



PharmaCare

Prosthetic and Orthotic Program

General Statement of Program Policy

September 2009

Version 1.1

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1. Overview

This manual provides an overview of the Prosthetic and Orthotic Program for health care providers. In this manual, “health care providers” includes prosthetists, orthotists, ocularists, anaplastologists, mastectomy fitters and/or their companies or businesses.

Health care providers may wish to provide patients with a copy of the Prosthetic and Orthotic Program Information Sheet which provides information on the program in a plain language format. This information sheet is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/publications.html.

2. Program Mandate

The Prosthetic and Orthotic Program helps patients to achieve or maintain basic functionality. PharmaCare helps eligible patients pay for the costs of eligible prostheses and orthoses, subject to the rules of their PharmaCare plan, including any deductible requirement.

3. Patient Eligibility

3.1 *Eligibility for Prosthetics*

Residents of British Columbia are eligible for prosthetic benefits if:

- they are covered under Fair PharmaCare, Plan B (Residential Care), Plan C (BC Income Assistance) or Plan F (the At Home Program); and
- they are not eligible for coverage of these benefits through insurers such as ICBC, WorkSafeBC, Veterans Affairs Canada, Health Canada’s Non-Insured Health Benefits Program, similar programs from other provinces or jurisdictions, or through an award for damages.

Coverage ends the day a patient leaves the province to establish permanent residence elsewhere.

3.2 *Eligibility for Orthotics*

Residents of British Columbia are eligible for the orthotic benefits if:

- they are 18 years of age or younger,
- they are covered under Fair PharmaCare, Plan C (BC Income Assistance)* or Plan F (the At Home Program)**; and
- they are not eligible for coverage of these benefits through insurers such as ICBC, WorkSafeBC, Veterans Affairs Canada, Health Canada’s Non-Insured Health Benefits Program, similar programs from other provinces or jurisdictions, or through an award for damages.

* The Ministry of Housing and Social Development may provide assistance to some Plan C clients for orthotic devices not covered by PharmaCare.

** The Ministry of Children and Family Development may provide assistance to some Plan F clients for devices that are not covered by PharmaCare.

Coverage ends the day a patient leaves the province to establish permanent residence elsewhere.

3.3 Eligibility for Patients Not Registered for Fair PharmaCare

PharmaCare encourages all British Columbians to register for Fair PharmaCare (see [Section 7.2](#)).

If a patient is eligible for Fair PharmaCare, **but has not registered for the plan**, they are given an **individual** annual deductible of \$10,000. All of the patient's eligible costs during the current year will count towards this deductible—as long as the patient was actively enrolled in the Medical Services Plan (MSP).

Non-registered patients will have to pay the full cost of eligible prescription drugs and designated medical supplies, including prosthetic or orthotic devices, until they reach the \$10,000 deductible. Once this deductible is reached, PharmaCare will pay 100 per cent of the eligible costs over this deductible.

For more information on Fair PharmaCare, visit the PharmaCare website at www.health.gov.bc.ca/pharmacare or call Health Insurance BC at one of the numbers listed in [Section 7.1](#).

4. Benefits

4.1 Basic Functionality

PharmaCare limits the benefits covered under the Prosthetic and Orthotic Program to those needed to help patients achieve basic functionality.

Basic functionality varies from patient to patient. To determine whether a patient needs a benefit item to achieve or regain basic functionality, PharmaCare considers:

- the patient's age and general health;
- the patient's activity level (based on professional assessment of the patient's current capabilities);
- the patient's disability, disease or condition that may result in specialized needs to achieve basic functionality;
- the value of the requested claim (including the possibility of a less costly alternative that would be equally effective);
- any demands or needs for specialized activity associated with the patient's specific requirements for performance of their work; and

- exceptional approvals or devices needed to allow the patient to continue with their recovery.

4.2 Cost of Devices

The device covered usually will be the lowest cost device available that meets the needs of the patient.

4.3 Back-up Devices

PharmaCare covers only one prosthetic or orthotic device per limb, per patient. Back-up devices are not covered.

Note: The sole exception to this policy are children with orthotic needs who require:

- an orthosis for night time and a separate one for day time; or
- a lower extremity orthosis and a spinal orthosis.

4.4 Orthotic Benefits for Children and Youth

PharmaCare limits eligible orthotic benefits to:

- children and youth, age 18 and younger;
- devices required to achieve or regain basic functionality or for the prevention of further deformity;
- permanent lower extremity orthoses;
- spinal orthosis needed to correct spina bifida, scoliosis and similar medical conditions; and,
- plagiocephaly helmets.

Coverage is subject to the patient's plan rules, including any deductible requirement.

PharmaCare does not cover orthoses required for:

- less than full time use (minimum 6 hours a day);
- post surgical support only;
- serial casting;
- Functional Electrical Stimulation (FES);
- adults;
- upper extremities; and
- feet.

4.5 Orthotic Devices That Are Not PharmaCare Benefits

Ministry of Housing and Social Development (MHSD) clients who are covered under Plan C, may be able to obtain assistance through that Ministry for orthoses not covered by PharmaCare (e.g., orthoses for adults or additional children's orthoses).

Ministry of Children and Family Development (MCFD) clients who are covered under Plan F, may be able to obtain assistance through that Ministry for orthoses not covered by PharmaCare (e.g., orthopedic shoes, wrist hand orthoses or stabilizing braces).

4.6 Breast Prostheses and Mastectomy Supplies

PharmaCare provides the following breast prostheses and mastectomy supplies for eligible individuals who have undergone a mastectomy or lumpectomy, subject to the patient's plan rules including any deductible requirement:

- breast prostheses for mastectomy (full or simple) – one every two years, or at the expiration of the manufacturer's warranty. Maximum coverage is \$350 per prosthesis.
- breast prostheses for lumpectomy – one every two years, or at the expiration of the manufacturer's warranty. Maximum coverage is \$300 per prosthesis.
- post-mastectomy brassieres – two per mastectomy or lumpectomy if purchased within six months following surgery; and
- lymphedema arm sleeves – two per mastectomy, per year;
- gloves or gauntlets for use with lymphedema arm sleeves – two per mastectomy, per year. Maximum coverage is \$150 each, for off-the-shelf products, and \$300 each, for custom-fit products.

4.7 Devices Requiring an Assessment by a Multi-Disciplinary Team or Specialist Physician

Under some circumstances, PharmaCare considers coverage for prosthetic and orthotic devices only after receiving a written recommendation from a multi-disciplinary team. The team must consist of two or more health care professionals, and may include the prosthetist and a family physician knowledgeable of the patient's needs or who specializes in prosthetics/orthotics; a physiatrist or other specialist physician; physiotherapist and/or an occupational therapist. Such a recommendation is required if:

- the patient suffers from two or more chronic conditions that could affect their ability to make use of the prosthetic or orthotic device;
- the patient has not previously demonstrated compliance with the type of device being requested;

- the patient needs, for purposes of basic functionality, a device that is not normally a PharmaCare benefit; and/or
- PharmaCare has requested additional information about the patient's needs and the devices appropriate to meet those needs.

4.8 Lost and Stolen Items

PharmaCare does not cover replacement of lost or stolen prosthetic and/or orthotic devices. Lost or stolen items may be covered by a patient's home or other insurance policy.

4.9 Repairs

Health care providers will warrant that all material and workmanship with respect to the manufacture or repair of the device be free from defect for a period of 90 days from time of completion. PharmaCare does not cover any repairs during this period as they should be covered by the health care provider's 90-day warranty .

The Prosthetic and Orthotic Program covers necessary repairs to prosthetic and orthotic devices subject to:

- exclusion of work covered by the health care provider's warranty;
- the basic functionality criteria;
- pre-approval of all repairs costing \$400 or more;
- the original device being purchased through PharmaCare; and
- the repair extending the useful life of the device (i.e., delaying the need to replace the device).

5. Replacement Policies

5.1 Time Limits for Replacement of Prosthetic Devices

Prosthetic devices may be replaced:

- no sooner than three years from the date on the approval letter/form; and
- if the prosthetist demonstrates that the existing device no longer meets the patient's basic functionality needs.

Exception:

In some cases, PharmaCare may approve replacement of a socket before the three-year time limit if it is clearly demonstrated, in writing, that the patient's changing health or other circumstances necessitate replacement of the socket to maintain basic functionality. For example, if in the first year after placement of a socket a patient experiences physiological changes that necessitate

replacement, the prosthetist can submit team assessments, physician recommendations, and/or other written documentation to demonstrate this requirement.

5.2 Quantity Limits for Replacement of Prosthetic Supplies/Accessories – Adults, Children and Youth

The following items are benefits subject to the following maximum quantity/time limits:

- Shrinkers: six per year
- Liners (e.g., Alpha liner): two per year
- Sealing suspension sleeves: two every 4 months
- Neoprene suspension sleeves: four every 4 months
- Silo sheaths: four every 4 months
- Prosthetic gloves: two per year
- Socks, cotton socks and stump socks: no more than 12 per year, per ply

5.3 Time Limits for Replacement of Orthotic Devices for Children and Youth

Orthotic devices may be replaced:

- no sooner than one year from the date on the approval letter/form; and
- if the orthotist demonstrates that the existing device no longer meets the patient’s basic functionality needs.

Exception:

Replacement of a device before the time limit may be approved if it is clearly demonstrated, in writing, that the patient’s changing health or other circumstances necessitate replacement to maintain basic functionality. Team assessments, physician recommendations, and/or a health care provider’s written documentation may be submitted to demonstrate this requirement. See [Section 4.7](#) for information regarding Teams.

5.4 Time Limits for Replacement of Breast Prostheses

PharmaCare covers replacement of:

- breast prostheses for mastectomy (full or simple) – one every two years, or at the expiration of the manufacturer’s warranty.
- breast prostheses for lumpectomy – one every two years, or at the expiration of the manufacturer’s warranty.

5.5 Quantity Limits for Replacement of Mastectomy Supplies/Accessories

The following items are benefits subject to the following maximum quantity/time limits:

- post-mastectomy brassieres – two per mastectomy or lumpectomy if purchased within six months following surgery;
- lymphedema arm sleeves – two per mastectomy, per year; and,
- gloves or gauntlets for use with lymphedema arm sleeves – two per mastectomy, per year.

6. Pre-approval Requirements and Claims Submission

6.1 Pre-approval

PharmaCare pre-approval is required for all prosthetic and orthotic benefits valued at \$400 or more. **PharmaCare will not cover any item at or above that value unless pre-approval was granted.** Pre-approval is valid for 6 months from the date on the approval letter/form sent to the supplier.

Exception:

- Immediate Post-Operative Prosthesis (IPOP) for a PharmaCare patient; and
- Supplies (e.g., shrinkers) and or sockets requested by a physician during a hospital stay, that are needed to ensure the continued success of treatment.

All applications for prosthetic or orthotic devices should include a prescription for the device. More complex cases may require a prescription from a specialist physician – see [Section 4.7](#).

6.2 Submitting Claims for Pre-approved Items or Items Under \$400

For detailed information on submitting claims, health care providers should refer to Section 9 of the [Prosthetic and Orthotic Program – Detailed Policy and Procedural Requirements](#).

7. Contacting PharmaCare

7.1 PharmaCare Assistance for Patients

Health Insurance British Columbia (HIBC) administers the PharmaCare program on behalf of the Pharmaceutical Services Division, Ministry of Health Services. HIBC can answer patients' questions about both PharmaCare and the Medical Services Plan.

The public can contact a Customer Service Representative at HIBC regarding any aspect of the PharmaCare program from 8 AM to 8 PM on Monday to Friday, and from 8 AM to 4 PM on Saturday, at the following numbers:

- From Vancouver/Lower Mainland, call 604-683-7151
- From the rest of British Columbia, call toll-free 1-800-663-7100

7.2 Fair PharmaCare Registration

All British Columbians are encouraged to register for Fair PharmaCare.

B.C. residents can register for Fair PharmaCare **24 hours a day, 7 days a week** if they use the [online registration](http://www.healthservices.gov.bc.ca/pharmacare/), available at <http://www.healthservices.gov.bc.ca/pharmacare/>.

Residents can also register by phone by contacting Health Insurance BC at the telephone numbers provided in [Section 7.1](#), above.

7.3 Health Care Providers

Please see Section 2 of the [Prosthetic and Orthotic Program — Detailed Policy and Procedural Requirements](#) for PharmaCare contact information for health care providers.