Reference Document:
UNDERSTANDING CLAIMS FOR FOOTWEAR AND FOOT ORTHOTICS

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This Reference Document is meant for informational purposes only. All claims for footwear and foot orthotics will be adjudicated in accordance with the terms of the group benefit plan under which they are being claimed. In the event of a discrepancy between this Reference Document and the group benefit plan, the provisions of the group benefit plan will apply.

1. INTRODUCTION: UNDERSTANDING CLAIMS FOR FOOTWEAR AND FOOT ORTHOTICS

This reference document has been developed by member companies of the Canadian Life and Health Insurance Association (CLHIA) and provides a reference guide for plan sponsors and plan members when claiming footwear and foot orthotics through their group benefit plan. This reference document is intended for general information only.

The reference document will assist plan members and plan sponsors by providing some guidance on:

- the terminology commonly used in describing footwear and foot orthotics, and

- the information which may typically be required by insurance companies and benefit plan administrators in order to adjudicate footwear and foot orthotic claims.

Plan sponsors and plan members with specific questions concerning their group benefit coverage should refer to their group benefit plan or employee booklet or contact their insurance company or benefit plan administrator directly. Generally, a patient's medical needs can be accommodated with well-constructed retail footwear and/or foot orthotics and therefore many patients do not medically require orthopaedic footwear. In most cases, well-constructed retail footwear is not covered under a group benefit plan. When in doubt, the patient should confirm with their insurance company or benefit plan administrator what the specific coverage criteria is and whether the item will be eligible for coverage BEFORE the purchase is made.

2. DEFINITIONS

Prescriber: The prescriber is the healthcare professional who determines the medical necessity for their patient to be treated with a form of footwear and/or a foot orthotic. The prescriber will issue a prescription to be taken to an authorized dispenser.

Dispenser: The dispenser is the healthcare professional who receives the prescription, conducts a detailed clinical examination, biomechanical assessment and gait analysis and, after design and fabrication, fits the final product to the patient. The dispenser may have manufactured the product in-house or may have used a laboratory. The dispenser may or may not have the ability to directly adjust the final product.

Laboratory: The laboratory constructs custom made foot orthotics from a cast impression of the patient's foot and from raw materials to meet the individual's unique specifications.

Last: The solid form around which a shoe is molded.

Cast: A precise 3Dimensional (3D) model of the foot by which the contours of the foot are captured. A cast is a digital or physical model of the foot that captures the 3D, plantar anatomy when the foot is in a non weightbearing position. A semi weightbearing position may be acceptable where the individual has limited motion.

Gait Analysis: Observation of the patient while walking to identify alignment, compensation or gait abnormalities.

3D Scanner: This is a device that, in certain specific conditions, accurately electronically captures the contours of the foot to create a 3D model. If digital technology is utilized, the laser or scanning system must directly scan the actual foot or a physical model of the foot and not use data collected by an indirect or secondary source. In addition, digital technology must directly utilize this data to create the cast and cannot rely on algorithms to predict the foot shape nor use extrapolation to match the data to a predetermined library of models.

2D Scanner: This is a device that captures a two dimensional representation of the foot. Scanners may collect length and width data and may collect pressure data but do not have the capacity to accurately measure height and therefore cannot recreate the volumetric measurements of the foot. Data collected from two dimensional pressure mat analysis does not capture the 3D plantar anatomy of the foot so cannot create a 3D cast (example: photo documentation, pressure mat analysis). Foot orthotics created using this method are not considered 'custom' foot orthotics.

Note: internal tablet and smartphone cameras, and available apps that modify this information, have not proven effective to capture an accurate 3D model of the foot. This should not be confused with 3D scanners that can be attached to tablets.

3. FOOTWEAR REQUIREMENTS

a) STOCK ITEM /OFF- THE- SHELF FOOTWEAR

Most footwear sold in retail stores can be described as a stock item or off- the- shelf footwear. These types of footwear are not unique to the patient and are usually mass produced. Most of these products generally do not meet the requirements established by insurance companies or benefit plan administrators to be considered “orthopaedic” footwear and, therefore, are not typically covered by insurance plans.

b) ORTHOPAEDIC FOOTWEAR

There is no single interpretation of the definition of an orthopaedic shoe. Many of the off-the-shelf or ready-made footwear have specific features that meet the unique biomechanical needs of an individual. While many features of stock orthopaedic footwear can be found in everyday shoes, there are two features that typically distinguish footwear as orthopaedic:

A. Extra depth in the shoe.

B. The shoe must be manufactured in at least three widths, with the tread surface widening incrementally when the upper widens.

The shoe must also meet the specific criteria established for the reimbursement of such claims. The criteria may vary by insurance company and benefit plan administrator.

i) Orthopaedic Footwear Prescribers

If this type of footwear is eligible for coverage, most group benefit plans contractually define who is considered an eligible prescriber. These professionals are generally limited to practitioners with medical or specialized training in problems related to the foot who are trained to diagnose and prescribe treatment for these problems such as medical doctors, orthopaedic surgeons, chiropodists and podiatrists*.

*See Section 5 for Quebec laws and regulations: foot orthotics and footwear prescribers and dispensers.

ii) Orthopaedic Footwear Dispensers

There are many different professional and commercial service providers selling footwear described as “orthopaedic” footwear. Patients would be best served to purchase orthopaedic footwear from practitioners* who have specific training in problems related to the foot. These professionals can identify footwear that possess orthopaedic qualities specific to their patient’s needs.

c) CUSTOM MADE ORTHOPAEDIC FOOTWEAR

Custom made footwear involves taking a cast of the foot and ankle and creating a custom last which provides an accurate representation of the patient's feet and ankles, capturing the deformity. The footwear must be constructed from the prescription and last, and fabricated from appropriate raw materials in consideration of the patient's diagnosis and/or deformity. Foot orthotics are integral to the footwear and are included in the cost of the footwear. Custom made orthopaedic footwear is only necessary when the medical condition or structural deformity cannot be treated by existing products, off-the-shelf orthopaedic footwear or modified orthopaedic footwear.

“Orthotic shoes” is not a recognized term applying to custom made orthopaedic footwear.

Indications for custom made orthopaedic footwear may include:

- structural deformity resulting from congenital abnormality, systemic disease, arthritic disease, traumatic injury, severe asymmetry, or
- post-surgical (e.g. triple arthrodesis and amputations of toes or forefoot)

i) Custom Made Orthopaedic Footwear Prescribers

Generally, a group benefit plan will require custom made orthopaedic footwear to have been prescribed by practitioners with medical or specialized training in problems related to the foot and who are trained to diagnose and prescribe treatment for those conditions. It is important to recognize that a benefit plan may contractually define who is considered an eligible prescriber. These professionals are generally limited to medical doctors, orthopaedic surgeons, chiropodists and podiatrists*.

*See Section 5 for Quebec laws and regulations: foot orthotics and footwear prescribers and dispensers.

ii) Custom Made Orthopaedic Footwear Dispensers

The construction of custom made orthopaedic footwear from raw materials requires very specialized skills. Patients who want to submit a claim under their group benefit plan for coverage would be best served to ensure that the professional providing the custom made shoes has recognized training in problems related to the foot and in the construction of such shoes, including but not limited to podiatrists*, chiropodists, pedorthists and orthotists.

d) MODIFICATIONS TO STOCK ITEM / OFF- THE- SHELF/ FOOTWEAR

Modifications are changes made to off-the-shelf footwear that permanently alters the footwear to address a specific medical condition or structural deformity. Minor alterations do not permanently modify the footwear and are not reimbursable (examples: tongue pads, heel grips, arch cookies, metatarsal pads.

Permanent footwear modifications can be classified as follows:

- Internal modifications – Changes to the interior footbed portion of the footwear (examples: accommodations carved into the shoe itself for pressure relief under the foot, custom pressure relief pads).
- Upper shoe modifications – Changes to the external upper of the footwear (examples: balloon patch, Velcro closures, topline adjustment).
- Sole modifications – Changes to the midsole or outsole of the footwear (examples: sole lifts, split sole to widen footwear, rocker soles).

Charges for footwear modifications depend on numerous factors. These factors include:

- Complexity of the modification and foot deformity
- Type and amount of material used
- Type of footwear being modified
- Time needed to complete the modification

*See Section 5 for Quebec laws and regulations: foot orthotics and footwear prescribers and dispensers.

e) DOCUMENTATION REQUIRED FOR ALL FOOTWEAR CLAIMS

Insurers and benefit plan administrators typically require the following documentation when considering a footwear claim:

- A completed, signed and dated claim form
- A copy of the prescription written by an eligible prescriber indicating:
    - the patient's diagnosis necessitating use of off-the-shelf orthopaedic or custom made orthopaedic footwear and/or modifications to footwear.
- A report including the following information from the dispenser:
    - the type of footwear required by the patient – off-the-shelf orthopaedic or custom made orthopaedic
    - Details of any required orthopaedic modifications
    - Details of the make, model, size of the footwear
- A copy of the foot exam, biomechanical exam and gait analysis

- An official paid receipt issued by the dispenser which shows:
    - Name and address of dispenser
    - Cost of footwear including a breakdown of the cost of the footwear and each modification performed
    - Date of full payment for the footwear
    - Date the product was dispensed to the patient
- Copy of lab receipts indicating:
    - The address and phone number of the lab that made the footwear
    - The casting technique and raw materials used in construction of the custom made orthopaedic footwear (whether footwear was made in-house or by a laboratory)
- If modifications were made, the following must also be submitted:
    - If made off-site: a copy of the packing slip or lab document clearly indicating the manufacturer’s name, address and phone number, patient name, date of completion and details of product.
    - If made by the dispenser, this should be clearly stated and details of modifications provided (as indicated above).

4. FOOT ORTHOTIC REQUIREMENTS

a) CUSTOM MADE FOOT ORTHOTICS

Custom made foot orthotics are functional devices made from a directly-molded impression of the patient's full contours of the foot using plaster, slipper cast made of resin, foam impression, wax or 3D scan. The foot orthotic is constructed from raw materials and manufactured to each patient's individual prescription. The foot orthotic is **removable** from the patient's footwear. Generally, in order to be eligible for coverage under a group benefit plan the orthotics must be prescribed by the appropriate medical professional before the purchase is made.

Indications for custom foot orthotics may include:

- structural problems
- systemic disease including arthritis, trauma, asymmetry, symptoms of overuse or post-surgery.

Note: While many patients need foot orthotics only, those who need orthopaedic, modified or custom made orthopaedic footwear may require foot orthotics. In this case, the cost of the foot orthotic will be built into the price of the footwear.

i) Custom Made Foot Orthotics Prescribers

Generally, most insurance companies and benefit plan administrators will only accept prescriptions for custom made orthotics from practitioners who are trained to diagnose and prescribe orthotics and who have medical training in problems related to the foot. These individuals generally include medical doctors, orthopaedic surgeons, chiropodists and podiatrists, but may also include chiropractors and physiotherapists*.

It is important to note that a group benefit plan may contractually define who is considered an eligible prescriber.

*See Section 5 for Quebec laws and regulations: foot orthotics and footwear prescribers and dispensers.

ii) Custom Made Foot Orthotics Dispensers

There are many different professional and commercial service providers selling foot orthotics which are often described as “custom made”. Patients would be best served to purchase custom made foot orthotics from professionals who have recognized training and clinical knowledge in problems related to the foot and who ensure that the foot orthotics are constructed from a 3D cast impression and are being constructed from raw materials. These professionals generally include but may not be limited to chiropodists, podiatrists*, pedorthists, orthotists and chiropractors.

b) STOCK ITEM / OFF- THE- SHELF INSOLES

An insole is a removable or adhered prefabricated insert that is part of the shoe and is used for the purpose of making the shoe more comfortable by acting as a filler or shock absorber or simply by making the surface of the shoe more adapted to the activity that the shoe was designed for. These insoles have not been made from an appropriate cast of the foot nor constructed from raw materials and are not considered to be custom made foot orthotics and are therefore not eligible for coverage under most group benefit plans. When in doubt, the patient should confirm specific coverage criteria with their insurance company or benefit plan administrator and whether the item will be eligible for coverage BEFORE the purchase is made.

i) Stock Item/Off- the-Shelf Insoles Prescribers

Stock item or off- the-shelf insoles are not considered a covered expense under most group contracts.

However, when stock item or off-the-shelf insoles are covered, a group benefit plan will generally require that the stock item or off-the-shelf insole be prescribed by practitioners who are trained to diagnose and prescribe custom made foot orthotics and who have medical or specialized training in problems related to the foot. These individuals generally include medical doctors, orthopaedic surgeons, chiropodists and podiatrists.

It is important to note that a group benefit plan may contractually define who is considered an eligible prescriber.

*See Section 5 for Quebec laws and regulations: foot orthotics and footwear prescribers and dispensers.

ii) Stock Item/Off- the-Shelf Insoles Dispensers

These types of insoles can be purchased at many types of retail stores including pharmacies, medical supply stores, shoe and sporting good stores. These insoles are generally not covered by most group benefit plans as they are not custom made either with heat or cutting to size. However, there are also many different professional and commercial service providers selling stock item /off- the-shelf insoles which may be incorrectly described as "custom made" foot orthotics although they have not been made from an appropriate casting technique and raw materials.

Insoles which have not been made from an appropriate casting technique and raw materials will not be eligible for reimbursement under plans which provide coverage ONLY for custom made foot orthotics.

c) FOOT ORTHOTICS REPAIR/REFURBISHMENT

As orthotics compress and wear out over time, the life of foot orthotics may be extended by repairing replaceable components. Refurbishment can prolong the life of an effective pair of foot orthotics.

d) DOCUMENTATION REQUIRED FOR FOOT ORTHOTIC CLAIMS

Insurers and benefit plan administrators typically require the following documentation when considering a claim for foot orthotics:

A completed, signed and dated claim form

- A copy of the prescription written by an eligible prescriber indicating:
    - the patient's diagnosis necessitating the use of foot orthotics
- A report including the following information from the dispenser:
    - A copy of the detailed biomechanical assessment, including foot exam and gait analysis
    - Details of the casting technique used for the patient.
    - The raw material used in the manufacturing of the foot orthotic for the patient

- An official paid receipt issued by the dispenser which shows:
    - The name and address of dispenser
    - A detailed description of type of foot orthotics provided
    - A breakdown of charges for the orthotics

    - Detailed description of design elements of foot orthotic. If manufactured in-house, these details should still be provided.
    - The date of full payment for the foot orthotics
    - The date the product was dispensed to the patient
- Copy of lab receipts indicating:
    - The address and phone number of the lab that made the footwear
    - If made off-site: a copy of the packing slip or lab document clearly indicating the manufacturer's name, address and phone number, patient name, date of completion and details of product.
    - If made by the dispenser, this should be clearly stated and details provided.

5. QUEBEC LAWS AND REGULATIONS

Podiatrist: In the province of Quebec, podiatrist is a regulated profession, A podiatrist, according to Quebec laws, CANNOT dispense orthopaedic footwear, or have any direct or indirect interest in the fabrication or sales of this type of footwear.

Chiropodist: In the province of Quebec, 'chiropodist' is not a recognized trained professional.

Orthotist: In the province of Quebec, orthotists are regulated professionals. As of September 1, 2013, all orthotists, prosthetists and foot orthotists are obligated to be members in good standing with the professional order "***ordre des technologues professionnels du Québec" (OTPQ).***

Chiropractors and Physiotherapists: According to their own regulations, in Quebec, these professionals are NOT authorized to prescribe or dispense any orthopaedic device or footwear.

Podologues: In the province of Quebec, podologue is NOT a recognized trained professional. They cannot be legally recognized as a prescriber nor a dispenser for any type of device.

Additional Requirements for Dispensers: In order to be a recognized dispenser for all orthotics, foot orthotics, prostheses and orthopaedic footwear, the dispenser must have a laboratory permit issued by the Minister of Health (Ministère de la Santé et des Services sociaux). A podiatrist, for foot orthotics only, is not subject to this rule.