Avoiding GOS fee reclaims

Some practices are finding they are on the receiving end of a reclaim for many tens of thousands of pounds. Don't be one of them.

Area Teams are beginning to focus in on post payment verification and assuring the NHS that GOS claims are being made appropriately. They are taking steps to recover funds they believe have been inappropriately claimed, sometimes in conjunction with Audit Agencies and occasionally with the use of external solicitors.

So the question that arises is what are acceptable claims? That's where the shades of grey come in and opinions vary. You must at all times ensure that you are acting within the GOS contract (2013) and the NHS Voucher regulations (SI2013-461). You need to be familiar with the latest version of Making Accurate Claims (Optical Confederation 2014) and you must, at all times, keep full and accurate records that justify your claims.

What kinds of claim get queried? For sight tests, by and large, the issue will be whether a sight test was necessary or justified. The GOS Contract says the practitioner must be satisfied that a sight test is clinically justified. Peer view, along with custom and practice is that in the absence of a reason to test earlier, 2 years is an interval after which a sight test is clinically justified purely on the grounds of the time interval since the previous test. For some groups the Memorandum of Understanding on Sight Test Intervals [MoU 2002] gives minimum intervals which will not be challenged on an individual basis – 1 year for those over 70 for instance. However, remember the need for clinical justification. Routine automatic recall of every patient over 70 at annual intervals does not demonstrate clinical decision making. A record should show a reason for recalling a 72 year old after 1 year. That might be cataract or macular degeneration for instance. The same applies with children; for early recall, do ensure your record contains a reason. On the other hand, routine annual recall of patients over 40 with a family history of glaucoma is peer practice, and the same is true of patients with diabetes as the tables below from the AOP survey on recall intervals in Optometry Today (2013) demonstrate:

Category	Survey result	MoU
40 years and over with family history of glaucoma	92% advise 1yr	1yr
Diabetic patients	76% advise 1yr 19% advise 2yrs	1yr

Category	Survey result	MoU
Patient aged 60-69 with no significant pathology or visual problems	93% advise 2yrs	2yrs

70 years and over with no pathology	55% advise 1yr 14% advise 2yrs 31% vary between 1 & 2yrs	1yr
70 years and over with some pathology or visual problem that does not currently require referral	83% advise at 1yr 1% advise at 2yrs 8% vary between 1 & 2yrs 6% advise 6m	1 yr

Category	Survey result	MoU
Under 7 years with no binocular vision anomaly or corrected refractive error	13% advise 6m 75% advise 1yr 8% advise 2yrs	6m
Under 7 years with corrected refractive error	64% advise 6m 31% advise 1yr	6m

Vouchers and repairs are the biggest source of problems. Children are not automatically entitled to a spare pair. It is not acceptable to use a repair voucher to supply a spare pair. The repair voucher should be used only for repairing the current pair supplied using an NHS voucher. You must document the repair. Don't note a broken side and then claim for a full frame because you can't get single sides from the supplier.

The Small Glasses Supplement (SGS) is for children under 7 years of age with small frames AND where extensive modifications have been made. Fitting curl sides is such a modification. Is removing tips on a metal side, cutting 10mm off the wire and then putting the tip back on an extensive modification? That's the shades of grey, but most practitioners would not claim an SGS for that and if you do it would be open to challenge and difficult to defend. Health Service Circular 1999-051 made clear that surfacing lenses for minimum substance could constitute an extensive modification.

FPN 713 (1999, para 22) made clear that the Department of Health expects adult spectacles to last 2 years. Making Accurate Claims also refers to this understanding with the Department of Health. Repairs are not normally covered for adults; issuing a voucher after 12 months on the basis of scratched lenses is not an acceptable claim and nor is it a valid reason for an early sight test. You should only issue a voucher early if there is a significant change in the prescription.

More shades of grey! What is a significant change? The College Guidance (2014, A251-256)) tells us that for children, a hyperopic prescription under +0.75 is unlikely to be of benefit unless there are good clinical reasons. For a myope, as we all know, it can vary. Sometimes 0.25 can make a big subjective improvement whilst other patients hardly notice any difference. Pupil size and pinhole effects can be a factor here, but the important point is that your record justifies the small change and shows why it makes a significant difference for the patient.

So what are the lessons?

- Don't allow yourself to be accused of playing the system. If you push the boundaries of what is acceptable, don't be surprised if you get questioned.
- Don't use automatic recall intervals that are shorter than the majority of the profession use.
- Record reasons for early sight tests and use codes on the GOS1 where appropriate.
- Don't start the record with "Routine – no problems" if there are symptoms and it is an early test!
- Don't issue GOS3 vouchers to adults at less than 2 years without a significant documented prescription change.
- Small prescriptions and small changes should have documented evidence that they are clinically justified (one example – but not the only one - would be acuity in old and new Rx).

- Carefully document repairs to children's specs and don't claim for more than the broken part.
- Justify any Small Glasses Supplements.

Play it fair and stay safe and you won't have any fears over payment verification.

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