

## Clinical Guidelines for the Children's Spectacle Subsidy December 2014

### ELIGIBILITY CRITERIA

To qualify for the Children's Spectacle Subsidy (subsidy), a child or young person must meet all of the following:

- be 15 years of age or under at the date of assessment
- have an identified sensory (vision) problem that is likely to continue for longer than 6 months and that has resulted in a loss of independence and participation with activities at home, school or the community
- their parent/guardian, or the child, must have a valid Community Services Card **or** the child must have a current High Use Health Card
- have had an examination with and a prescription from an optometrist or ophthalmologist that is registered under the Ministry of Health Accreditation Framework, who has determined that:
  - spectacles, lenses or eye patches are required to enable the child to achieve a higher quality of vision or
  - the child or young person requires replacement spectacles as his/her current spectacles no longer meet their needs
- meet the Clinical Guidelines set out below.

For more detailed information about the subsidy term, exclusions, payment schedules, and how to use the new Enable On-line service to make a claim please refer to the Enable New Zealand's website < [www.disabilityfunding.co.nz](http://www.disabilityfunding.co.nz) > or click on [Spectacle Subsidy Manual](#)

### CLINICAL GUIDELINES

A child who meets the eligibility criteria listed above, and has at least one of the clinical criteria below (sections 1.1-1.4) or has an uncorrected visual acuity of 6/12 or worse in the better eye, is eligible to receive the Children's Spectacle Subsidy.

The paper and electronic claim forms supplied by Enable New Zealand will include an additional field for the child's prescription for both eyes.

It is acknowledged that any prescription for a child aged five years and under will normally require a cycloplegic refraction.

#### 1.1 *Hypermetropia*

Age of child	Criterion	Notes / Clinical evidence
< 1 year	6D or more	Lower Powers may be used for the treatment of strabismus.
1 - 3 years	+3.5D or more. Partial script unless accommodative esotropia when the full script should be prescribed	Cycloplegic refraction is essential.
4 - 6 years	2.5D or more	Reasonable not to treat without symptoms unless 4.0D or more.
7 – 15 years	1.0D or more.	1.0-1.5D only prescribed if symptoms. A trial is recommended.

## 1.2 Myopia

Age of child	Criterion	Notes / Clinical evidence
< 1 year	5D or more	
1 – 3 years	3D or more	
4 – 6 years	1.5D or more	
7 – 15 years	0.75D or more	

## 1.3 Astigmatism

Age of child	Criterion	Notes / Clinical evidence
<1 year	3D or more	
1 – 3 years	2D or more	
4 – 6 years	1.5 D or more	
7 – 15 years	0.75D or more if symptoms	

## 1.4 Anisometropia

Age of child	Criterion	Notes / Clinical evidence
< 1 year	2.5D or more for hyperopia or astigmatism 4D or more for myopia	Monitor for amblyopia
1 – 3 years	1.5D or more if hyperopia 2D or more if astigmatism 2D for myopia	Monitor for amblyopia
4 – 15 years	1D or more of hyperopia 1.5D or more of astigmatism 2D of myopia	Monitor for amblyopia under 8 yrs.

### Exceptions

The Guidelines are intended to show the typical range of prescribing spectacles for the majority of children. The Enable On-Line ordering system will now include fields for the child's prescription for both eyes. Some children whose vision is assessed as being outside these Guidelines may benefit from spectacles; however, these cases would be considered to be an exception due to a child's genuine and exceptional circumstances.

To access the Children's Spectacle Subsidy for children whose vision is outside of the ranges identified in this Guideline will require:

- an explanatory note by the prescribing optometrist or ophthalmologist kept on the child/young person's record for auditing purposes
- completion of the claim using the Enable On-Line service selecting the reason for prescribing outside of the ranges as indicated in sections 1.1–1.4 above.

### Review

These Guidelines are effective from 22 December 2014 and will be reviewed after approximately twelve months to check that they are working well, and are appropriate for the New Zealand setting and remain up-to-date with current clinical practice.

### References

American Academy of Ophthalmology (2007) *Preferred Practice Guidelines Prescribing Eye glasses for Young Children*. Available online <http://one.aao.org/CE/PracticeGuidelines/Snippet.aspx?cid=73f2ae51-0f10-4be4-97f7-a744e04d6a30>

Leat, S.J. (2011) To prescribe or not to prescribe? Guidelines for spectacle prescribing for infants and children. *Clinical Experimental Optometry* 94 (6):514-527.

Donahue, S.P. (2007) Prescribing spectacles in children: a paediatric ophthalmologist's approach. *Optometry and Vision Science* 84(2):110-114.