
PIA Optical Laboratories: Order Form Completion

Page updated: November 2020

To supply eyewear for Medi-Cal recipients, providers should contact their assigned PIA optical laboratory to obtain an account number and a supply of *California Prison Industry Authority Optical Order Forms*. Refer to the *PIA Optical Laboratories: Code Directory* section in this manual for a list of participating counties.

Ordering Information

California Prison Industry Authority Optical Order Forms may be obtained at no charge by calling the customer service phone number at the appropriate PIA optical laboratory. Refer to the *PIA Optical Laboratories: Code Directory* section in this manual for contact information.

Note: Although the *California Prison Industry Authority Optical Order Form* is still available, providers are highly encouraged to use the PIA Optical Online Web site to submit optical orders. Providers can sign up for an account and submit optical orders online at «<https://optical.pia.ca.gov/Pool/Login.aspx>.»

Laboratory Services

Only ophthalmic lens materials and styles covered by Medi-Cal may be ordered and supplied by PIA optical laboratories. Refer to the *PIA Optical Laboratories* section in this manual for a list of Medi-Cal covered PIA optical laboratory services.

Use Black Ink or #2 Pencil - Press Firmly

MEDI-CAL ID NO.										DATE OF BIRTH				
IF THE ID# CONTAINS A CHARACTER USE COLUMN #9										MO YR				
1	2	3	4	5	6	7	8	9	1	0	2	4	5	
GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F 3														
Note: When Requesting Tint Please Include Medical Justification Noted In Special Instructions.														
PATIENT'S NAME (PLEASE PRINT): 4				LAST: DOE			FIRST: JANE							
CALIFORNIA PRISON INDUSTRY AUTHORITY OPTICAL ORDER FORM														
COUNTY 5		AID CODE 6		HEALTH COVERAGE 7				DATE RECEIVED: 8						
34		60		NONE										
CTRL NO. AD 00022										All shaded areas must have an entry, or RX will be returned				
TRAYED BY: 9			TRAY NO:			<input checked="" type="checkbox"/> CR 39 <input type="checkbox"/> GLASS 10		GLASS IMPACT RESISTANCE:			11			
								<input type="checkbox"/> CHEM. TREAT		<input checked="" type="checkbox"/> HEAT TREAT				
SPHERE		CYLINDER		AXIS		PUPILLARY DISTANCE		PRISM		BASE				
						FAR NEAR								
R 12 +1.00		- .50		180		67 64		R R						
L +1.00		- .50		180				L L						
CHECK APPROPRIATE LENS STYLE 13														
SINGLE VISION			BIFOCAL			TRIFOCAL			CATARACT 22 Seg width only					
<input type="checkbox"/> SINGLE VISION			<input type="checkbox"/> ROUND 22			<input checked="" type="checkbox"/> FLATTOP 28			<input type="checkbox"/> FLATTOP 7x28			<input type="checkbox"/> FLATTOP 22	<input type="checkbox"/> FULL FIELD	
			<input type="checkbox"/> FLATTOP 35			50% Intermediate			<input type="checkbox"/> ROUND 22			<input type="checkbox"/> LENTICULAR		
ADD POWER			SEG. HEIGHT 14			UV <input type="checkbox"/>			PINK <input type="checkbox"/>	ERN <input type="checkbox"/>	GRAY 15	Glass PGX <input type="checkbox"/>		
R +2.00			20			1 2 3			1 2 3	1 2 3	1 2 3	<input type="checkbox"/>		
L +2.00			20			<input checked="" type="checkbox"/> Apply PIA Frame			<input type="checkbox"/>	<input checked="" type="checkbox"/> Frame Enclosed	<input checked="" type="checkbox"/> New Frame	<input type="checkbox"/> Used Frame		
Frame Manufacturer			Frame Style			Eye Size			Bridge Size		Temple		Color	
WORLD OF FRAMES			17 208						18		140		CR/BL	
SPECIAL INSTRUCTIONS: 18										CERTIFIED: - FINAL INSPECTOR 19				
*Do not send case, straps, or specialty attachments with frame(s)														
PROFESSIONAL SIGNATURE: 20										DATE OF SERVICE: 21		TELEPHONE: 22		
<i>Larry Smith, O.D.</i>										12/15/02		(916) 555-1234		
THIS RX IS FABRICATED TO MEET THE REQUIREMENTS OF AMERICAN NATIONAL STANDARDS INSTITUTE 280.1-1972				SHIP TO:										
				LARRY SMITH, O.D. 123 MAIN STREET, SUITE 12 SACRAMENTO, CA 90001 23										

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«Figure 1:» Sample Completed California Prison Industry Authority Optical Order Form.

Explanation of Form Items

The following item numbers and descriptions correspond to the sample *California Prison Industry Authority Optical Order Form* on the previous page. All items must be completed unless otherwise noted in these instructions.

Table of Form Items Descriptions

Item	Description
1.	Medi-Cal ID No. Enter the 14-character recipient identification number as it appears on the Benefits Identification Card (BIC).
2.	Date of Birth. Using two digits for the month and year, enter the recipient's month and year of birth. For example, if the recipient's month and year of birth is January 1945, enter "0145".
3.	« Gender. Mark "M" for male or "F" for female.»
4.	Patient's Name. Enter the recipient's last and first name as it appears on the BIC. Avoid nicknames or aliases.
5.	County. Enter the recipient's county code as indicated on the Point of Service (POS) network, which includes the Automated Eligibility Verification System (AEVS), the Medi-Cal website on the internet at <i>www.medi-cal.ca.gov</i> and state-approved vendor software.
6.	Aid code. Enter the recipient's aid code as indicated on AEVS, the Medi-Cal website or state-approved vendor software.
7.	Health Coverage. Enter the Other Health Coverage (OHC) code as indicated on AEVS, the Medi-Cal website or state-approved vendor software.
8.	Date Received. Leave blank (to be completed by PIA optical laboratory).
9.	Trayed By And Tray No. Leave blank (to be completed by PIA optical laboratory).
10.	<p>Lens Type. Indicate CR39 plastic. Enter "polycarbonate" in the <i>Special Instructions</i> field of the form when ordering these lenses for Medi-Cal recipients under 18 years of age.</p> <p>Note: Glass lenses are no longer available through PIA optical labs.</p>

«Table of Form Items Descriptions (continued)»

Item	Description
11.	Glass Impact Resistance. Leave blank.
12.	Prescription. Enter the complete prescription for each eye, including sphere, cylinder, axis, pupillary distance, prism, and base. For eyeglass prescriptions, clearly indicate plus (+) and minus (-) signs and decimal points (.).
13.	Check Appropriate Lens Style. Indicate single vision, bifocal (Round 22 or Flattop 28), trifocal (Flattop 7X28), or cataract (Flattop 22 or Round 22, Full Field or Lenticular).
14.	Add Power And Segment Height. Enter add power and segment height for each eye, if applicable.
15.	Tint. Indicate tint or transition lenses, if applicable. Note: Refer to the requirements for absorptive lenses listed under “Program Coverage” in the <i>Eyeglass Lenses</i> section of this manual.
16.	Frame Request. Indicate whether frame enclosed is a new or used frame. Do not send case, straps or specialty attachments with frame(s). Note: PIA no longer supplies frames.
17.	Frame Selection. Indicate frame manufacturer, style, eye and bridge sizes, temple measurement, and color. Note: Safety frames and lenses are not Medi-Cal benefits and may not be ordered from PIA.
18.	Special Instructions. Include any special instructions regarding the optical order. The following must be included in the <i>Special Instructions</i> field, if applicable: <p>Tint and Absorptive Lenses. Enter medical justification for tint and absorptive lenses.</p> <p>Single Vision Lenses in Lieu of Bifocals. When ordering two pairs of single vision eyeglasses in lieu of bifocals, complete two separate PIA optical order forms. For each pair of eyeglasses, indicate “1 of 2” or “2 of 2”.</p> <p>Polycarbonate Lenses. Enter “polycarbonate” when ordering these lenses for Medi-Cal recipients under 18 years of age.</p>

«Table of Form Items Descriptions (continued)»

Item	Description
19.	Certified. Leave blank (to be completed by final inspector at PIA optical laboratory).
20.	Professional Signature. The PIA optical order form must be signed by the provider or a representative assigned by the provider. Use black ballpoint pen only. An original signature is required. The signature must be written, not printed. Stamps, initials or facsimiles are not acceptable. The signature does not have to be on file with the California MMIS Fiscal Intermediary.
21.	Date Of Service. In six-digit, MMDDYY (Month, Day, Year) format, enter the date the service was rendered; for example, enter 12/15/07 for December 15, 2007.
22.	Telephone Number. Enter provider's business telephone number, including area code.
23.	Ship to. Enter provider's service address, including street address, city, state, and ZIP+4 code.

Field Completion Reminders

PIA optical laboratories return a significant percentage of orders to dispensing providers due to incorrect or missing information on the *California PIA Optical Order Form*. Errors and omissions delay the receipt of eyewear by the dispensing provider because fabrication cannot begin until PIA has a complete and correct order.

Providers should remember the following when completing the PIA optical order form.

- Complete all shaded areas of the form.
- Do not staple anything to the form.
- Do not enclose copies of BICs, POS network printouts or other documents.
- Do not write any personal recipient information (such as, name, recipient identification number, birth date, address or gender) in non-specified areas of the form.

Failure to comply will cause the optical order to be returned to the provider.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.