

## Social Development Orthopedic Program Policy

### Introduction

The Health Services Orthopedic Program assists clients of the Department of Social Development with coverage for specific orthopedic services.

### Who is Eligible

- Department of Social Development clients and their dependents who hold a valid white Health Card indicating
  - “Supplementary” in the BASIC HEALTH ELIGIBILITY section

**OR**

  - “OR.” (Orthopedic) in the ADDITIONAL HEALTH ELIGIBILITY section
- Department of Social Development clients who hold a valid yellow Health Card that indicates
  - a “Y” under the OTH in the VALID ONLY FOR box

**OR**

  - an “X” under SUPP in the VALID ONLY FOR box

Clients must not have any other medical coverage to be eligible for full benefits.

### How to Determine Valid Health Card Coverage

Colour of Card	Client groups	ID# characteristics	Coverage indicators
White	<ul style="list-style-type: none"> <li>• Social assistance clients and their dependents</li> <li>• Health Card Only clients (individuals who receive assistance for medical expenses only)</li> </ul>	ID number has 9 digits and begins with “0”	<ul style="list-style-type: none"> <li>• “Supplementary” indicated in the “Basic Health Eligibility” box</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• “OR” (Orthopedic) indicated in the “Additional Health Eligibility” box</li> </ul>
Yellow – Type 1	Children with the Family Supports to Children with Disabilities Program or in care of the Minister	<ul style="list-style-type: none"> <li>• 8 digits and 1 letter beginning with “6” and ending with “C”</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• ID number may have 2 letters and 8 digits beginning with “CW6”</li> </ul>	A “Y” indicated under “OTH” in the “Valid Only For” box
	Adults in residential facilities (special care homes and community residences)	ID number has 8 digits and 1 letter beginning with “9” and ending in “A”	

Yellow – Type 2	Nursing Home residents	ID number has 8 digits and 1 letter beginning with an “8” and ending with an “R”	An “X” indicated under “SUPP” in the “Valid Only For” box
	Mental Health clients	ID number has 8 digits and 1 letter beginning with “96” and ending with “A”	

## Program Definitions

<b>Cast</b>	A 3-dimensional (volumetric) model designed to capture the specific contours of any body segment.
<b>Class I Orthosis</b>	Accommodating soft, good braces, supports and splints designed to conform to the anatomy of the particular individual who purchases and wears the item, but does not have the added value of the capacity to be custom fitted or custom fabricated for use by a particular individual and is sold off-the-shelf on a retail basis. <b>These devices are not covered by the Health Services Orthopedic Program.</b>
<b>Custom fitted, Class II orthosis – Group B</b>	A support or brace that is of a design that may or may not be supplied as a kit that requires some assembly and/or adjustment, and/or of a design that must be trimmed, bent, molded or permanently adjusted (with or without heat) to a specific position and custom fitted and/or customized to meet the individual client’s needs.
<b>Custom made foot orthotic</b>	An internal foot appliance which is manufactured from a 3-dimensional image of the foot and made from raw materials.
<b>Custom made footwear</b>	Footwear that are fabricated from a 3-dimensional model of the foot and ankle using raw materials. A device must be fabricated from a “cast” and the footwear must be fabricated from a “last” unique to the client.
<b>Custom made, Class III orthosis</b>	An orthosis which is custom designed and manufactured from raw materials and/or orthotic components from a unique cast of the client’s body and/or unique tracings of the client’s body and/or individual measurements of the client’s body and/or 3D scans of the client’s body and CAD software manipulation.
<b>Custom measured, Class II – Group C</b>	Braces that are custom measured and/or ordered with a client’s specific individual measurements, then custom fitted and/or customized to meet the client’s needs.
<b>Footwear alterations</b>	Non-permanent changes made to footwear including: doughnuts, heel grip pads, internal metatarsal supports; posting (wedging) scaphoid pads (arch support/ arch cookies), tongue pads and upper stretching. <b>These alterations are not normally a benefit through the Health Services Program.</b>
<b>Footwear modifications</b>	Permanent external and internal changes to the footwear, including: balloon patch, closure modifications, reinforcements, removing seams, stretching, Charcot modifications, excavations, external metatarsal bar, flare, rocker sole, SACH heel, shuffle plate, sole bar, sole lift / shoe extension, split sole, Thomas heel, fixed wedges, internal heel lifts and buttress.
<b>Last</b>	A 3-dimensional (volumetric) model designed to capture the specific contours of the entire foot.
<b>Non-custom Orthopedic (or stock Orthopedic ) footwear</b>	Mass produced, prefabricated footwear that is not unique to a client BUT is deemed appropriate for the client’s orthopedic needs by the treating orthotist or pedorthist. The footwear will generally be extra depth and be available in several widths.
<b>Prefabricated, Class II orthosis- Group A</b>	A support or brace that is prefabricated and available off the shelf which is manufactured in quantity without a specific patient in mind, but must be matched in size and fitted to

	meet the client's' specific needs. Minor contouring of the brace stays or the elbow or knee sidebars will be considered part of the fitting and should not be interpreted as an action that categorizes the brace as a Class II B.
<b>Prescription</b>	An instruction written by a medical practitioner that authorizes a patient to be issued with a medicine or treatment.
<b>Referral</b>	The act of referring someone or something for consultation, review or further action
<b>Repairs, Adjustments and Modifications for orthoses</b>	Repairs cover procedures required to maintain the function and integrity of an orthosis. Adjustments and modifications may require localized heat moulding or flaring, integration of pads, adjusting or re-positioning of joints and uprights and alteration of the trim lines in order to optimize and restore function.
<b>Specialized, Class II Orthosis – Group D</b>	A specialized orthosis definition spans the full range of prefabricated, custom fitted and custom measured orthoses descriptions, covering neuromuscular and other non-orthopedic issues. They require the services of a specialist trained to treat the various pathomechanical deficits that present in these situations. The services provided by specialist include formal assessment; appropriate orthosis design selection and custom fitting and/or customization.
<b>Warranty</b>	<p><u>Vendor</u> A period of time that the vendor covers manufacturing defects on custom made devices. It does not cover wear and tear on components, pads and straps from normal use or physiological, anatomical or pathomechanical changes after the orthopedic device has been dispensed.</p> <p><u>Manufacturer</u> A manufacturer's warranty sometimes exists for stock footwear, specific orthotic components or prefabricated orthoses. This warranty may cover different time periods than the vendor's warranty period.</p>

## Benefits

### Important Notes:

1. Most services require prior approval from the Health Services Program.
2. Benefits must be provided by a New Brunswick supplier unless the client is unable to obtain the equipment or service in this province OR the client is receiving other medical treatment in another province and the footwear or orthosis must be medically coordinated with that treatment.
3. All eligibility criteria must be met in order for a benefit to be approved.
4. Client diagnosis may only be provided by a physician or nurse practitioner.
5. Requests for all children who are followed by the Family Supports to Children with Disabilities Program, whose families have private insurance, must be submitted to the client's social worker prior to being submitted to Health Services.
6. The eligible medical professionals listed are expected to maintain membership in good standing with their respective professional associations and they must meet, and continue to meet all business and ethical requirements established by these Associations. Social Development should be advised of any changes when they occur.
7. Accordingly Social Development expects that the health professional be personally involved in the following:
  - completing a thorough assessment of the client's medical need using the tools and techniques established by their professional association
  - prescribing the appropriate device(s) to meet the medical need identified
  - fitting and dispensing the final product
  - Providing adjustments and follow up, as required.

## NON-CUSTOM ORTHOPEDIC (OR STOCK ORTHOPEDIC) FOOTWEAR

Eligibility Criteria	<ol style="list-style-type: none"> <li>1. Client has an orthopedic condition or limitation that can be managed by the provision of orthopedically designed footwear</li> <li>2. The footwear prescribed meets the definition indicated above.</li> <li>3. The footwear is required for long term, daily use.</li> <li>4. The footwear prescribed is the most cost effective option to meet the client's medical need.</li> <li>5. a) The client is an adult and the cost of the footwear does not exceed \$400 OR b) The client is a child (18 years of age and under) and the cost of the footwear does not exceed \$250</li> <li>6. a) The client is an adult and has not had any type of footwear provided by Health Services in the past 2 years OR b) the client is a child 18 years of age or younger and has not had any type of footwear provided by Health Services in the past 12 months</li> <li>7. The client is an adult 19 years of age or older and has paid the participation fee of 10% of the cost of the footwear up to a maximum of \$20.00.</li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>8. Replacement is required due to: <ol style="list-style-type: none"> <li>a. Pathologically related changes AND/ OR</li> <li>b. Damage that is not repairable AND/ OR</li> <li>c. Bodily changes that cannot be accommodated with modifications or adjustments</li> </ol> </li> <li>9. Mismatched footwear will only be considered when: (details will be required) <ol style="list-style-type: none"> <li>a. There is a least 1 full size difference between the client's feet OR</li> <li>b. The client has different depth requirements for each shoe</li> </ol> </li> </ol>
Additional eligibility notes	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable.</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
Documentation Required	<ul style="list-style-type: none"> <li>• A completed Health Services <b>Footwear and Orthotics Request Form</b></li> <li>• An original prescription or referral from a physician or nurse practitioner dated within the past 12 months, stating diagnosis</li> <li>• a quote on the Health Services claim form</li> </ul>
Eligible service providers	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC certification</li> <li>• Foot orthotists with CCCOP certification</li> <li>• Orthotists with CO(c) certification</li> <li>• Non-certified orthotists</li> </ul>
Ineligible services	<ul style="list-style-type: none"> <li>• Footwear which does not meet the eligibility criteria</li> <li>• Pressure relieving footwear</li> <li>• Mismatched footwear that does not meet the eligibility criteria for an exception.</li> </ul>

## CUSTOM FOOTWEAR

Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> <li>1. Client has an abnormality of the foot as a result of trauma, disease or congenital deformity that cannot be completely addressed by orthopedic footwear - with or without custom foot orthotics and/or modifications.</li> <li>2. Footwear will be manufactured from a unique cast using raw materials.</li> </ol>
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	<ol style="list-style-type: none"> <li>3. Footwear will be required for long term, daily use</li> <li>4. The footwear prescribed is the most cost effective option to meet the client's medical need</li> <li>5. The client is ambulatory.</li> <li>6. The cost of the footwear does not exceed \$2500</li> <li>7. a)The client is an adult and has not had any type of footwear provided by Health Services in the past 2 years OR b) The client is a child 18 years of age or younger and has not had any type of footwear provided by Health Services in the past 12 months</li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>8. Replacement is required due to <ol style="list-style-type: none"> <li>a) Pathologically related changes AND/OR</li> <li>b) Damage that is not repairable AND/OR</li> <li>c) Bodily changes that cannot be accommodated with modifications or adjustments.</li> </ol> </li> <li>9. Custom made footwear for non-ambulatory clients may be considered when: <ol style="list-style-type: none"> <li>a) there is a demonstrated medical need AND b) there is no other alternative for meeting this need</li> </ol> <p><b>The medical situation must be thoroughly explained and the reasons that other alternatives will not work must be provided.</b></p> </li> </ol>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable.</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• A completed Health Services <b>Footwear and Orthotics Request Form</b></li> <li>• An original prescription or referral from a physician or nurse practitioner dated in the past 12 months, stating a diagnosis</li> <li>• a quote on the Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC certification</li> <li>• Foot orthotists with CCCOP certification</li> <li>• Orthotists with CO(c) certification</li> <li>• Non-certified orthotists</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Footwear which does not meet the eligibility criteria</li> <li>• Pressure relieving footwear</li> </ul>

### CUSTOM MADE FOOT ORTHOTICS

<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. Client has an abnormality of the foot as a result of trauma, disease or congenital deformity that cannot be completely addressed by orthopedic shoes - with or without modifications.</li> <li>2. Foot orthotics are required for long term, daily use</li> <li>3. The foot orthotics prescribed are the most cost effective option to meet the client's medical need</li> <li>4. The cost of the custom made foot orthotics does not exceed \$450.</li> <li>5. a)The client is an adult and has not had custom foot orthotics provided by Health Services in the past 2 years OR b) The client is a child 18 years of age or younger and has not had custom foot orthotics provided by Health Services in the past 12 months.</li> </ol>
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	<p>EXCEPTION REQUESTS ONLY (details will be required)</p> <p>6. Replacement is required due to</p> <p style="padding-left: 20px;">a) Pathologically related changes AND/OR</p> <p style="padding-left: 20px;">b) Breakage that is not repairable AND/OR</p> <p style="padding-left: 20px;">c) Bodily changes that cannot be accommodated with modifications or adjustments.</p> <p>7. Custom <u>fitted</u> foot orthotics may be considered if:</p> <p style="padding-left: 20px;">a) The client is a child 6 years of age or younger AND</p> <p style="padding-left: 20px;">b) The custom fitted orthotics fully meet the client's medical need AND</p> <p style="padding-left: 20px;">c) It is a more cost effective option than providing custom made foot orthotics</p>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• Custom foot orthotics are not eligible if they are prescribed for use inside custom made footwear.</li> <li>• The supplier cannot extra bill the client for costs above the maximums payable.</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• A completed Health Services <b>Footwear and Orthotics Request Form</b></li> <li>• An original prescription or referral from a physician or nurse practitioner dated within the past 12 months, specifying a diagnosis,</li> <li>• a quote on the Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC certification</li> <li>• Foot orthotists with CCCOP certification</li> <li>• Orthotists with CO(c) certification</li> <li>• Podiatrists that are members in good standing with the New Brunswick Podiatry Association</li> <li>• Non-certified orthotists</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Non-custom or pre-fabricated foot orthotics (unless under 6 years of age)</li> <li>• Any products manufactured from computerized gait and pressure analysis systems</li> <li>• Orthotics prescribed for pressure relief only</li> </ul>

## FOOTWEAR ADJUSTMENTS AND MODIFICATIONS

<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. Adjustments and modifications are feasible and cost effective</li> <li>2. Adjustments and modifications are permanent</li> <li>3. The adjustment or modification is one of those listed as eligible Footwear Modifications in the Definitions section above.</li> <li>4. a) The client has non-custom (stock) footwear that was provided less than 4 years ago OR b) The client has their own footwear which meets Health Services eligibility criteria AND the adjustments or modifications will be completed by an eligible service provider (see below).</li> </ol> <p>EXCEPTIONS REQUESTS ONLY (details will be required):</p> <ol style="list-style-type: none"> <li>5. Scaphoid supports may be considered if: <ol style="list-style-type: none"> <li>a) They are for a child 6 years of age and under AND</li> <li>b) it is a more cost effective option than providing custom foot orthoses</li> </ol> </li> <li>6. Permanent, internal modifications may be considered if <ol style="list-style-type: none"> <li>a) The medical need has been clearly demonstrated. AND</li> <li>b) It is more cost effective than modifying the outside of the footwear and/or providing custom foot</li> </ol> </li> </ol>
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	orthotics.
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• Prior approval is required for all adjustments and modifications of orthopedic footwear valued at over \$125.</li> <li>• If the adjustment or modification is valued at less than \$125 per pair of footwear prior approval IS NOT required if: <ul style="list-style-type: none"> <li>○ The client will be immobile without the device.</li> <li>OR</li> <li>○ The device, in its current state, may cause injury to the client if the procedure(s) is/are not completed promptly</li> </ul> </li> <li>• Details of the circumstances must be provided for adjustments or modifications under \$125 which are being billed without approval.</li> <li>• Adjustments and modifications cannot be billed for custom foot orthotics or custom footwear at the time these custom products are dispensed but may be approved any time between the expiration of the warranty and 4 years after provision.</li> <li>• Adjustments and modifications must be priced individually and separately from the footwear, when both are requested together</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
<b>Documentation required for approval</b>	<ul style="list-style-type: none"> <li>• A Health Services <b>Footwear and Orthotics Request Form</b> with the Repairs, Adjustments and Modifications section completed</li> <li>• a quote on the Health Services claim form.</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC certification</li> <li>• Foot orthotists with CCCOP certification</li> <li>• Orthotists with CO(c) certification</li> <li>• Non-certified orthotists</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Modifications to footwear which do not meet the eligibility criteria</li> <li>• Ineligible footwear alterations as listed in the Definitions section above.</li> </ul>

## FOOTWEAR REPAIRS

<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. Repairs are feasible and cost effective</li> <li>2. The footwear meets all eligibility criteria for the program.</li> <li>3. The footwear was provided less than 4 years ago</li> </ol>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• Repairs are not payable at the time new footwear is dispensed</li> <li>• Repairs are only payable on a maximum of 2 pair of footwear within a 2 year period.</li> <li>• A maximum of \$125 per pair per year is eligible for non-custom, (stock) orthopedic footwear. No prior approval is required</li> <li>• A maximum of \$500 per pair per year is eligible for custom footwear repairs. Prior approval is required.</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
<b>Documentation Required for approval</b>	<ul style="list-style-type: none"> <li>• A Health Services <b>Footwear and Orthotics Request Form</b> with the Repairs, Adjustments and Modifications section completed</li> <li>• a quote on the Health Services claim form.</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC certification</li> <li>• Foot orthotists with CCCOP certification</li> <li>• Orthotists with CO(c) certification</li> <li>• Non-certified orthotists</li> </ul>
<b>Ineligible</b>	<ul style="list-style-type: none"> <li>• Repairs to footwear which do not meet the eligibility criteria</li> </ul>

services	
<b>CLASS II ORTHOSES – Group A- Orthopedic, Prefabricated, Off the Shelf Supports and Braces</b>	
<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>1. The client has an orthopedic condition that requires prefabricated, off the shelf support or bracing on a long term or permanent, daily basis.</li> <li>2. The physical limitation cannot be corrected or accommodated by a Class I device.</li> <li>3. The support or brace is a prefabricated or off the shelf design, which is manufactured in quantity without a specific patient in mind, but must be matched in size and fitted to meet the client's specific needs.</li> <li>4. The orthosis prescribed is the most cost effective option to meet the client's medical need</li> <li>5. The service provider is eligible through the Health Services program to provide fitting and adjustment (see Eligible Service Providers below)</li> <li>6. The cost of the support or brace is \$500 or less.</li> <li>7. The client is an adult and has not had any type of orthosis which meets the same need in the past 5 years OR</li> <li>8. The client is a child and has not had any type of orthosis which meets the same need in the past 12 months.</li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>9. Replacement is required due to <ol style="list-style-type: none"> <li>a) Pathologically related changes AND/OR</li> <li>b) Breakage that is not repairable AND/OR</li> <li>c) Bodily changes that cannot be accommodated with modifications or adjustments.</li> </ol> </li> </ol>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable</li> <li>• Product must be dispensed and fitted to the client <u>in person</u> prior to final billing. Mailing the brace is not permitted.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• A completed Health Services <b>Orthosis and Orthopedic Bracing Request Form</b></li> <li>• An original prescription or referral stating a diagnosis from physician or a nurse practitioner dated within the past 12 months, <ul style="list-style-type: none"> <li>○ Referrals must be accompanied by a description of the orthosis from a Certified Orthotist or Certified Pedorthist.</li> </ul> </li> <li>• A quote on a Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC Certification – may provide pedorthic related, orthopedic prefabricated, off the shelf supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Foot orthotists with CCCOP certification – may provide pedorthic related, orthopedic prefabricated, off the shelf supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Non-certified orthotists and orthopedic fitters – may provide all levels of orthopedic, prefabricated off the shelf orthoses</li> <li>• Orthotists with CO(c) certification - may provide all levels of orthopedic prefabricated, off the shelf orthoses.</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Elastic or fabric abdominal supports which have removable metal or plastic stays or which require minimal fitting.</li> <li>• Finger splints, wrist braces, supports and splints,. Including carpal tunnel.</li> <li>• Obus Forme backs and cushions</li> <li>• Support bras</li> </ul>



	<ul style="list-style-type: none"> <li>• Cervical pillows</li> <li>• Gauze, slings or elastic bandages</li> <li>• Soft or unfitted braces, supports and splints</li> <li>• Hernia belt</li> <li>• Any item prescribed for temporary use following orthopedic surgery or injury examples: cast, air cast, walking boot, etc.</li> <li>• Any support or brace worn for sports purposes</li> <li>• Any support or brace prescribed for pressure relieving purposes <u>only</u></li> </ul>
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**CLASS II ORTHOSES – Group B – Orthopedic Custom Fitted Supports and Braces**

<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. Client has an orthopedic condition that requires a custom fitted support on a long term or permanent, daily basis.</li> <li>2. This physical limitation cannot be corrected or accommodated with a Class II, Group A orthosis.</li> <li>3. The orthopedic custom fitted support or brace is:             <ol style="list-style-type: none"> <li>a) Of appropriate material strength and design to apply the forces necessary to provide the control required by the body segment or joint affected by the orthopedic condition.</li> </ol> <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> <li>b) Of a design that may or may not be supplied as a kit that requires some assembly and/or adjustment and/or of a design that must be trimmed, bent, molded or permanently adjusted (with or without heat) to a specific position and custom fitted to meet the individual client's needs.</li> </ol> </li> <li>4. The orthosis prescribed is the most cost effective option to meet the client's medical need</li> <li>5. The cost of the support or brace is \$1500 or less.</li> <li>6. a)The client is an adult and has not had any type of orthosis which meets the same need in the past 5 years</li> <p style="text-align: center;">OR</p> <li>b)The client is a child and has not had any type of orthosis which meets the same need in the past 12 months.</li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>7. Replacement is required due to             <ol style="list-style-type: none"> <li>a) Pathologically related changes</li> </ol> <p style="text-align: center;">AND/OR</p> <ol style="list-style-type: none"> <li>b) Breakage that is not repairable</li> </ol> <p style="text-align: center;">AND/OR</p> <ol style="list-style-type: none"> <li>c) Bodily changes that cannot be accommodated with modifications or adjustments.</li> </ol> </li> </ol>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• An original prescription or referral stating a diagnosis from physician or a nurse practitioner dated within the past 12 months,             <ul style="list-style-type: none"> <li>○ Referrals must be accompanied by a description of the orthosis from a Certified Orthotist or Certified Pedorthist.</li> </ul> </li> <li>• A completed Health Services <b>Orthosis and Orthopedic Bracing Request Form</b></li> <li>• A quote on a Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC Certification – may provide pedorthic related orthopedic custom fitted supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Foot orthotists with CCCOP certification – may provide pedorthic related orthopedic custom fitted supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot</li> </ul>

	<p>orthoses.</p> <ul style="list-style-type: none"> <li>• Orthotists with CO(c) certification - may provide all levels of orthopedic custom fitted orthoses.</li> <li>• Orthopedic fitters and non-certified orthotists <ul style="list-style-type: none"> <li>○ May provide orthopedic related, custom fitted supports and braces as prescribed by a physician that specializes in orthopedic medicine.</li> <li>○ May honor other physician referrals if they are accompanied by a Certified Orthotist assessment and description of the orthosis required.</li> <li>○ May honor other physician referrals if they are accompanied by Certified a Pedorthist assessment and description of the orthosis required (for an orthosis up to the level of the subtalar control ankle foot orthoses only).</li> </ul> </li> </ul>
Ineligible services	<ul style="list-style-type: none"> <li>• Prefabricated wrist supports and braces</li> <li>• Any support or brace worn for sports purposes</li> <li>• Any support or brace prescribed for pressure relieving purposes <u>only</u></li> <li>• AFO socks or liners for non-medical reasons</li> </ul>

### CLASS II ORTHOSES – Group C – Orthopedic Custom Measured Braces

Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> <li>1. Client has an orthopedic condition that requires a custom measured brace on a long term or permanent, daily basis.</li> <li>2. This physical limitation cannot be corrected or accommodated with a Class II, Group A or B orthoses.</li> <li>3. The orthopedic custom fitted support or brace must be: <ol style="list-style-type: none"> <li>a) Of appropriate material strength and design to apply the forces necessary to provide the control required by the body segment or joint affected by the orthopedic condition.</li> </ol> <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> <li>b) Measured and ordered with a client's specific individual measurements, then custom fitted and/or customized to meet the client's needs.</li> </ol> </li> <li>4. The orthosis prescribed is the most cost effective option to meet the client's medical need</li> <li>5. The cost of the support or brace is \$2000 or less.</li> <li>6. a)The client is an adult and has not had any type of orthosis which meets the same need in the past 5 years</li> <p style="text-align: center;">OR</p> <li>b) The client is a child and has not had any type of orthosis which meets the same need in the past 12 months.</li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>7. Replacement is required due to <ol style="list-style-type: none"> <li>a) Pathologically related changes</li> </ol> <p style="text-align: center;">AND/OR</p> <ol style="list-style-type: none"> <li>b) Breakage that is not repairable</li> </ol> <p style="text-align: center;">AND/OR</p> <ol style="list-style-type: none"> <li>c) Bodily changes that cannot be accommodated with modifications or adjustments.</li> </ol> </li> </ol>
Additional eligibility notes	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
Documentation Required	<ul style="list-style-type: none"> <li>• An original prescription or referral stating a diagnosis from physician or a nurse practitioner dated within the past 12 months, <ul style="list-style-type: none"> <li>○ Referrals must be accompanied by a description of the orthosis from a Certified Orthotist or Certified Pedorthist.</li> </ul> </li> <li>• A completed Health Services <b>Orthosis and Orthopedic Bracing Request Form</b></li> </ul>

	<ul style="list-style-type: none"> <li>• A quote on a Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC Certification – may provide pedorthic related orthopedic custom measured supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Foot orthotists with CCCOP certification - may provide pedorthic related orthopedic custom measured supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Orthotists with CO(c) certification - may provide all levels of orthopedic custom measured orthoses.</li> <li>• Orthopedic fitters and non-certified orthotists <ul style="list-style-type: none"> <li>○ May provide orthopedic related, custom measured supports and braces as prescribed by a physician that specializes in orthopedic medicine.</li> <li>○ May honor other physician referrals if they are accompanied by a Certified Orthotist assessment and description of the orthosis required.</li> <li>○ May honor other physician referrals if they are accompanied by a Certified Pedorthist assessment and description of the orthosis required (for an orthosis up to the level of the subtalar control ankle foot orthoses only).</li> </ul> </li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Custom fitted wrist supports and braces</li> <li>• Any support or brace worn for sports purposes</li> <li>• Any support or brace prescribed for pressure relieving purposes <u>only</u></li> <li>• AFO socks or liners for non-medical reasons</li> </ul>

### CLASS II ORTHOSES – Group D – Specialized Orthoses

<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. Client has a neuromuscular or other non-orthopedic condition that requires an orthosis on a long term or permanent, daily basis.</li> <li>2. This physical limitation requires specialized services which include formal assessment, appropriate orthosis selection and extra fitting time due to the complexities of managing this type of client presentation.</li> <li>3. To provide individualized function and/or support, the orthosis is: <ol style="list-style-type: none"> <li>a) Of appropriate material property and design to apply the forces necessary to provide the control required by the body segment or joint affected by the condition.</li> </ol> <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> <li>b) Custom sized and fitted and/or otherwise permanently adjusted and/or custom measured and order and/or customized.</li> </ol> </li> <li>4. The orthosis prescribed is the most cost effective option to meet the client's medical need</li> <li>5. The facility providing this service has the appropriate service provider and the equipment and material necessary to customize the fit and provide follow up and treatment needed for any changes in the client's presentation</li> <li>6. <ol style="list-style-type: none"> <li>a) The orthosis is prefabricated and the cost is \$500 or less.</li> </ol> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> <li>b) The orthosis is custom fitted and the cost is \$1500 or less.</li> </ol> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> <li>c) The orthosis is custom measured and the cost is less than \$2000.</li> </ol> </li> <li>7. <ol style="list-style-type: none"> <li>a) The client is an adult and has not had any type of orthosis which meets the same need in the past 5 years</li> </ol> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> <li>b) The client is a child and has not had any type of orthosis which meets the same need in the past 12 months.</li> </ol> </li> </ol>
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	EXCEPTION REQUESTS ONLY (details will be required) 8. Replacement is required due to a) Pathologically related changes AND/OR b) Breakage that is not repairable AND/OR c) Bodily changes that cannot be accommodated with modifications or adjustments.
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable</li> <li>• Product must be dispensed to the client prior to final billing.</li> <li>• AFO socks or liners will only be considered with a detailed explanation of the medical need.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• An original prescription or referral stating a diagnosis from physician or a nurse practitioner dated within the past 12 months, <ul style="list-style-type: none"> <li>◦ Referrals must be accompanied by a description of the orthosis from a Certified Orthotist.</li> </ul> </li> <li>• A completed Health Services <b>Orthosis and Orthopedic Bracing Request Form</b></li> <li>• A quote on a Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Orthotists with CO(c) certification - may provide all levels of specialized orthoses.</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Any support or brace worn for sports purposes</li> <li>• AFO socks or liners for non-medical reasons.</li> </ul>

### CLASS III ORTHOSES – Custom Orthoses

<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. Client has physiological issues or a deformity that is of an orthopedic, neuromuscular or other nature that cannot be addressed with a class II orthosis.</li> <li>2. The orthosis is required for <ol style="list-style-type: none"> <li>a) long term, daily use AND</li> <li>b) it is the best option to provide stability and/or positioning to protect the results of a medical procedure.</li> </ol> </li> <li>3. The orthosis is custom designed and manufactured from raw materials and/or orthotic components using <ol style="list-style-type: none"> <li>a) A unique cast of the client's body AND/OR</li> <li>b) Unique tracings of the client's body AND/OR</li> <li>c) Individual measurements of the client's body AND/OR</li> <li>d) 3 dimensional scans of the client's body and CAD software manipulation</li> </ol> </li> <li>4. The orthosis prescribed is the most cost effective option to meet the client's medical need</li> <li>5. The cost of the custom orthosis is \$5000 or less.</li> <li>6. <ol style="list-style-type: none"> <li>a) The client is an adult and has not had any type of orthosis which meets the same need in the past 5 years OR</li> <li>b) The client is a child and has not had any type of orthosis which meets the same need in the past 12 months.</li> </ol> </li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>7. Replacement is required due to <ol style="list-style-type: none"> <li>a) Pathologically related changes AND/OR</li> </ol> </li> </ol>
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	<ul style="list-style-type: none"> <li>b) Breakage that is not repairable AND/OR</li> <li>c) Bodily changes that cannot be accommodated with modifications or adjustments.</li> </ul>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable</li> <li>• Product must be dispensed to the client prior to final billing.</li> <li>• AFO socks or liners will only be considered with a detailed explanation of the medical need</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• An original prescription or referral stating a diagnosis from physician or a nurse practitioner dated within the past 12 months, <ul style="list-style-type: none"> <li>◦ Referrals must be accompanied by a description of the orthosis from a Certified Orthotist.</li> </ul> </li> <li>• A completed Health Services <b>Orthosis and Orthopedic Bracing Request Form</b></li> <li>• A quote on a Health Services claim form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Orthotists with CO (c) certification</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>• Any support or brace worn for sports purposes</li> <li>• AFO socks or liners for non-medical reasons.</li> </ul>

### NON-CUSTOM ORTHOPEDIC (OR STOCK ORTHOPEDIC) FOOTWEAR

(For use by orthotist with CO(c) certification only)

<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. All eligibility criteria for non-custom footwear above have been met.</li> <li>2. The recommended footwear meets the definition in Definitions section above</li> <li>3. <ol style="list-style-type: none"> <li>a) Client has physiological issues or deformity that requires the use of a SMO, AFO, KAFO or HKAFO with footwear OR</li> <li>b) The Footwear Is required for use with a class III Orthosis that has been designed to provide stability and/or positioning to protect the results of a medical procedure.</li> </ol> </li> <li>4. The Footwear is required as a functional component of the orthosis system to: <ol style="list-style-type: none"> <li>(a) provide a sturdy protective interface for the orthosis to the foot OR</li> <li>(b) provide a sturdy stable base of support for the orthosis with the ground OR</li> <li>(c) provide enough depth and width inside the shoe to accommodate the orthosis foot plate and the foot OR</li> <li>(d) provide a sturdy attachment point for the stirrup of an Orthosis and to accommodate any corrective or functional inserts required and the size of the foot</li> </ol> </li> </ol> <p>EXCEPTION REQUESTS ONLY (details will be required)</p> <ol style="list-style-type: none"> <li>5. Replacement is required due to <ol style="list-style-type: none"> <li>a) Pathologically related changes AND/OR</li> <li>b) Premature damage that is not repairable AND/OR</li> <li>c) Bodily changes that cannot be accommodated with modifications or adjustments</li> </ol> </li> </ol>
<b>Additional eligibility notes</b>	<ul style="list-style-type: none"> <li>• The supplier cannot extra bill the client for costs above the maximums payable</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• The Health Services <b>Footwear and Orthotics Request Form</b>. (If an orthosis is being requested at the same time as the footwear, only the footwear description section must be completed.)</li> </ul>

	<ul style="list-style-type: none"> <li>• An original prescription or referral from a physician or nurse practitioner dated within the past 12 months, stating diagnosis.</li> <li>• The make, model and/or description of the orthosis in the additional information section of the <b>Footwear and Orthotics Request Form</b>, if not requested at the same time as the footwear</li> <li>• 1 estimate on a Health Services claim form</li> </ul>
Eligible service providers	<ul style="list-style-type: none"> <li>• Orthotists with CO(c) certification</li> </ul>
Ineligible services	<ul style="list-style-type: none"> <li>• Footwear which does not meet the eligibility criteria</li> <li>• Pressure relieving footwear</li> </ul>

### ORTHOSIS REPAIRS, ADJUSTMENTS AND MODIFICATIONS

Eligibility Criteria/	<ol style="list-style-type: none"> <li>1. Procedure is feasible and cost effective.</li> <li>2. The procedure(s) is/are required for the client's most recently purchased orthosis</li> <li>3. The warranty on the orthosis has expired.</li> <li>4. The repair, adjustment or modification is valued at over \$125 per orthosis OR</li> <li>5. The repair, adjustment or modification is valued at less than \$125 per orthosis and <ol style="list-style-type: none"> <li>a) The client will be immobile without the device. AND/ OR</li> <li>b) The orthosis, in its current state, may cause injury to the client if the procedure(s) is/are not completed promptly</li> </ol> </li> </ol>
Additional eligibility notes	<ul style="list-style-type: none"> <li>• Details of the circumstances must be provided for repairs, adjustments or modifications under \$125 which are being billed without approval.</li> <li>• Adjustments and modifications cannot be billed for custom orthosis at the time these custom products are dispensed but may be approved any time between the expiration of the warranty and the provision of another orthosis which meets the same need.</li> <li>• Repairs, adjustments and modifications must be priced individually and separately from the footwear, when both are requested together</li> <li>• Prior approval is required for repairs, modifications or adjustments that exceed \$125.</li> <li>• Product must be dispensed to the client prior to final billing.</li> </ul>
Documentation required for approval	<ul style="list-style-type: none"> <li>• A completed Health Services <b>Orthosis and Orthopedic Bracing Request Form</b> with the Repairs, Adjustments and Modifications section completed</li> <li>• A quote on the Health Services claim form</li> </ul>
Eligible service providers	<ul style="list-style-type: none"> <li>• Pedorthists with C.Ped.C or C.Ped MC Certification – may provide services to pedorthic related, orthopedic Class II supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Foot orthotists with CCCOP certification - may provide services to pedorthic related orthopedic Class II supports and braces at or below the ankle, not to exceed the level of subtalar control ankle foot orthoses.</li> <li>• Orthotists with CO(c) certification - may provide services to all levels of orthoses.</li> <li>• Non-certified orthotists and orthopedic fitters – may provide all levels of services to orthopedic, prefabricated off the shelf orthoses</li> </ul>
Ineligible services	<ul style="list-style-type: none"> <li>• Repairs, adjustments or modifications to orthoses which do not meet the eligibility criteria for the Health Services Program.</li> <li>• Repairs, adjustments or modifications to orthoses at the time the new orthosis is dispensed.</li> </ul>