

IMPORTANT:

A new requirement when submitting your orthopaedic shoes and orthotics claims

Recently, we have seen an increase in the number of claims for custom-made orthopaedic shoes and orthotics, many of which are ineligible because they are for shoes or orthotics that are not truly custom-made. In order to streamline the process and allow for an earlier identification of what expenses are eligible and what are not, we are changing our claims practice for how we handle custom-made orthopaedic shoes and orthotic claims, effective August 1, 2010.

Increase in claims for ineligible expenses

Only custom-made orthopaedic shoes and orthotics are eligible for coverage under our standard Extended Health Care (EHC) benefit. We are receiving a growing number of claims for orthopaedic shoes and orthotics that are not truly custom-made.

Custom-made Orthopaedic Shoes

True custom-made shoes are prescribed and designed to accommodate severe foot abnormalities. There are three main categories based on medical necessity: congenital deformity, traumatic injury and disease process. Only severe abnormalities would necessitate a custom-made shoe. If the foot abnormality is not severe, there are other less costly but equally effective methods of treatment.

There has been a steady increase in the number of submissions for shoes indicated as 'custom-made' by the supplier (or provider). Many of these are off-the-shelf or pre-fabricated orthopaedic shoes which have been modified and/or fitted with an orthotic and called 'custom-made' by the supplier. These shoes are not eligible under our group plans.

Custom-Made Orthotics

We have also seen a steady increase in claims for **orthotics** - corrective foot care devices worn inside a shoe. A custom-made orthotic is manufactured from a 3-dimensional (3-D) image (or cast) of the foot using raw materials. In order for custom-made orthotics to be effective, they need to be properly casted to accommodate the specific medical condition of the patient's foot.

Recently, provider receipts indicate the orthotics as 'custom-made', but on further investigation many claims for orthotics are revealed to be off-the-shelf forms which were altered to approximate the best fit to the foot and not made from a unique cast. These are not true 'custom-made' orthotics. In order for orthotics to be eligible under your plan, they must be custom-made which means casted from a 3-D image and made from raw materials. Orthotics which are not constructed in this way are not eligible under your plan.

Effective August 1, 2010, a detailed lab invoice will be required

In an effort to streamline our adjudication processes and identify eligible expenses earlier, we will require that you provide a **detailed lab invoice** at the time the claim is submitted, effective August 1, 2010.

A detailed lab invoice is issued to the provider of service (i.e. the person dispensing the shoes or orthotics to you) by the manufacturer of the custom-made shoes and orthotics. This invoice should include an itemized breakdown of the raw materials used, their cost and any other associated costs incurred to manufacture the custom-made shoes or orthotics. If the costs relate to shoe modifications, the details and cost of each modification must be present. When purchasing your custom-made orthopaedic shoes or orthotics, ask your provider for a **detailed lab invoice** at the time you pick up and pay for your shoes or orthotics.

This new detailed lab invoice requirement, will supplement our previous requirements of:

- a written recommendation (i.e. prescription) for the custom-made orthopaedic shoes or orthotics from an eligible prescribing health care practitioner, as described in the contract and your employee booklet.
Reminder: A new written recommendation must be submitted with each claim and **must** include the diagnosis necessitating the custom-made orthopaedic shoes or orthotics; and
- a receipt showing full payment has been made, patient's name and date of service.

How a detailed lab invoice will help

Requiring a detailed lab invoice up-front will improve our ability to determine if the expenses submitted are eligible, as well as reduce the time it takes to go back and forth to obtain the information needed to properly adjudicate eligible claims. Shoes or orthotics claims submitted without a detailed lab invoice will be declined and this documentation will be requested, in an effort to conclusively determine if the shoes or orthotics are custom-made and eligible under your plan.

In keeping with our commitment to combat fraud, this change in claims practice will also assist us in the detection and management of potentially fraudulent practices by some suppliers.

It can be confusing to tell what's covered and what's not, or what qualifies as "custom-made" orthotics and footwear. This past edition of our [Benefits Bulletin](#) provides you with helpful information to help you better understand orthotics and custom-made orthopaedic shoes, and exactly what you're covered for.

As a member, you should be aware and vigilant of questionable practices of any supplier or provider you deal with. Ask questions of your provider if you are unsure of their practices or the details of what you are purchasing.

Questions?

If you have any questions, please visit our Plan Member Services website at www.sunlife.ca/member, refer to your employee booklet or contact your benefits administrator.