

Social Development Prosthetic Program Policy

Introduction

The Health Services Prosthetic Program is a health benefits program offered by Social Development to assist eligible clients of the Department to obtain specific prosthetic services which are not covered by Medicare or private health plans.

Who Is Eligible

This program is available to:

- Social Assistance clients and their dependents
- Individuals who have special health needs who qualify for assisted care under Section 4/4 of the Family Income Security Act and Regulations
- Children in Care
- Clients of the Family Support for Children with Disabilities Program
- Child Protection clients
- Long Term Care clients who have qualified for the Health Card
- Nursing Home residents whose care is being subsidized by social Development
- Mental Health clients

Eligible clients will have one of the following but **additional benefit specific criteria will apply:**

- a valid white Health Card showing:
 - "Supplementary" in the BASIC HEALTH ELIGIBILITY section
 - OR
 - "PR." in the ADDITIONAL HEALTH ELIGIBILITY section
- A valid yellow Health Card showing: a "Y" or "X" under SUPP in the VALID ONLY FOR section

Program Definitions

Above Knee Prosthesis	Includes any prosthesis from a knee disarticulation to a hemipelvectomy
Basic Need (Health Services Definition)	A need that occurs on a regular or daily basis and is physiological in nature. Only equipment or services that are listed as program benefits and meet the criteria established for those benefits can be considered. Eligible equipment or services may permit or assist a client with eating, drinking, seeing, hearing, eliminating, sleeping, breathing or mobilizing within their primary home environment.
Below Knee Prosthesis	Includes any prosthesis from a below the knee to partial foot
Cost Sharing	A request for additional funding for equipment to supplement funding already obtained from a private insurance company.
Date of Service	The date the client receives final prosthesis or supplies. This date must be after the date of approval by Health Services.
Eligibility Criteria	A list of circumstances or conditions which an eligible client must meet in order to be approved to receive a benefit.
Exception Request/Special Authorization	A request for approval of a benefit/item which the client does not meet all the eligibility criteria.
Exceptional Circumstances Form	This form is officially the <u>Request to Health Services Due to Exceptional Circumstances Form</u> . It is completed by social workers for clients under the FSCD Program to recommend that Health Services fund the balance of the cost of equipment that a client's private insurance will not cover.
OPC	Orthotics Prosthetics Canada
Pre-Determination Letter/Statement of Benefits	An official statement from a private insurance company which indicates the benefits and amounts they will or will not cover for a client. Also known as a Statement of Benefits or Explanation of Benefits.
Prosthetic Modifications	Any change made to the original design, set-up or prescription of the equipment. This change may or may not be permanent.
Prosthetic Repairs	Restoring a prosthesis or component to a functional condition using physical labor and/or replacement parts.
Quote	An official statement of cost provided by an authorized supplier. Quotes must be provided on the Health Services Electronic Claim Form.
Warranty	<p>Service Provider - A period of time that the service provider 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 prosthesis has been dispensed or client's misuse of the prosthesis.</p> <p>Manufacturer - A manufacturer's warranty exists for all prosthetic components. This warranty may cover different time periods than the vendor's warranty period.</p>

Benefits

Important Notes:

1. All services require prior approval from the Health Services Program.
2. Cost sharing for limb prosthesis and special authorizations may be considered.
3. The client must meet all eligibility in order for a benefit to be approved.
4. Benefits must be provided by a New Brunswick supplier unless the client is unable to obtain the equipment or service in this province.
5. Requests for all children who are followed by the **Family Support for Children with Disabilities Program**, whose families have private insurance, must be submitted to the private insurer first. If complete coverage is not available, the request may be submitted to the client’s social worker for financial approval of the uncovered balance. If approved, the social worker will then complete the **“Request to Health Services due to Exceptional Circumstances”** form and forward the entire package to the Health Services Program for consideration.

Limbs Prostheses - Eligible Benefits

Lower Limb Prostheses	
Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> 1. The client requires the prosthetic limb to complete basic activities of daily living. 2. The prosthesis will not be provided for activity specific intention (ex: sports). 3. The prosthesis will not be provided for reasons other than mobility 4. The prosthesis prescribed is the most cost-effective option to meet the client’s basic medical needs. 5. One prosthesis per limb is eligible when: <ul style="list-style-type: none"> A) The client currently does not have a prosthetic limb and meets the other eligibility criteria. OR B) The client has a prosthetic limb that is at least 5 years old which requires replacement because it is either in a poor state of repair or is no longer appropriate for the client. OR C) Change in Medical Status- the client has a limb prosthesis which is less than 5 years old, but it requires replacement because the client has had a major change in medical status. * 6. The maximum payable for a prosthetic limb below the knee is \$12,000 which will include all required components, preparatory prosthesis, supplies, labor and follow up costs for 3 months. 7. The maximum payable for a prosthesis at or above the knee is \$24,000 which will include all required components, preparatory prosthesis, supplies, labor and follow up costs for 3 months <p>*Requests that meet this criterion (5C) are considered exceptions. Details of the issue with the current prosthesis must be provided in the justification field of the request form.</p>
Documentation Required	<ul style="list-style-type: none"> • A completed Health Services Limb Prosthesis Application Form • An original prescription from a physician or nurse practitioner dated within the past 12 months • Quote on a Health Services Prosthetic Claim Form • An itemized list of components and charges including make/model and warranty information where applicable.

	<ul style="list-style-type: none"> • For cost sharing only: Statement of Benefits/Predetermination letter from private insurance company.
Eligible Service Providers	<ul style="list-style-type: none"> • OPC Board Certified Prosthetist, practicing in NB.
Ineligible Services	<ul style="list-style-type: none"> • Microprocessor controlled prostheses • Myoelectric prostheses • All recreational prostheses

Upper Limb Prostheses	
Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> 1. The client requires the prosthetic limb to complete basic activities of daily living. 2. The prosthesis will not be used for activity specific intention (ex: sports). 3. The prosthesis prescribed is the most cost-effective option to meet the client's basic medical needs. 4. One prosthesis per limb is eligible when: <ul style="list-style-type: none"> A) The client currently does not have a prosthetic limb and meets the other eligibility criteria. OR B) The client has a prosthetic limb that is at least 5 years old which requires replacement because it is either in a poor state of repair or is no longer appropriate for the client. OR) Change in Medical Status -The client has a limb prosthesis which is less than 5 years old, but it requires replacement because the client has had a major change in medical status. * 5. The maximum payable for a partial hand up to a below elbow prosthesis is \$12,000 which will include all required components, preparatory prosthesis, supplies, labour and follow up costs for 3 months. - 6. The maximum payable for a prosthesis at or above the elbow is \$15,000 which will include all required components, preparatory prosthesis, supplies, labour and follow up costs for 3 months <p>* Requests that meet this criterion are considered exceptions. Details of the issue with the current prosthesis must be provided in the justification field of the request form.</p>
Documentation Required	<ul style="list-style-type: none"> • A completed Health Services Limb Prosthesis Application Form • An original prescription from a physician or nurse practitioner dated within the past 12 months. • Quote on a Health Services Prosthetic Claim Form • An itemized list of components and charges including make/model and warranty information where applicable. • For cost sharing only: Statement of Benefits/Predetermination letter from private insurance company.
Eligible Service Providers	<ul style="list-style-type: none"> • OPC Board Certified Prosthetist, practicing in NB.
Ineligible Services	<ul style="list-style-type: none"> • Microprocessor controlled prostheses • Myoelectric prostheses • All recreational prostheses

Additional Prosthetic Limb Services			
Benefit	Criteria/Limitations	Documentation Required	Eligible Providers
Socket Replacement	<ol style="list-style-type: none"> The socket is being replaced due to: <ol style="list-style-type: none"> Pathological change in the residual limb Change in the functional needs of the client Irreparable damage or wear due to the client's weight or activity level. The Maximum payable is <u>\$8000 including labor</u> 	<ul style="list-style-type: none"> A completed Health Services Limb Prosthesis Request Form with justification on the reason for replacement An original prescription from a physician or nurse practitioner dated within the past 12 months. Quote on a Health Services Electronic Claim Form An itemized list of components and charges 	OPC Board Certified Prosthetist, practicing in NB
Suction/ Suspension Sleeves	<ol style="list-style-type: none"> The maximum payable is \$375 per sleeve. Two sleeves permitted every 12 months, if necessary. 	<ul style="list-style-type: none"> A completed Health Services Limb Prosthesis Request Form Quote on a Health Services Electronic Claim Form An itemized list of supplies and charges Additional information is required in the justification field of the request form if the original prosthesis was not purchased by Health Services. 	
Liners	<ol style="list-style-type: none"> The maximum payable is \$1200 per liner. Two liners permitted every 12 months, if necessary, unless replacement liners are required at the time of a socket replacement, in which case two liners will be considered with the socket replacement. 		
Interface Socks	<ol style="list-style-type: none"> The maximum payable is \$225 per year. Six socks permitted every 12 months, if necessary. 		
Spacer Socks	<ol style="list-style-type: none"> The maximum payable is \$85 per year. Six spacer socks permitted every 12 months, if necessary 		
Gaiters	<ol style="list-style-type: none"> The maximum payable is \$40 per gaitor. Two gaitors permitted every 12 months, if necessary 		

Nylon Sheaths	<ol style="list-style-type: none"> 1. The maximum payable is \$50 per sheath. 2. Six nylon sheaths permitted every 12 months, if necessary. 		
Anatomical Protective Cover	<ol style="list-style-type: none"> 1. The maximum payable for a below knee protective cover is \$360 2. The maximum payable for an above knee protective cover is \$1100.00 3. One protective cover every 24 months. 		
Other Supplies (Shrinkers, belts etc.)	<ol style="list-style-type: none"> 1. The medical need must be demonstrated for each product 	<ul style="list-style-type: none"> • A completed Health Services Limb Prosthesis Request Form • Quote on a Health Services Electronic Claim Form • An itemized list of supplies and charges • Details and justification on the need for the supplies requested 	
Limb Prosthesis Repair	<ol style="list-style-type: none"> 1. No repairs are eligible during the warranty period of a new limb prosthesis. A total maximum of \$300 per year may be billed without prior approval. Charges above \$300 must be prior approved. 2. Repairs must be completed by the original supplier of the prosthesis unless: <ol style="list-style-type: none"> a) The prosthesis was provided outside N.B. b) The prosthetist is no longer practicing. c) The client has moved and is unable to travel back to the original prosthetist. 3. Claims for repairs must specify labour and materials costs separately. 	<ul style="list-style-type: none"> • A completed Health Services Limb Prosthesis Request Form • Quote on a Health Services Electronic Claim Form • An itemized list of repairs and charges • Details and justification on the need for the repair 	OPC Board Certified Prosthetist, practicing in NB
Limb Prosthesis Modifications	<ol style="list-style-type: none"> 1. No adjustments are eligible until least 90 days following the dispensing of a new prosthesis. 2. A total maximum of \$300 per may be billed without prior approval. Charges above \$300 must be prior approved. 	<ul style="list-style-type: none"> • A completed Health Services Limb Prosthesis Request Form • Quote on a Health Services Electronic Claim Form • An itemized list of modifications and charges 	OPC Board Certified Prosthetist, practicing in NB

	<p>3. Modifications must be completed by the original supplier of the prosthesis unless:</p> <ol style="list-style-type: none"> The prosthesis was provided outside N.B. The prosthetist is no longer practicing. The client has moved and is unable to travel back to the original prosthetist. <p>4. Claims for modifications must specify labour and materials costs separately.</p>	<ul style="list-style-type: none"> Details and justification on the need for the modification 	
--	--	--	--

Voice Prostheses - Eligible Benefits

Non-indwelling Tracheoesophageal Voice Prostheses	
Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> The client has undergone a laryngectomy. In-dwelling TE prostheses are eligible once every 6 months Non-in-dwelling TE prostheses are eligible as required. The maximum payable annually is \$1000.
Documentation Required	<ul style="list-style-type: none"> Rx from a speech language pathologist dated within the past 12 months Quote on a Health Services Prosthetic Claim Form
Eligible Service Providers	<ul style="list-style-type: none"> Manufacturer certified medical suppliers

Electrolarynx	
Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> The client has undergone a laryngectomy. A Tracheoesophageal voice prosthesis is not medically appropriate An electrolarynx is eligible once every 5 years. The maximum payable is \$1200.
Documentation Required	<ul style="list-style-type: none"> Rx from a speech language pathologist dated within the past 12 months Quote on a Health Services Prosthetic Claim Form
Eligible Service Providers	<ul style="list-style-type: none"> Manufacturer certified medical suppliers

Additional Voice Prosthesis Services			
Benefit	Criteria/ Limitations	Documentation Required	Eligible Providers
Maintenance Replacement Battery	<ol style="list-style-type: none"> The prosthesis was provided by the Health Services Program. Repairs are eligible once a year. Replacement batteries are eligible once a year 	Quote on a Health Services Prosthetic Claim Form	Manufacturer certified medical suppliers

Ocular Prostheses – Eligible Benefits

Ocular Prostheses	
Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> 1. The client is missing an eye due to trauma, surgical removal or congenital defect. 2. Ocular prostheses are eligible once every 3 years. The maximum payable is \$2500.
Documentation Required	<ul style="list-style-type: none"> • Rx from an ophthalmologist dated within the past 12 months • Quote on a Health Services Prosthetic Claim Form
Eligible Service Providers	<ul style="list-style-type: none"> • Ocularist certified by the National Examining Board of Ocularists

Additional Ocular Prosthesis Services			
Benefit	Criteria/ Limitations	Documentation Required	Eligible Providers
Polishing and Re-Glazing	<ol style="list-style-type: none"> 1. An ocular prosthesis has been provided by the Health Services program 2. Polishing and re-glazing is eligible once a year 3. Maximum payable is \$100 	Quote on a Health Services Prosthetic Claim Form	Ocularist certified by the National Examining Board of Ocularists

Breast Prostheses – Eligible Benefits

Breast Prostheses and Bras	
Eligibility Criteria/ Limitations	<ol style="list-style-type: none"> 1. The client has undergone a complete mastectomy of one or both breasts. 2. The maximum payable is \$600, including fitting fees and follow up. 3. Breast prostheses are eligible once every 2 years. 4. One bra only is eligible at the time the prosthesis is dispensed.
Documentation Required	<ul style="list-style-type: none"> • An original prescription from a physician or nurse practitioner dated within the past 12 months • Quote on a Health Services Prosthetic Claim Form
Eligible Service Providers	<ul style="list-style-type: none"> • Certified mastectomy fitter • Pharmacies/medical suppliers with a certified mastectomy fitter on staff
Ineligible Services	<ul style="list-style-type: none"> • Replacement bras • Breast implants • Sports Prostheses