



Program of Choice 11 – Prosthetics and Orthotics



OVERVIEW

Participating providers agree that they will submit claims directly to Medavie Blue Cross for payment when Medavie Blue Cross Health Care Identification cards from eligible clients of Veterans Affairs Canada (VAC), members of the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP) are presented.

Participating providers also agree to accept the terms of the Claims Submission Agreement, the requirements outlined in the Provider Guide and all other referenced program documentation including this overview, and to act in accordance with the terms of these requirements.

Program of Choice (POC) 11, Prosthetics and Orthotics, includes artificial limbs, arch supports, braces, other related devices and the cost of repairs. For a full list of benefits, visit the provider portal at www.medavie.bluecross.ca/healthprofessionals and select the Department specific Benefit Grid.



PROVIDER PORTAL

The Provider Portal and ePay (Electronic Claims Submission) are available to all eligible and registered POC 11 providers. The portal is the easiest way to submit pre-authorization requests (VAC only), electronic claims and view all program information including payment summaries.



CLIENT/MEMBER ELIGIBILITY

- VAC clients may be eligible for benefits/services as specified in the Benefit Grid based on their disability entitlement or demonstrated health need.
- CAF still serving members are only eligible for the benefits/services as indicated on their pre-authorization. It is the CAF's role and responsibility to determine a still serving member's eligibility for benefits/services.
- RCMP members are eligible for benefits/services as specified in the RCMP Benefit Grid.

Providers must confirm eligibility by having the patient present their Medavie Blue Cross Health Care Identification card, and their pre-authorization for CAF members. Providers can confirm eligibility by submitting a pre-determination on the provider portal.

BENEFIT PREREQUISITES AND LIMITATIONS

To receive payment, the following requirements must be met.

- 1) **Prescription** – Some benefits require a prescription from a qualified health professional, as indicated in the Benefit Grid. If the Benefit Grid specifies a prescriber specialty, only that prescriber specialty is accepted. The prescriber is noted in the 'Prescriber' column in the Benefit Grid.
- 2) **Pre-authorization** – Some benefits require prior approval. If pre-authorization is required, it is indicated in the 'Pre-authorization' column in the Benefit Grid. You must obtain the pre-authorization prior to providing the benefit. For VAC clients, most services will only require pre-authorization once. While the quickest and simplest method to submit your pre-authorization request is through the provider portal (VAC only), you can also call for approval. For CAF members, the CF H Svcs C will provide the member and/or the provider with a pre-authorization.

Responses and requests for further information will be sent to the email address provided during registration. The email will prompt you to log on to the provider portal to view the results. Further information,

Pre-authorization Procedures and **Contact Information** are available on the provider portal at www.medavie.bluecross.ca/healthprofessionals.

Benefits are subject to frequency and financial limits. These limits are established at a level that is expected to reasonably meet the needs of most individuals.

Frequency Limits: Frequency limits are the number of times a benefit can be provided to a client/member over a specified period of time. These limits are noted in the **Frequency** column in the Benefit Grid.

Financial Limits: There are maximum financial limits for most benefits. The **Limit/Fee** columns indicate the maximum dollar limit. This field displays the provincial, negotiated, association or other rates that have been accepted as the basis on which payment will be made.

Note: Providers must not submit claims with a fee/rate exceeding the fee/rate charged by the provider to any patient paying cash for the same service/product.

PROVIDER REPORTING REQUIREMENTS

Providers registered to provide prosthetic and orthotic services must comply with the requirements to provide reports directly to VAC, CAF or RCMP. The CAF Provider Reporting Requirements are available at www.medavie.bluecross.ca/healthprofessionals.

CLAIM SUBMISSION

It is quick and easy to submit claims electronically on the provider portal. If you choose to submit claims on paper, you can download the General Claim form at www.medavie.bluecross.ca/healthprofessionals. Send by regular mail to the address indicated on the claim form.

AUDIT RIGHTS

As indicated in the Provider Guide, and by the provider's acceptance of the Claims Submission Agreement, Medavie Blue Cross and VAC, CAF and RCMP or their legally-appointed representatives reserve the right to examine and copy/photocopy all data and documentation relating to any claims previously paid or waiting for payment, including general information to support the provider's normal fee. This data and documentation must be obtained prior to the provision of benefit/service and retained for a minimum of two years. Client/member use of their Medavie Blue Cross Health Identification Card authorizes Medavie Blue Cross, the client/member's Department, their agents, service providers and external health professionals, to collect and use relevant information about them, and disclose it to each other for the purpose of administering their eligible benefits and services, including claims processing, authorization of benefits and auditing. For further information, please see the Provider Guide at www.medavie.bluecross.ca/healthprofessionals.