

FAMILY & COMMUNITY SERVICES HEALTH SERVICES PROSTHETIC PROGRAM

PURPOSE:

The Health Services Prosthetic Program is designed to assist clients with the cost of prostheses (artificial devices to replace missing parts of the body), as well as any maintenance and/ or repairs required

WHO IS ELIGIBLE:

1. Family & Community Services clients and their dependents who hold a valid Health Card indicating "Supplementary", "Prosthetic" or "Full Basic" under the Basic Health Eligibility section (white card) or a "Y" under the "OTH" or "SUPP" in the "VALID ONLY FOR" box (yellow card)

Because it is publicly funded, the Health Services Program has a "payer of last resort" policy. Therefore, clients must not have any other medical coverage to be eligible for full benefits.

BENEFITS:

- I. Limb Prostheses (arm, leg, foot)
- II. Artificial Larynx (Servox device, voice prosthesis)
- III. Ocular Prostheses
- IV. Breast Prostheses
- V. Modifications and Repairs

Please refer to Benefit Details for a detailed description of these benefits.

The following items normally NOT covered by the Health Services Prosthetic Program and would be the responsibility of the client:

1. Myo-electric prostheses

PRIOR APPROVAL:

- All services except minor repairs and modifications (under \$100.00) require prior approval
- A physician's prescription is required for initial prosthesis purchases only.
- Health Services requires one (1) cost estimate only for purchases, repairs or modifications

CLAIM FORM COMPLETION:

Claim forms must be completed in full.

Claims submitted for approval must include:

1. Client's I.D. number and expiry date of the Health Card
2. Client's full name
3. Client's complete address
4. Client's date of birth
5. Service Provider's Vendor number
6. Service Provider's business name
7. Service Provider's address

8. A complete description of the item(s) or service requested, including (L) left, (R)right or (BIL) bilateral, where applicable and specifically what modifications or repairs are necessary.
9. Quantity (ies) of the item(s) requested
10. Price of each item

Claims submitted for payment must include:

1. All of the above
2. Authorized vendor signature
3. Date of service (date client received item(s))
4. Total amount billed
5. Verbal authorization number, if approved by phone or fax

BENEFIT DETAILS:

I. LIMB PROSTHESES:

SERVICES ELIGIBLE:

Any custom made prosthesis fabricated to replace an arm, leg, foot or portion thereof.

FREQUENCY OF COVERAGE:

1 every 5 years, if required

ELIGIBLE SERVICE PROVIDERS:

Services must be provided by a prosthetist certified by the Canadian Board for Certification of Prosthetists and Orthotists.

II. ARTIFICIAL LARYNX:

SERVICES ELIGIBLE:

Artificial larynx
Maintenance supplies

FREQUENCY OF COVERAGE:

Once every 3 years for artificial larynx
Maintenance supplies paid as required

ELIGIBLE SERVICE PROVIDERS:

Suppliers certified by the manufacturer

III. OCULAR PROSTHESIS:

SERVICES ELIGIBLE:

Artificial eyes

FREQUENCY OF COVERAGE:

Once every 3 years

ELIGIBLE SERVICE PROVIDERS:

Certified ocularists

IV. BREAST PROSTHESIS:

SERVICES ELIGIBLE:

Breast prosthesis

FREQUENCY OF COVERAGE:

Once every 2 years for the prosthesis
One bra only provided with initial purchase of prosthesis

ELIGIBLE SERVICE PROVIDERS:

Certified prosthetic fitters

V. MODIFICATIONS AND REPAIRS:

SERVICES ELIGIBLE:

Replacement socket for limb prostheses
Check-up, cleaning and re-glazing of ocular prostheses
Any other modifications or repairs to items provided by or eligible under the Program,

FREQUENCY OF COVERAGE:

As required

ELIGIBLE SERVICE PROVIDERS:

Services must be provided by a supplier appropriate for the item modified or repaired.