLICIES AND PROCEDURES**

## 1.1 INTRODUCTION

This manual outlines the specific policies and procedures for the **OCULAR PROSTHETIC PROGRAM** of the Assistive Devices Program (ADP). The **Assistive Devices Program Policies and Procedures Manual** must also be consulted with reference to generic policies and procedures.

The **OCULAR PROSTHESES** component of ADP is intended for use by people who require a custom-fabricated ocular prosthesis, and/or specified related fitting procedures, as a substitute for a partially or totally absent eye.

This manual is intended to be used by:

- o **prescribers** who are ophthalmologists, general practitioners, licensed to practice medicine in Ontario, and optometrists licensed to practice optometry in Ontario who provide a medical diagnosis and prescribe ocular prostheses; and,
- o **authorizers** who are NEBO certified ocularists or dispensing opticians and employed by **vendors** registered with ADP.

*THIS ADMINISTRATION MANUAL IS NOT INTENDED FOR USE BY THIRD PARTY PAYERS SUCH AS INSURANCE COMPANIES, COMMUNITY AGENCIES AND OTHER FUNDING BODIES. IT IS NOT INTENDED TO BE AN ALL-INCLUSIVE CATALOGUE OF EVERY AVAILABLE DEVICE AND COMPONENT ON THE MARKET. POLICIES AND PROCEDURES DEVELOPED FOR THE ASSISTIVE DEVICES PROGRAM MAY NOT APPLY TO ALL OCULAR PROSTHESES, COVER ALL TYPES OF HEALTH CARE PROVIDERS AND DELIVERY SYSTEMS, NOR APPLY TO ALL POSSIBLE FUNDING SITUATIONS.*

### 1.1.1 HOW TO USE THIS MANUAL

**Section 1.0** of the manual explains the **POLICIES and PROCEDURES** for ADP's Ocular Prosthetic Program. Reference should be made to the Assistive Devices Program Policies and Procedures Manual.

**Section 2.0** of the manual identifies **ADP-REGISTERED OCULAR PROSTHESES AUTHORIZERS and VENDORS**.

**Section 3.0** of the manual is a catalogue which lists **ELIGIBLE OCULAR PROSTHESES and PROCEDURES** covered by the ADP. This section shows the ADP catalogue number, ADP approved price and description of the prosthesis or procedure.

**1.1.2 WHAT IS FUNDED BY ADP:**

The following custom-made Ocular Prostheses and Procedures are eligible for funding:

- o Custom made ocular prostheses
- o Custom made scleral lens prostheses
- o Trial shells
- o Modifications, adjustments, reductions and therapeutic build-ups
- o Recolouring and reveining
- o Custom conformers
- o Impression under anaesthesia

**1.1.3 WHAT IS NOT FUNDED BY ADP:**

- o A second ocular prosthesis for the same site when the first prosthesis is still functional
- o Repairs to ocular prostheses, conformers and scleral lens prostheses
- o Prosthetic implants (hydroxyapatite) and attachment posts
- o Items funded by Workplace Safety & Insurance Board or Veteran's Affairs Canada, Group A Insurance for a pensioned condition

## 1.2 PROVISION OF OCULAR PROSTHESES

- 1.2.1 To access Assistive Devices Program funding, an applicant (client) who requires an ocular prosthesis must obtain an ADP Equipment/Supply Authorization form (refer to Appendix A) from an ADP-registered authorizer employed by an ADP-registered vendor. The applicant must hold a valid Ontario Health Number in his or her name, reside in Ontario, and have a chronic physical disability of six months duration or longer.
- 1.2.2 **For the first time that an applicant is receiving an ocular prosthesis through ADP, he/she must be diagnosed by a prescriber who is a licensed ophthalmologist, family physician or optometrist.**
- A prescription is also required when a replacement prosthesis is required due to a change in medical condition. The physician assesses the applicant's ocular prosthetic needs, then, if appropriate, refers the applicant to an ADP-registered authorizer who is a NEBO-certified ocularist or NEBO-certified dispensing optician.
- 1.2.3 The certified ocularist/dispensing optician reviews the applicant's needs and provides to the applicant or his/her agent an **estimate of the applicant's costs and the amount eligible to be funded by ADP**. The certified ocularist/dispensing optician authorizes the appropriate ocular prosthesis and/or procedures.
- 1.2.4 The ADP-registered ocularist/dispensing optician fabricates and fits the prescribed ocular prosthesis to the applicant. **A written warranty, use and care instructions, copy of the ADP Equipment/Supply Authorization form and invoice must be provided to the applicant by the vendor.**
- 1.2.5 The certified ocularist/dispensing optician arranges for regular follow-up visits with the applicant to check the fit of the ocular prosthesis and the manner in which the applicant is wearing and maintaining it. Adjustments to the ocular prosthesis may be made as necessary and are provided by the vendor at his/her expense during the warranty period. Refer to section 1.7 - Warranty for further details.
- 1.2.6 The certified ocularist/dispensing optician is responsible for ensuring that any applicant with a suspected change in medical condition is referred back to his/her physician for medical review.

### 1.3 COMPLETION OF THE ADP EQUIPMENT/SUPPLY AUTHORIZATION FORM

1.3.1 The ADP Equipment/Supply Authorization form consists of five sections (refer to Appendix A). All sections of the form must be completed accurately, signed and dated to avoid delays in claim processing.

#### 1.3.2 **SECTION 1 (Applicant Information):**

This section is completed by the **applicant or his/her agent**. Should the applicant be unable to sign due to disability, the applicant may delegate signing authority to his or her agent who may act as a witness to his/her consent. For individuals under sixteen (16) years of age, a parent, next-of-kin or guardian signs the Application.

The following information must be provided in **Section 1**:

- o last name and first name
- o date of birth and sex
- o complete home address including postal code
- o home telephone number (if no phone, write "n/a")
- o Ontario Health Number + version code, if applicable

#### 1.3.3 **SECTION 2 (Primary Diagnosis):**

This section is completed by the applicant's **ophthalmologist, optometrist or family physician** acting as **prescriber**. The physician/optometrist must be licensed to practise medicine in Ontario and have an active Ontario Health Insurance Billing Number.

The prescriber writes what type of ocular prosthesis the applicant requires in the instructions/special needs section. The prescriber determines the applicant's readiness for an ocular prosthesis and checks the appropriate boxes for diagnosis and/or surgical procedure. Any medical conditions or factors which would affect the design and fabrication of the ocular prosthesis should be clearly stated in an attached note to the ocularist/dispensing optician.

Ensure that all of the following information is provided in **Section 2**:

- o primary diagnosis
- o relevant surgical procedure, and provide the date of surgery
- o specify the type of ocular prosthesis/procedure
- o prescriber's name, printed and signed
- o prescriber's Ontario Health Insurance billing number, telephone number, and prescription date

### 1.3.4 **SECTION 3 (Ocular prosthesis required):**

The applicant may choose to go to any NEBO certified ocularist or NEBO-certified dispensing optician, employed by an ADP-registered ocular prosthesis vendor. Section 3 is completed and signed by the **authorizer** of ocular prostheses. The ADP-registered authorizer lists all prescribed eligible prostheses/procedures, appropriate ADP catalogue numbers and costs.

Ensure that all of the following information is provided in **Section 3:**

- o check whether the claim is for an initial (first-time) device through ADP or, a replacement ocular prosthesis
- o if the client has experienced a change in medical condition, specify it
- o check the appropriate box for growth, atrophy or worn/damaged not due to client negligence

For each prosthetic item, provide:

- o precise description of each procedure and device
- o ADP catalogue number(s)
- o unit cost (cost for each line item)
- o total cost (unit cost x quantity)
- o client portion
- o ADP portion
- o signature, date and ADP authorizer registration number of the ADP-registered ocular prosthesis authorizer

### 1.3.5 **Request for Special Approval**

Where a Request for Special Approval is required, the ADP authorizer must obtain a special approval number from the Prosthetics Coordinator before he/she begins fabrication of the ocular prosthesis/procedures. Check the box after the chart if you are attaching a written **Request for Special Approval for Orthotics and Prosthetics** (refer to Section 1.11 and Appendix B).

### 1.3.6 **SECTION 4**

This section is completed and signed by the applicant or his/her agent. By signing this section, he/she authorizes the releases of information about the applicant to the Ontario Ministry of Health, its agents, the applicant's insurance company and/or the ADP registered vendor. He/she certifies that the applicant needs the prescribed equipment, and does not have similar equipment in working order previously funded by

ADP. The applicant also certifies understanding of the funding eligibility criteria and that he/she is free to go to any ADP-registered authorizer/vendor.

If an applicant is less than sixteen (16) years of age, the legal guardian or parent may sign the form. Applicants who are sixteen (16) years of age and older and unable to sign the form may give oral consent and the form may be signed by an agent. The agent acts as a witness to the declaration. An agent must not be an employee of the vendor.

### 1.3.7 Section 5 (Vendor Certification)

This section is completed and signed by the **ADP-registered vendor**.

The following information must be provided in **Section 5**:

- Vendor's complete name and business address
- Signature of vendor's representative
- vendor's ADP registration number

Client must verify receipt of the device by signing and dating the invoice, delivery receipt or a receipt form. The delivery date must always be after the authorization date before a claim can be funded by ADP.

## 1.4 VENDING

- 1.4.1 Payment will be made by the Assistive Devices Program only to ADP-registered vendors of ocular prostheses (listed in Manual Section 2.0).
- 1.4.2 Registered vendors must have a vendor agreement for each primary vendor location open to the public 25 hours or more per week or secondary locations open to the public 8 or more hours per week, in order to claim payment for ADP-funded ocular prostheses.
- 1.4.3 No registered vendor may charge ADP more than the ADP approved price for any procedure listed in Section 3 of this manual.
- 1.4.4 The vendor must sign section 5 of the Application verifying that the prosthesis as listed has been supplied or, that mutually agreeable arrangements have been made with the applicant to supply the device in future.
- 1.4.5 When the client takes delivery of the completed ocular prosthesis, he/she signs the original invoice or confirmation of receipt attached to the invoice. Only after this statement has been signed by the applicant/agent may the vendor bill ADP and the applicant/agent for the authorized device.

Refer to the **Assistive Devices Program Policies and Procedures Manual, Section 5** for further details pertaining to vendorship.

## 1.5 INVOICING

1.5.1 The vendor forwards the original fully completed and signed ADP Equipment/Supply Authorization Form to:

Assistive Devices Program  
Ministry of Health  
5700 Yonge Street, 7th Floor  
North York, Ontario M2M 4K5

Incomplete Applications will be returned.

1.5.2 As per **Appendix C**, the vendor prepares an original **invoice** showing:

- 1) vendor's name
- 2) ADP vendor registration number
- 3) vendor's invoice number (a unique number, never before used)
- 4) invoice date
- 5) applicant's full name and address
- 6) applicant's Health Number
- 7) Equipment/Supply Authorization number
- 8) benefit code

For each listed item,

- 9) quantity delivered
- 10) ADP catalogue number (use only once per invoice)
- 11) device description
- 12) unit price (cost for one item)
- 13) total price (quantity x unit price) of line item
- 14) amount to be paid by the applicant
- 15) amount to be paid by ADP
- 16) invoice totals
- 17) delivery date when prosthesis was received by the applicant
- 18) applicant's signature verifying receipt of goods

1.5.3 The vendor forwards the **original invoice** to:

Supply and Financial Services Program  
Health Care and Related Payments Unit  
3rd Floor, 49 Place d'Armes  
P.O. Box 48  
Kingston, Ontario K7L 5J3

The invoice will be returned to the vendor if the invoice information is incomplete. This will result in a delay in payment of the claim. Invoices issued and dated more than one year past the delivery date of the device/procedure will not be processed for funding since they are considered to be "stale-dated."

**Magnetic Read Invoicing (MRI)** is available through the Health Care and Related Payments Unit. This expedites payments and reduces human error.

- 1.5.4** A copy of the Application must be filed with the client's records and another copy given to the applicant or agent by the vendor for the client's records or for third party payment purposes.
- 1.5.5** The vendor must maintain all client and ADP records in a confidential manner for at least **7 years** from the last date that ADP reimbursed the vendor for that specific client.

Refer to the **Assistive Devices Program Policies and Procedure Manual, Section 9** for further details about **Invoice Processing and Payment** and, **Section 525** for **Financial Records and Audit Arrangements**.

## 1.6 REIMBURSEMENT

**1.6.1** The maximum ADP payment is 75% of the cost not to exceed the ADP approved price for eligible ocular prostheses/procedures listed in Section 3 of this Manual. **SUBSTITUTIONS, LISTED AGAINST ADP CODES FOR OTHER DEVICES, WILL NOT BE FUNDED.**

**1.6.2** Submitted invoices which are fully completed and accurate and match a fully completed and accurate ADP Equipment/Supply Authorization form will be paid according to ADP's reimbursement policy, usually within thirty (30) days of receipt by the Health Care and Related Payments Unit in Kingston.

**1.6.3** Questions concerning the processing of invoices and payments should be directed to the Coordinator, Payments in Kingston at:

Toll-free 1-800-267-9458  
Direct 1-613-548-6477

**1.6.4** It is the responsibility of the applicant or his/her agent to pay to the vendor the difference between the total invoice amount and the amount paid by ADP.

**1.6.5** Questions concerning the processing of Applications should be directed to the Ocular Prosthetic Claims Assessor:

Claims Assessment Clerk  
Assistive Devices Program  
Ministry of Health  
5700 Yonge Street, 7th Floor  
North York, Ontario M2M 4K5

Toronto 1-416-327-8804  
Toll-free 1-800-268-6021  
FAX 416-327-8192

## 1.7 WARRANTY

### 1.7.1 SATISFACTORY FIT

The ADP-registered vendor will warrant to the applicant that the fit of the ocular prosthesis will remain satisfactory for a period of three (3) months after the date of delivery of the device. This condition would not apply when there has been a change in the applicant's ocular medical condition or growth/atrophy of the applicant's orbital cavity, making the current device no longer appropriate for his/her needs.

During the warranty period, the applicant is eligible for a full refund from the vendor if the prosthesis cannot be fit to the client's satisfaction. The vendor must inform ADP to cancel the claim and invoice, providing credit to ADP.

### 1.7.2 DISCOLOURATION AND DELAMINATION

The ADP-registered vendor will warrant in writing that **under normal use**, the authorized device is guaranteed against discolouration and delamination of the materials for **one year** from the date the completed ocular prosthesis is delivered to the client. During this warranty period, the vendor will provide or arrange any service including repairs, cleaning or replacement of the authorized device free of charge.

### 1.7.3 Repairs not included in Section 1.7.2 are the responsibility of the client dealing directly with the ocularist. **ADP does not contribute towards the cost of repairs under any circumstances.**

## 1.8 PROSTHESES OBTAINED OUTSIDE ONTARIO

1.8.1 Applicants must obtain ADP funded ocular prostheses only from ADP-registered vendors of ocular prostheses located in Ontario. **Ocular prostheses purchased from non-registered vendors are not eligible for ADP funding.** Clients are advised to purchase out-of-country or province travel and car insurance in case of loss or damage of their prostheses outside Ontario.

1.8.2 The names and telephone numbers of ADP-registered vendors of ocular prostheses may be obtained by consulting Section 2.3 of the Ocular Prostheses Administration Manual or by calling the Toronto ADP office at:

Toronto	1-416-327-8804
Toll-free	1-800-268-6021
TDD/TTY	416-327-4282
TDD/TTY	1-800-387-5559

## 1.9 REPLACEMENTS

1.9.1 This section pertains to replacements of ocular prostheses funded by ADP with an identical prosthesis. In cases where a replacement prosthesis is different from the previous prosthesis, policies and procedures which apply to a first time provision of a prosthesis are used.

1.9.2 Ocular prostheses funded by ADP are only eligible for replacement under the ADP when the **applicant's current device is no longer usable**. Ocular prostheses are not automatically replaced when the minimum replacement period has been reached. There must exist a proven need to replace the prosthesis such as deterioration of the device which jeopardizes the applicant's safety or the device no longer matches the applicant's orbit.

NOTE: **The replacement eligibility date is calculated from the day the authorizer signed the Application in section 3.**

1.9.3 ADP will fund a replacement ocular prosthesis at the following minimum time periods only when necessary:

<b>OCULAR PROSTHESIS OR PROCEDURE REPLACEMENT</b>	<b>MINIMUM PERIOD</b>
Custom Ocular Prostheses & Scleral Lens Prostheses	5 years
Trial shell	once/prosthesis
Recolouring, reveining	once/prosthesis
Impression under anaesthesia	once/prosthesis
<b><u>Adjustments - Reductions</u></b>	as required
Therapeutic build-up	as required
Ocular prosthesis, one or two processing	as required
Scleral lens prosthesis, one or two processing	as required
<b><u>Custom conformers</u></b> - following a recent enucleation or evisceration; otherwise, subject to written Request for Special Approval by ADP.	

**If an ocular prosthesis is being replaced after the minimum replacement period, the ADP-registered authorizer must check the replacement reason box in section 3 of the Application.**

**1.9.4 REPLACEMENT DUE TO GROWTH/ATROPHY**

ADP will fund a replacement ocular prosthesis at any time if required because of **growth/atrophy** which affects the orbit and makes his/her current ocular prosthesis no longer usable.

A new ADP Equipment/Supply Authorization form must be used when a replacement prosthesis is required. The reason for the replacement must be checked in section 3. **Please provide sufficient detail about the reasons for replacement to justify the request, otherwise, the claim will be delayed.**

When replacement before the minimum replacement period is required due to a applicant's **growth/atrophy**, only section 1, 3, 4 and 5 of the Application need be completed and signed by the applicant, authorizer, and vendor. The prescriber is not required to complete section 2 in this case.

**1.9.5 REPLACEMENT DUE TO CHANGE IN MEDICAL CONDITION**

ADP will fund a replacement ocular prosthesis at anytime if required because of a change in medical condition of the orbital cavity of the client's affected eye which makes the current ocular prosthesis no longer usable.

A new ADP Equipment/Supply Authorization form must be completed when a replacement ocular prosthesis is required. Check the box for change in medical condition in section 2 and provide a **detailed explanation of the change** on the line next to it. All 5 sections of the Application must be completed and signed, including section 2 by the prescriber (physician).

**1.9.6** As specified in the contract signed by the ADP-registered vendor of ocular prostheses, a vendor cannot inform an applicant who has received an ocular prosthesis that he/she is eligible to receive a replacement prosthesis, unless the person solicits the information from the vendor or ADP.

**1.9.7** The vendor shall retain all applicant and ADP records in a confidential manner for **at least 7 years** from the last date that ADP reimbursed the vendor for that specific applicant.

**1.9.8 LOSS OR DAMAGE**

The Program does not provide replacements in cases where the ocular prosthesis is lost or damaged beyond repair. The applicant should purchase or request replacement through house, travel, car, or other extended health insurance policies.

**1.10 MODIFICATIONS AND ADJUSTMENTS**

- 1.10.1** Modifications and/or adjustments to ocular prostheses are eligible for ADP funding at anytime when required due to a applicant's growth/atrophy or a change in medical condition. **ADP will only fund modifications/adjustments to a prosthesis which has been previously funded by ADP.** Modifications and adjustments for cosmetic reasons are not funded by ADP.
- 1.10.2** **Modifications and adjustments due to growth/atrophy do not require the ophthalmologist's, general practitioner's or optometrist's prescription.** In these cases, only sections 1, 3, 4 and 5 are completed and signed by the applicant, the ADP-registered authorizer and ADP vendor.
- 1.10.3** **Modifications and adjustments due to a change in medical condition require the physician's or optometrist's prescription and authorization by the certified ocularist.**
- 1.10.4** **REQUEST FOR SPECIAL APPROVAL**
- A Request for Special Approval is required for modifications and/or adjustments to an ocular prosthesis when the cost of the modification and/or adjustment exceeds **30% of the cost of replacing the device.** The ADP-registered ocularist must submit a completed **Request for Special Approval for Prosthetics and Orthotics** to ADP before proceeding with the modifications and/or adjustments. The ADP Prosthetics Coordinator will fax the vendor about a funding decision.
- 1.10.5** All claims for ADP funding for modifications and/or adjustments due to physiological growth/atrophy or change in medical condition **must include a description of the work done, recorded in Section 3 of the Application or an attached letter. The description should be sufficiently detailed to justify the price charged.**

## 1.11 REQUESTS FOR SPECIAL APPROVAL

**1.11.1** A Request for Special Approval for Prosthetics and Orthotics (see Appendix B) must be completed and forwarded to the Prosthetics Coordinator when funding is requested for:

- o modifications and/or adjustments to an ocular prosthesis, not listed in section 3 of this manual, when their cost exceeds 30% of the replacement cost of the device; and,
- o custom conformers for reasons other than enucleation or evisceration.

**1.11.2** Please include the following information on the Request for Special Approval:

- o completion of the Social Assistance Benefits Section (if applicable)
- o client's complete name, Ontario Health Number and date of birth
- o pertinent diagnosis
- o claim number
- o authorizer's name, ADP authorizer registration number, and telephone number
- o vendor's name, fax number and telephone number
- o reason and full explanation for the special approval request

For each listed prosthesis/procedure, provide a:

- o description
- o 9-digit ADP catalogue number
- o unit price (for one)
- o ADP approved price
- o ocular prosthesis authorizer's signature and date

**1.11.3** The completed "Request for Special Approval for Prosthetics and Orthotics" should be sent to:

Prosthetics Coordinator  
Assistive Devices Program  
Ministry of Health  
5700 Yonge Street, 7th Floor  
North York, Ontario M2M 4K5

Fax: 416-327-8192

- 1.11.4 When a Special Approval number is issued by the ADP Prosthetics Coordinator to the authorizer, the form will be faxed back to the authorizer for his/her records. In cases where a special approval has been granted, a new Application must be completed and signed. The box for Request for Special Approval must be checked in section 3. **Please ensure that this Special Approval number also appears on the invoice to the Kingston Health Care and Related Payments Unit.**
- 1.11.5 If a special approval is not received from ADP prior to the date of delivery of the ocular prosthesis to the applicant, the claim will not be approved for funding.

## 1.12 BECOMING AN ADP-REGISTERED OCULAR PROSTHESIS AUTHORIZER

1.12.1 Only ocularists certified with the National Examining Board of Ocularists (NEBO) may become authorizers for ocular prostheses. Selected dispensing opticians, who have been approved by the College of Opticians of Ontario to practise in the field of ocular prostheses may be authorizers for ocular prostheses. Dispensing opticians must also be NEBO-certified by December 1, 2002.

1.12.2 The certified ocularist must complete an **ADP Authorizer Application for Ocular Prostheses** and an **Authorizer Agreement**. The certified ocularist must be employed by an ADP-registered ocular vendor. These forms may be obtained from:

Authorizer Registration Clerk  
Assistive Devices Program  
Ministry of Health  
5700 Yonge Street, 7th Floor  
North York, Ontario M2M 4K5

Toronto                   1-416-327-8804  
Toll-free                 1-800-268-6021

1.12.3 If the application meets ADP standards for authorizer, then an individual authorizer number for ocular prostheses will be issued. To avoid conflict of interest, **no authorizer may also be the prescriber of an ocular prosthesis.**

Refer to the **Assistive Devices Program Policies and Procedures Manual, section 4** for further details pertaining to authorizers.

## 1.13 BECOMING AN ADP-REGISTERED OCULAR PROSTHESIS VENDOR

**1.13.1** All ocular prosthetic vendors in publicly funded health care settings who have a separate financial cost centre or community based sole proprietorships or corporations wishing to bill ADP for the fabrication and fitting of ocular prostheses must be registered with ADP. This involves the satisfactory completion and approval of an ADP Vendor Application.

To avoid conflict of interest, **a prescriber of ocular prostheses may not also be an ADP-registered ocular vendor or have an investment in an ocular prostheses vendor's business.**

**1.13.2** ADP Vendor Applications may be obtained from:

Vendor Registration  
Assistive Devices Program  
Ministry of Health  
5700 Yonge Street, 7th Floor  
North York, Ontario M2M 4K5

Toronto                    1-416-327-8804  
Toll-free                 1-800-268-6021

**1.13.3** Registered vendors of ocular prostheses must employ an ocularist or optician certified with the National Examining Board of Ocularists. Ocular technicians and/or interns must receive on-site supervision from a certified ocularist or certified optician. Certified ocularists fabricating ocular prostheses employed by ADP-registered vendors, must also be ADP-registered authorizers of ocular prostheses, so that the vendor may bill ADP for ocular prostheses and services.

Refer to the **Assistive Devices Program Policies and Procedures Manual, section 3** for further details pertaining to vendor applications.

## 1.14 DEFINITIONS OF TERMS

**Agent:** A person who is legally authorized to act on the applicant's behalf.

(1) The following persons can sign an application on behalf of an individual to verify information and to consent to the collection, use and/or disclosure of information:

- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- b) the applicant's attorney under a continuing power of attorney;
- c) the applicant's guardian of property;
- d) the applicant's attorney under a power of attorney for personal care;
- and
- e) the applicant's guardian of the person,

as evidenced by supporting documents.

(2) Only the following persons can sign on behalf of the individual to indicate that payment is to be made out to someone other than the applicant;

- (a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- (b) the applicant's attorney under a continuing power of attorney; and
- (c) the applicant's guardian of property.

as evidenced by supporting documents.

**ADP Approved Price:** The dollar amount specified in the device specific manual. Where no dollar amount is specified in the device specific manual, the dollar amount determined by the Program.

**Applicant (Client):** An applicant is a person with a valid Ontario Health Number who applies for ADP funding for an ocular prosthesis, modifications and/or adjustments due to growth/atrophy or change in medical condition of the affected ocular cavity, or a replacement of an existing ocular prosthesis which has been prescribed, authorized and vended according to ADP policy.

**ADP Equipment/Supply Authorization Form:** Prior to application for ADP funding, this form must be completed and signed by the prescriber, applicant/agent, ADP-registered authorizer and ADP-registered vendor of ocular prostheses in accordance with ADP policy.

**Authorizer:** An ADP-registered authorizer is an ocularist or dispensing optician seeking certification by the National Examining Board of Ocularists (NEBO). The dispensing optician must hold current registration with the College of Opticians of Ontario.

**Certified Ocularist:** A person who has successfully completed examinations offered by the National Examining Board of Ocularists and is presently Board-certified.

**Conformer:** A custom-made device used to retain the socket contours post-operatively. It prevents scar tissue intrusion, and shrinkage of the artificial or natural opening after surgical repair. It can also be used to therapeutically expand the orbital cavity.

**Cost Centre:** This is an independent financial unit which is operated by an independent prosthetic establishment. The prosthetic business cannot be financially connected nor financially controlled in any way by a publicly funded health care facility. Any ADP profits accrued by the cost centre cannot be shared with the public health care facility in any way. Refer to the Assistive Devices Program Policies and Procedures Manual, section 505 Relationships of Hospitals and Registered Vendors.

**Impression:** An impression of the orbital cavity taken under local anesthesia by a certified ocularist or ADP-recognized dispensing optician. The ocular prosthesis is then fabricated from this impression.

**Ocular Prosthesis:** A custom-made prosthesis fabricated and fitted by a NEBO certified ocularist/dispensing optician which substitutes for a missing orbit. It fits into the conjunctival sac or orbit. ADP does not provide funding assistance towards hydroxyapatite (coral) implants.

**Ophthalmologist:** A physician licensed to practise medicine in Ontario specializing in the diagnosis and medical and surgical treatment of the diseases and defects of the eye and related structures.

**Optician:** Is a regulated health care professional who fabricates optical instruments from an ophthalmologist's prescription. To be recognized as an ADP authorizer, the dispensing optician must be a registered practising member of the College of Opticians of Ontario and certified by the National Examining Board of Ocularists.

**Optometrist:** Is a member of the College of Optometrists of Ontario who is qualified to practise optometry in Ontario under the Regulated Health Professions Act, S.O. 1991 or any successor legislation thereto.

**Prescriber:** An ophthalmologist or general practitioner, licensed to practise medicine in Ontario, or an optometrist qualified to practise optometry in Ontario is responsible for prescribing ocular prostheses.

**Scleral Lens Prosthesis:** A custom-made ocular prosthesis fabricated and fitted by a NEBO-certified ocularist/dispensing optician which substitutes for the sclera or white of the eye and fits over the eye globe.

**Trial Shell:** A clean shell designed from an impression of the eye globe. It is used to determine the comfort and fit for scleral lens prostheses.

**Vendor of Ocular Prostheses:** An ocular prosthetic facility engaged in the custom fabrication, fitting and selling of ocular prostheses. The vendor must employ a full-time ocularist or dispensing optician certified with the National Examining Board of Ocularists in order to be an ADP-registered vendor in this category.

## 1.15 INFORMATION

TYPE OF REQUEST	PERSON TO CONSULT
Policy Interpretation	Prosthetics Coordinators
Authorizer Registration Change in status, employment	Authorizer Registration Clerk
Status of applications Application denial inquiries Release of client information	Claims Assessment Clerks
at: <b>Toronto: 416-327-8804</b> <b>Toll-free: 1-800-268-6021</b> <b>T.T.Y.: 1-800-387-5559</b> <b>Fax: 416-327-8192</b>	

Written enquiries may be directed to:

Assistive Devices Program  
 Ministry of Health  
 5700 Yonge Street, 7th Floor  
 North York, ON M2M 4K5

Ocular Prostheses  
 Fact Sheets  
 ESA Forms

Communications Program  
 Infoline

Toll-free: 1-800-268-1154  
 TDD/TTY: 416-327-4242  
 TDD/TTY: 1-800-387-5559

---

TYPE OF REQUEST	PERSON TO CONSULT
Processing of Invoices and Vendor Payments	Coordinator, ADP Payments
<b>Kingston:</b>	<b>1-613-548-6477</b>
<b>Toll-free:</b>	<b>1-800-267-9458</b>

---

Written enquiries may be directed to:

Supply and Financial Services Program  
Health Care and Related Payments Unit  
3rd Floor, 49 Place d'Armes  
P.O. Box 48  
Kingston, ON K7L 5J3

**1.16      ADP FUNDING POLICY FOR MCSS RECIPIENTS****1.16.1      COMPLETION OF THE ADP EQUIPMENT/SUPPLY AUTHORIZATION FORM      (See Section 1.3)****SECTION 1 (Biographical Information)**

This section is completed by the applicant or his/her agent. If the client is receiving social assistance benefits they must check the appropriate box:

Ontario Works (OW)

Ontario Disability Support Program (ODSP)

Assistance to Children with Severe Disabilities (ACSD)

**SECTION 3 (Ocular Prosthesis Required)**

Clients receiving social assistance benefits are eligible for the 100% ADP approved price for the device catalogue number.

**Request for Special Approval:**

When a Request for Special Approval is required, the authorizer must obtain a special approval number from the Prosthetics coordinator. Please indicate on this form if the client is receiving social assistance benefits.

**1.16.2      REIMBURSEMENT TO VENDORS      (See Section 1.6)**

The ADP payment for MCSS Recipients is the 100% approved price for eligible procedures listed in Section 3 of this manual.

**1.16.3      DEFINITIONS      (See Section 1.14)**

**Applicant Receiving Social Assistance Benefits:** An applicant receiving one of the following: Ontario Works (OW), Ontario Disability Support Program (ODSP) or Assistance to Children with Severe Disabilities (ACSD).

**SAMPLE INVOICE**

**Appendix C**

To: Health Care and Related Payments Unit  
 Supply & Financial Services Program  
 P.O. Box 48  
 49 Place d'armes  
 Kingston, ON K7L 5J3

From: [vendor name]  
 [vendor address]  
 [ADP vendor reg. number]

For: [client name] Invoice number: 9999999  
 [client address] Invoice date: day/mon/yr  
 [Health Number] ADP Claim number: xxxxxxxx

<u>Quan.</u>	<u>ADP Cat. #</u>	<u>Device Description</u>	<u>Unit Price</u>	<u>Total Price</u>	<u>Client Portion</u>	<u>ADP Portion</u>
2	OPRCF5001	ocular pros.	\$1,500.00	\$3,000.00	\$750.00	\$2,250.00
2	OPRCF5201	trial shell	\$375.00	\$750.00	\$187.50	\$562.50
Invoice totals:				\$3,750.00	\$937.50	<b>\$2,812.50</b>

I hereby acknowledge receipt of the items listed above.

\_\_\_\_\_  
 client's signature

\_\_\_\_\_  
 date delivered

**NOTE:** Do not repeat an ADP catalogue number on the claim.