

# Maxillofacial Extraoral Prostheses Policy and Administration Manual

Assistive Devices Program  
Ministry of Health & Long-Term Care

February 2016

[www.health.gov.on.ca/adp](http://www.health.gov.on.ca/adp)

# Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

<b>Section</b>	<b>Change</b>	<b>Date</b>
115.02	Updated to align with the new Authorizer Agreement	October 1, 2014
900	Added policy regarding Manufacturers as Vendors	September 22, 2015

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# Introduction

# 1

# Part 1: Introduction to Maxillofacial Extraoral Prosthesis Policy and Administration Manual

## 100 Purpose of the Manual

The purpose of this Manual is to present the policies and procedures for the Funding of Maxillofacial Extraoral Protheses in one document. This Manual is intended to complement the Policies and Procedures Manual for the Assistive Devices Program (ADP Manual).

This Manual forms part of the agreement between the Ministry of Health and Long-Term Care and the Vendor, and the agreement between the Ministry of Health and Long-Term Care and the Authorizer. The Ministry reserves the right to revise this Manual.

### 100.01 Intended Target Audience

This Manual is intended to be used by Authorizers and Vendors who have an agreement with the Assistive Devices Program (ADP) to provide Devices and services related to Maxillofacial Extraoral Protheses.

## 105 Protecting Personal Health Information

Authorizers and Vendors must comply with all applicable privacy laws governing information regarding their Clients.

See the ADP Manual, Policy 700, Protection of Personal Information and Personal Health.

## 110 Definitions

Bolded terms used in this Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below:

- 110.01 **Application Form** means the Application for Funding Maxillofacial Extraoral Prosthesis form provided by the Program and used to request ADP funding assistance for a listed Device.
- 110.02 **Authorizer** means an Authorizer in the Maxillofacial Extraoral Prosthesis Category who may be an Anaplastologist or a Restorative Prosthetist with applicable experience, or a Prosthodontist who has met all registration requirements with the Program and holds an executed Authorizer Agreement with the Program.
- 110.03 **Listed Device** means specified Maxillofacial Extraoral Prosthesis that are approved for listing in the Product Manual.
- 110.04 **Manual** means the Maxillofacial Extraoral Prosthesis Policy and Administration Manual.
- 110.05 **Maxillofacial Extraoral Prosthesis** means a removable appliance, fastened externally to the face, which is intended to substitute for a partially or totally absent facial part.
- 110.06 **Personal Health Information** means the personal information as defined in Section 4 of the Personal Health Information Protection Act, 2004.
- See the ADP Manual Part 7, Personal Health Information and Part 3, Policy 320, Release of Information About Previous Funding for more details.
- 110.07 **Prescriber** means a physician licensed to practice medicine in Ontario in one of the following specialties:



- Plastic surgery
- Ophthalmology
- Oncology
- Otolaryngology

110.08 **Product Manual** means the Listed Devices and Approved Prices for Maxillofacial Extraoral Prostheses.

See Section 110 of the ADP Manual for more definitions.

## 115 Roles and Responsibilities

In the process of confirming eligibility for funding assistance, the Applicant/Client, the Authorizer and the Vendor have specific roles and certain rights and responsibilities. Additional information may be found in the ADP Manual, the Authorizer Agreement, and the Vendor Agreement.

115.01 Roles and Responsibilities of the Applicant/Client

- Has the right to choose from the list of Authorizers, any Authorizer in their community working in the private or public sectors.
- Provides the necessary and accurate information to the Authorizer.
- Makes an informed decision based on the accurate and complete information provided by the Authorizer and the Vendor during the Maxillofacial Extraoral Prosthesis assessment and the ADP application process including, but not limited to, whether or not to proceed with an application for ADP Funding and choice of Vendor.
- Provides the necessary and accurate information on the Application for Funding Maxillofacial Extraoral Prostheses form, Section 1, “Applicant’s Biographical Information”.

- Carefully reviews all of the information in the Application for Funding Maxillofacial Extraoral Prostheses form, Section 3, “Applicant’s Consent and Signature” prior to signing the form.
- Has the right to seek a second opinion if he/she disagrees with the Authorizer’s assessment of his/her needs.
- Is responsible for paying his/her 25 per cent portion of the Approved Price for the Maxillofacial Extraoral Prosthesis directly to the Vendor.

#### 115.02 Roles and Responsibilities of the Authorizer

- Is the gatekeeper to the Program and assumes the leadership role in the assessment process, confirmation of the Applicant’s eligibility, and completion of the Application Form in a timely fashion
- Will provide the Applicant with accurate information about ADP policies and procedures, eligibility criteria and the estimated cost to purchase the Authorized Device.
- Will provide the Applicant with the applicant information sheet.
- Will provide the Applicant with a list of Vendors serving his/her community and advise Applicants to consider more than one Vendor to compare options, service plans and, if relevant, prices. Lists are available on the ADP website.
- Maintains current knowledge of the fabrication and fitting techniques for Maxillofacial Extraoral Prostheses.
- Identifies the need for a Maxillofacial Extraoral Prosthesis as part of the Client assessment process and authorizes the prosthesis that meets the Client’s functional requirements.
- Provides the Client with the Approved Price for the prosthesis and explains any additional costs not covered by the ADP that the Applicant may expect to incur.

- Assesses the Client's needs, takes a cast impression of the applicable area of the face, fabricates, fits and provides the specified prosthesis.
- Schedules regular follow-up appointments with the Client to ensure that the Client's needs continue to be met.
- Must not submit an Application Form to the Program for an individual who does not meet the ADP eligibility criteria.
- Must refer any Client with a suspected change in medical condition to the Physician for medical review.
- Must continue to meet all the conditions specified in his/her executed Authorizer Agreement and all applicable Manuals.

#### 115.03 Roles and Responsibilities of the Vendor

- Must employ an Authorizer who is registered with the ADP in the Maxillofacial Extraoral Prosthesis Category.
- Must ensure that prosthetic technicians and/or interns receive on-site supervision from the Authorizer.
- Must provide quotes to the Client and the ADP as required.
- Must honour the Vendor's warranties.
- Must continue to meet all conditions specified in their executed Vendor Agreement and the Manuals.

# Devices Covered

# 2

# Part 2: Devices Covered

## 200 Protheses Funded

Custom-fabricated extraoral protheses that are required as an external substitute for a partially or totally absent facial part are funded by the ADP. The Maxillofacial Extraoral Protheses approved for ADP funding are listed in the Product Manual. The following types of Devices are funded:

1. Custom-made auricular protheses
2. Custom-made nasal protheses
3. Custom-made orbital protheses
4. Custom-made orbitomaxillary protheses
5. Custom-made nasomaxillary protheses

New and replacement custom-made protheses are funded.

The procedure for Manufacturers or Authorizers to apply for ADP approval of a new and/or updated product is available upon request from the Program.

## 205 Repairs

The ADP does not provide funding towards the cost of repairs and/or maintenance for any Device.

# **Applicant Eligibility Criteria for Maxillofacial Extraoral Protheses**

**3**

# Part 3: Applicant Eligibility Criteria for Maxillofacial Extraoral Prostheses

## 300 General Eligibility

The Applicant must require a custom-made Maxillofacial Extraoral Prosthesis as an external substitute for a partially or totally absent facial part.

## 305 Non-Eligible Items

Under the Maxillofacial Extraoral Prostheses Category, the Program does not provide funding for the following:

- A second prosthesis for the same facial site.
- Ocular Prostheses (funded under a different category of Devices).
- Maxillofacial Intraoral Prostheses (funded under a different category of Devices).
- Prosthetic implants or posts.
- Repairs to Maxillofacial Extraoral Prostheses.
- Maxillofacial Extraoral Prostheses that are fabricated by non-registered suppliers.
- Maxillofacial Extraoral Prostheses that are fabricated by suppliers located outside of Ontario.

## **310 Individual Identified as Ineligible by Authorizer**

An Application for Funding Maxillofacial Extraoral Prosthesis form, requesting ADP Funding, must not be submitted to the ADP if, after assessing the prosthetic requirements of his/her Client, the Authorizer confirms that the individual does not meet ADP eligibility criteria.

## **315 Applicant Identified as Ineligible by ADP**

An individual may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate.

In cases of denial, the Vendor will be advised of the reason.



# Confirmation of Eligibility for Device(s) Required

# 4

# Part 4: Confirmation of Eligibility for Device(s) Required

## 400 First Access

The Applicant must be diagnosed by a Prescriber. To be recognized as a Prescriber, the Physician must be licensed to practice medicine in Ontario.

The Physician assesses the Applicant's Maxillofacial Extraoral Prostheses needs. Then, if appropriate, he/she refers the Applicant to an Authorizer

## 405 Confirmation of Eligibility for Maxillofacial Extraoral Prostheses

In order to determine what is clinically required for ADP funding purposes, the Authorizer must complete a comprehensive assessment. The Authorizer reviews the Applicant's needs and authorizes the appropriate Maxillofacial Extraoral Prosthesis. Once the assessment has been completed and the Authorizer confirms eligibility for ADP funding, the Application for Funding Maxillofacial Extraoral Prostheses form may be completed.

# Device Eligibility

# 5

# Part 5: Device Eligibility

## 500 Number of Devices Funded & Designated Funding Periods

Based on the Authorizer's clinical assessment findings, the Applicant may require more than one Device. One prosthesis per facial site is funded.

The designated funding period is the **minimum** period of time that a Device is expected to remain useful. The designated funding period for Maxillofacial Extraoral Prostheses is two (2) years.

## 505 Requests for a Replacement Prosthesis

This section pertains to replacements of Maxillofacial Extraoral Prostheses funded by the ADP with an identical type of prosthesis. In cases where the replacement prosthesis is different from the previous prosthesis, policies and procedures which apply to a first time provision of a prosthesis are used.

Maxillofacial Extraoral Prostheses funded by the ADP are *only* eligible for replacement under the ADP when the **Applicant's current device is no longer usable**. Maxillofacial Extraoral Prostheses are *not* automatically replaced when the designated funding period has been reached.

**NOTE: The replacement eligibility date is calculated from the date that the Authorizer signed the Application Form.**

### 505.01 Replacement Due to Growth/Atrophy

ADP will fund a replacement Maxillofacial Extraoral Prosthesis at any time if required because of **growth/atrophy** of the Client's face where the prosthesis is attached.

A **new** Application for Funding Maxillofacial Extraoral Prosthesis form must be used when a replacement prosthesis is required. The reason for the replacement must be checked.

When replacement before the end of the designated funding period is required due to an Applicant's **growth/atrophy**, the form must be completed and signed by the Applicant, Authorizer and Vendor. The Prescriber is not required in this case.

#### 505.02 **Replacement Due to Change in Medical Condition**

ADP will fund a replacement Maxillofacial Extraoral Prosthesis at any time if required because of a change in medical condition of the Client's face where the prosthesis is attached.

A **new** Application for Funding Maxillofacial Extraoral Prosthesis form must be completed when a replacement Maxillofacial Extraoral Prosthesis is required. Check the box for **change in medical condition**. All sections of the Application must be completed and signed, including the Prescriber (physician) section.

#### 505.04 **Loss or Damage**

The Program does not provide replacements in cases where the Maxillofacial Extraoral Prosthesis is lost or damaged beyond repair **during the designated funding period**.

#### 505.05 **Damage Beyond Repair**

If, following the designated funding period, the prosthesis previously funded is irreparably damaged due to normal use or where past and current costs of repairs are excessive, the Program will fund a new prosthesis.

# 510 Warranty

There are two types of warranties: (i) Satisfactory Fit and (ii) Discolouration and Deterioration.

## 510.01 **Satisfactory Fit**

The Vendor will warrant to the Applicant that the fit of the Maxillofacial Extraoral Prosthesis will remain satisfactory for a period of two (2) years after the date of delivery of the Device, unless:

- There is a change in the medical condition of the section of the Client's face to which the prosthesis is attached; or
- The Client experiences physiological growth or atrophy of the section of the face to which the prosthesis is attached.

## 510.02 **Discolouration and Deterioration**

The Vendor will warrant in writing that **under normal use**, the Device is guaranteed against discolouration or deterioration for six (6) months.

During this warranty period, the Vendor will provide or arrange any service including repairs, cleaning or replacement of the Device or any parts, free of charge.

ADP funding is not available when the Vendor's warranty is in effect.

# Funding and Payment



# Part 6: Funding and Payment

## 600 Policies

No payment of an approved Device shall be made to anyone other than a Vendor for Maxillofacial Extraoral Prostheses. Lists of Vendors in specific geographic areas can be obtained from the ADP Web site:

<http://health.gov.on.ca/en/pro/programs/adp/>

Detailed information about payment is found in the ADP Manual, **Part 3, Clients** and **Part 9, Invoice Processing and Payment**.

## 605 Funding Amount for ADP Clients

The Program will pay seventy-five percent (75%) of the Approved Price for Maxillofacial Extraoral Prostheses listed in the Product Manual.

Vendors may **not** bill the Client more than the Approved Price for the approved prosthesis.

Vendors **may** charge the Client **less** than the Approved Price.

The Vendor **must** charge the Client twenty-five percent (25%) of the Approved Price and bill ADP for seventy-five percent (75%) of the Approved Price.

**NOTE: Should the Vendor charge the Client less than the maximum Approved Price or provide a rebate or discount to the Client for their prosthesis, both the Client portion (25%) and the ADP portion (75%) must be adjusted accordingly.**



## **610 Funding for Ministry of Community and Social Services (MCSS) Benefits Recipients**

Co-payment for Clients receiving Social Assistance Benefits:

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Assistance to Children with Severe Disabilities (ACSD)

For Clients receiving social assistance benefits through OW, ODSP or ACSD as of the date reviewed and approved by an Authorizer, the ADP will pay one hundred percent (100%) of the Approved Price for all approved Device codes.

## **615 Delivery of the Device**

The Vendor will provide the Authorized Device together with a fully itemized invoice to the Client, advise the Client regarding the warranty and after-purchase services offered, and provide a copy of the Vendor's warranty and instructions regarding care of the prosthesis.

## **620 Expiry Date of the Application for Funding Maxillofacial Extraoral Prostheses Form**

The Application Form is considered current and valid for one (1) year from the Authorizer assessment date.

**NOTE: The expiry date will NOT be extended. After the expiry date a new assessment must be completed and a new Application Form must be submitted to the Program.**

**NOTE: The Authorizer assessment date must precede the delivery of the Maxillofacial Extraoral Prosthesis to the client.**

# Invoicing Procedures

# 7

# **Part 7: Invoicing Procedures**

## **700 Guide to Completing the Invoice**

Refer to the ADP Manual, Part 9, Invoice Processing and Payment for details.

## **705 ADP Processing Errors**

In the event of an ADP processing error being identified following funding approval, the ADP will co-operate with the Authorizer and Client to make any necessary corrections.

The Authorizer must notify the ADP in writing of the error(s) along with a request for the approval to be amended.

## **710 Authorization Errors & Omissions**

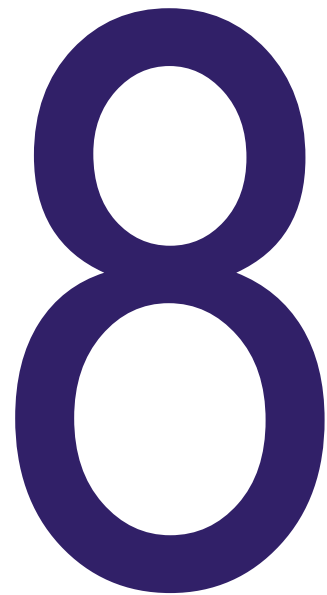
In the event of an authorization error and/or omission being identified following funding approval, the ADP will co-operate with the Authorizer to make any necessary corrections.

The Authorizer must return a copy of the page of the Application Form to the ADP with the errors highlighted along with a request for the approval to be amended.

## **715 Client Refusal of Delivered Prosthesis**

In the event of Client refusal either at the time of delivery or immediately thereafter, the ADP will co-operate with the Client, Authorizer and Vendor to resolve the situation.

# Authorizers



# Part 8: Authorizers

## 800 Authorizer Status

Anaplastologists, Restorative Prosthodontists and Prosthodontists wishing to authorize Maxillofacial Extraoral Protheses must be registered as Authorizers in the respective device category.

## 805 Requirements for Authorizers Status

An Authorizer for Maxillofacial Extraoral Protheses may be an Anaplastologist or a Restorative Prosthodontist with applicable experience or a Prosthodontist.

A Prosthodontist must hold a valid certificate of registration from the Royal College of Dental Surgeons of Ontario to practice prosthodontics and must be licensed to practise in Ontario.

## 810 General Authorizer Policies

Detailed information about Authorizer registration, policies and procedures are found in the **ADP Manual, Part 4, General Authorizer and Vendor Policies** and **Part 5, Authorizers**.

# Vendors

# 9



# Part 9: Vendors

## 900 Vendor Status

Vendors wishing to submit a request for funding to the Ministry for Maxillofacial Extraoral Prostheses must be registered as Vendors in the Device category.

Vendors applying for registration status for Maxillofacial Extraoral Prostheses must submit the names of staff members who have **professional qualifications to fabricate and/or fit Maxillofacial Extraoral Prostheses** and proof of such qualifications.

### 900.01 **Manufacturers as Vendors**

Despite policy 605 in the ADP Manual, Manufacturers and Distributors as Vendors, manufacturers of custom made Maxillofacial Extraoral Prostheses may apply to become ADP registered Vendors.

An ADP registered Vendor must meet, on an ongoing basis, the device specific requirements to become registered with the ADP. See policy 600, Becoming Registered and Maintaining Vendor Status with the Program, in the ADP Manual and the Vendor Registration section on the ADP website.

## 905 Staffing Requirements for Vendors

The Vendor must employ an Authorizer who is registered with the ADP in the Maxillofacial Extraoral Prostheses Category. Therefore, the Vendor must have on staff at least one full time Anaplastologist, Restorative Prosthetist or Prosthodontist.

# 910 General Vendor Policies

Detailed information about Vendor registration and policies and procedures is found in the ADP Manual in the following areas:

- Part 4, General Authorizer and Vendor Policies;
- Part 6, Vendors;
- Part 7, Personal Health Information, and
- Part 9, Invoice Processing and Payment.

## **Note in Particular:**

- i. Policy 405, Conflict of Interest
- ii. Policy 415, Advertising
- iii. Policy 420, Referrals
- iv. Policy 600, Applying for Registration – New Vendor
- v. Policy 601, Applying for Registration – Additional Vendor Location or Additional Category of Devices
- vi. Policy 602, Maintaining Registration as a Vendor
- vii. Policy 615, Relationships of Hospitals and Vendors
- viii. Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes
- ix. Policy 640, Informing Persons of the Program
- x. Policy 660, Refusal to Supply for Safety Reasons
- xi. Policy 665, Warranties of Purchased Devices

- xii. Policy 670, Repairs of Purchased Devices
- xiii. Policy 700, Protection of Personal and Personal Health information
- xiv. Policy 905, Rebates

The ADP Manual is available at:

[http://www.health.gov.on.ca/en/pro/programs/adp/policies\\_procedures\\_manuals/docs/pp\\_adp\\_manual.pdf](http://www.health.gov.on.ca/en/pro/programs/adp/policies_procedures_manuals/docs/pp_adp_manual.pdf)