

**ORTHOTICS**

# **ADMINISTRATION MANUAL**

## **POLICIES AND PROCEDURES**

Assistive Devices Program

Ministry of Health and Long-Term Care

Updated June 2007

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**Section****1.1 INTRODUCTION****The Assistive Devices Program (ADP) Vision**

Enabling people with physical disabilities to increase their independence through access to assistive devices responsive to their individual needs.

**The ADP Mission**

Providing funding support to Ontario residents with long-term physical disabilities to obtain competitively priced, personalized assistive devices appropriate for the individual's basic needs.

**The Goal**

The goal of the Orthotics Category is to provide funding to individuals for the purchase of an appropriate orthosis to improve their function in a variety of daily activities.

**Purpose and Intended Use of the Manual**

This manual explains the policies and procedures for the Orthotics category of the Assistive Devices Program (ADP).

This manual is intended for use by:

- 1) Physicians who prescribe orthoses:
  - ◆ general practitioners who prescribe orthoses that are not highly specialized;
  - ◆ specialist physicians in geriatrics, general surgery, medical oncology, neurology, neurosurgery, orthopaedic surgery, paediatrics, physiatry, plastic surgery, radiation oncology or rheumatology who prescribe highly specialized orthoses (i.e., Reciprocating Gait Orthoses and Shoulder-Elbow-Wrist-Hand-Finger Orthoses );
  - ◆ other ADP designated physicians in underserved areas.
- 2) Certified orthotists registered as ADP authorizers
- 3) Occupational therapists (OT) and physiotherapists (PT) registered as ADP rehabilitation assessors
- 4) ADP-Registered Orthotic Vendors.

**Section**

This administration manual is not intended for use by third party payers such as insurance companies, community agencies and other funding bodies, nor is it intended to be an all inclusive catalogue of every available device and component on the market.

Policies and procedures developed for the Assistive Devices Program may not apply to all orthotic devices and components or cover all possible funding situations.

**1.1.1 DEFINITIONS**

**Agent:** a person who is legally authorized to act on the applicant's behalf.

(1) The following persons can sign an application on behalf of an individual to verify information and to consent to the collection, use and/or disclosure of information:

- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
  - (b) the applicant's attorney under a continuing power of attorney;
  - (c) the applicant's guardian of property;
  - (d) the applicant's attorney under a power of attorney for personal care;  
and
  - (e) the applicant's guardian of the person,
- as evidenced by supporting documents.

(2) Only the following persons can sign on behalf of the individual to indicate that payment is to be made out to someone other than the applicant:

- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- (b) the applicant's attorney under a continuing power of attorney;  
and
- (c) the applicant's guardian of property;

as evidenced by supporting documents.

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**Applicant:** A person with a valid Ontario Health Card Number who applies for ADP funding for an orthosis which has been prescribed according to ADP policy.

**ADP Registered Authorizer:** a Canadian Board certified orthotist registered with ADP who meets ADP's standards to authorize orthoses.

**ADP-Registered Rehabilitation Assessor:** an occupational therapist or physiotherapist who is a member in good standing with their regulatory college, and is registered with ADP to provide assessments for clients who have a chronic physical disability requiring specified ADP funded orthoses.

**Certified Orthotist (CBC Orthotist):** a health care professional, certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) to practice in the field of fitting and manufacturing orthotic devices, and who is a member in good standing with CBCPO. The certified orthotist is responsible for all direct client activities and ensures that the device is properly casted, fabricated, modified, fitted and dispensed to the client.

**Client:** An eligible person who has applied to the Program and who received funding assistance for their orthosis.

**Continuing Power of Attorney:** a Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called "continuing" because it can be used after the person who gave it is no longer mentally capable.

**Custom-fitted Orthosis:** an orthosis that is first manufactured then fitted and adjusted directly to the client. ADP funds a limited number of paediatric custom-fitted orthoses.

**Custom-made Orthosis:** an orthosis that is custom-fabricated in one of the following ways:

- A) **Molded to Client:** a custom-made orthosis fabricated directly onto the client's body part, which is usually made of low-temperature thermoplastics.
- B) **Molded to Client Model:** a custom-made orthosis fabricated on a positive cast impression of the client's body part, which is usually made of leather or high-temperature thermoplastics. Once formed, the orthosis is then fitted directly to the client.

**Section**

**Equipment/Supply Authorization (ESA) Form:** A form provided by the Program and submitted to ADP to request funding assistance for orthoses.

**Guardian of Property:** a guardian of property is someone who is appointed by the Public Guardian and Trustee or the courts to look after an incapable person's property or finances. The person must be at least eighteen (18) years old. A guardian is different from an attorney; an attorney is chosen by the individual, before becoming incapable, to act on their behalf, while a guardian is appointed after incapacity. A guardian can be a statutory guardian or a guardian appointed by the court.

**Occupational Therapist (OT):** a regulated health care professional registered as a practising member in good standing with the College of Occupational Therapists of Ontario.

**Orthosis/Orthoses:** any device, which may function to support or immobilize a body part; to correct or prevent deformity; and to assist or restore function.

**Orthotic Team:** The health professionals involved in the assessment of a client's needs to determine the most appropriate orthotic device required by the client.

**Paediatric Dentist (prescriber for custom-made protective helmets only):** a health care professional certified by the Royal College of Dental Surgeons of Ontario to practise paediatric dentistry, and who meets ADP criteria to prescribe custom-made protective headwear.

**Physiotherapist (PT):** a regulated health care professional registered as a practising member in good standing with the College of Physiotherapists of Ontario.

**Power of Attorney for Personal Care:** a Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal decisions on their behalf if they become mentally incapable.

**Prefabricated Orthoses:** off-the-shelf orthoses requiring minimal device adjustment when fitted directly to the client.

**Physician:** a member of the College of Physicians and Surgeons of Ontario who is qualified to practise medicine in Ontario under The Medicine Act, S.O. 1991 C.30 or any successor legislation thereto.

**Prescriber:** A general practitioner (for 'Other Orthotic Devices') or a specialist physician (for 'Highly Specialized Orthotic Devices') who prescribes orthotic devices. Refer to Section 1.3 Provision of Orthoses.

**Section**

**Program:** The Ministry of Health and Long-Term Care's Assistive Devices Program.

**Property Management:** any decision related to finances. Finances include any type of financial decision or transaction that person would make in the course of managing his or her income, spending, assets and debts. It could include budgeting expenses and paying bills, doing tax returns, completing applications for funding, safeguarding valuables, selling real estate or making loans.

**Registered Vendor:** A provider of orthoses that has a contract with the Ministry of Health and Long-Term Care under the Assistive Devices Program. The vendor must employ a Canadian Board certified orthotist to be registered in this category.

**Social Assistance Recipient:** A social assistance recipient who receives assistance through one of the following: Ontario Works (OW); Ontario Disability Support Program (ODSP); or Assistance to Children with Severe Disabilities (ACSD).

**Specialist Physician:** A physician who specializes in one of the following areas of practice: geriatrics, general surgery, medical oncology, neurosurgery, neurology, orthopaedic surgery, paediatrics, plastic surgery, physiatry, radiation oncology or rheumatology. He/she is a prescriber who has the authority to prescribe highly specialized orthoses.

**Statutory Guardian:** A statutory guardian is a person who is appointed to act on another person's behalf without going to court. Statutory guardianship applies only to property or finances; there is no statutory guardianship for personal care. A statutory guardian can be the Public Guardian and Trustee (PGT) or someone approved by the PGT to replace the PGT as statutory guardian.

**Underserviced Areas:** Only northern communities may be designated as underserviced for specialists. Northern Ontario is defined as the territorial districts of Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming.

**Section**

**1.2 ELIGIBILITY CRITERIA FOR PERSONS REQUIRING AN ORTHOSIS**

**General Eligibility Criteria**

The following criteria must be met to qualify for financial assistance to help with the cost of an orthosis through ADP:

- 1.2.1 An applicant must be an Ontario resident with a valid Health Card Number.
- 1.2.2 An applicant must have a chronic physical disability requiring the use of an orthosis to improve his/her function in a variety of activities of daily living for six months or longer.

**Eligible Equipment**

- 1.2.3 The following orthoses are eligible for ADP funding assistance:
  - a. specified orthoses which are custom-made and either molded to the client or molded to a client model; and
  - b. specified custom-fitted paediatric orthoses.

**Excluded Equipment**

- 1.2.4 ADP funding assistance is not provided for:
  - a. braces and splints required for:
    - less than six (6) months duration
    - nocturnal use, static positioning or rest positioning only
    - acute post-operative orthoses
    - acute conditions (for example, fracture braces)
    - solely for one (1) activity such as work, school or sports
    - treatment purposes.

**Note:** ADP will fund an orthosis that is used for rest, positioning or during sleep provided that it is also used during the day for two (2) or more functional activities. Devices which are used solely during post-operative periods or for only one (1) type of activity such as sleep, sports, work or school are not funded.

- b. orthoses funded by the Workplace Safety & Insurance Board (WSIB) for individuals who are injured during hours of employment;

**Section**

- c. orthoses funded by the Veteran's Affairs Canada, Group A insurance for a pensioned condition;
- d. foot orthoses and short ankle-foot orthoses (SAFO'S OR UCBL'S) which provide support under the foot and up to the ankle joint;
- e. centrally fabricated orthoses, when measurements or a cast is taken of the client's body part and the orthosis is ordered from a central manufacturing facility;
- f. prefabricated orthoses;
- g. a second orthosis of the same type for the same body area (back-up device);
- h. custom-made and off- the-shelf shoes;
- i. custom shoe modifications;
- j. treatment devices;
- k. orthoses used for treatment purposes;
- l. repairs to orthoses.

**Section****1.3 PROVISION OF ORTHOSES****1.3.1 Highly Specialized Orthotic Devices**

Applicants who have a complex, chronic physical disability may require a highly specialized device to facilitate functional performance. He/she may also require rehabilitation intervention from an OT or PT. The need for OT/PT intervention is determined through a rehabilitation assessment conducted during the time that the orthosis is initially prescribed. The actual implementation of the OT/PT treatment plan is not required for payment by ADP for the orthosis.

This category includes and is restricted to the provision of the following orthotic devices:

- 1) Reciprocating Gait Orthoses; and
- 2) Shoulder-Elbow-Wrist-Hand-Finger Orthoses, which include, but are not limited to:
  - a) Brachial Plexus Orthoses,
  - b) Electrically Powered Prehension Orthoses.

Provision of funding for these devices requires consultation from (either independently or as a group):

- 1) a specialist physician (prescriber), and
- 2) a certified orthotist (authorizer), and
- 3) an OT/PT (rehabilitation assessor).

In the following circumstances:

- ◆ all initial provisions of these orthotic devices;
- ◆ all replacements of these orthotic devices at any time;
- ◆ all modifications to these orthotic devices at any time.

**Section****1.3.2 Other Orthotic Devices**

This category includes all other orthotic devices funded by ADP. These devices require consultation from:

- 1) a specialist physician or general practitioner (prescriber), and
- 2) a certified orthotist (authorizer)

In the following circumstances:

- ◆ all initial provisions of these orthotic devices;
- ◆ all replacements or modifications of these orthotic devices due to a change in medical condition;
- ◆ all changes to existing additions or components due to a change in medical condition.

Replacement of 'Other Orthotic Devices' with the same device after the replacement period due to physiological growth, atrophy, or normal wear requires assessment by:

- 1) a certified orthotist (authorizer), and
- 2) one of the following:
  - a) a specialist physician or general practitioner (prescriber)**OR**
  - b) an OT/PT (rehabilitation assessor)

Replacement of 'Other Orthotic Devices' with the same device during the replacement period due to physiological growth, atrophy or normal wear requires assessment by:

- 1) a certified orthotist (authorizer)

Modifications to 'Other Orthotic Devices' and replacements of existing additions and components due to physiological growth, atrophy or normal wear at any time require assessment by:

- 1) a certified orthotist (authorizer)

Applicants who require an 'Other Orthotic Device' may not necessarily need an assessment by an OT and/or PT at the time the orthoses is prescribed. The certified orthotist would ensure that a referral is made to the OT/PT for any required training and/or follow-up.

**Section****1.3.3 Cranial Orthoses Prescribed by a Paediatric Dentist**

To prescribe custom-made protective headwear (Cranial Orthoses) when not prescribed by a medical doctor:

- ♦ The paediatric dentist must be a member of a Protective Headwear Clinic, which includes in its membership a certified orthotist. An OT or PT may be involved in client assessments as required. The clinic must be located in a publicly funded health care facility; and
- ♦ The Protective Headwear Clinic must have access to consultation services from hospital based specialist physicians (neurologist, neurosurgeon, plastic surgeon, paediatrician, physiatrist, orthopaedic surgeon or rheumatologist).

**Section****1.4 AUTHORIZATION AND ASSESSMENT PROCEDURES**

**1.4.1** The applicant can obtain an ADP Equipment/Supply Authorization (ESA) form upon request from ADP or an ADP-registered vendor.

The ADP ESA form consists of 5 sections and has 4 parts (refer to Appendix A). All sections must be accurately completed, signed and dated (d/m/y) to avoid delays in processing the claim.

**1.4.2** Section 1 (“Biographical Data”) is completed by the applicant or his/her agent.

Please ensure that all of the following information is provided in Section 1:

- ◆ Last name and first name
- ◆ Date of birth (d/m/y) and sex
- ◆ Address, including postal code
- ◆ Telephone number, including area code
- ◆ Ontario Health Card Number (and version code if applicable)
- ◆ Receiving social assistance benefits through Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe Disabilities (ACSD)

**1.4.3** Section 2 (“Diagnosis and Equipment Type”) is completed by a physician (prescriber). The prescriber certifies that the applicant has a long-term physical disability or illness and requires the use of an orthosis for a period of six months or longer for other than the exclusive use of sports, school, or work.

Please ensure that all the following information is provided in Section 2:

- ◆ Primary diagnosis, including diagnostic codes (if available); also indicate right or left side, upper or lower extremity
- ◆ Secondary diagnosis, including diagnostic codes (if available)
- ◆ Surgical procedure, including date (d/m/y) of surgery (if applicable)
- ◆ Any instructions or special needs
- ◆ Description of the type of equipment required by the client, under “Instructions, special needs”
- ◆ Prescriber’s name, printed and signed (NOTE: signature stamps or proxy signatures are not accepted)
- ◆ Prescriber’s Ontario Health Insurance Billing Number
- ◆ Prescriber’s telephone number
- ◆ Prescription date (d/m/y)

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**1.4.4** Section 3 (“Equipment/Supplies Required”) is completed, signed, and dated (d/m/y) by an ADP-registered authorizer.

The certified orthotist authorizes the claim by listing the components of the orthosis along with the appropriate 9-digit ADP catalogue numbers in Section 3 of the ESA form. The certified orthotist will not enter the cost of each item unless he/she knows the vendor’s price.

Please ensure that all the following information is provided in Section 3:

- ◆ check the box(es) at the top of the section to indicate whether the client has accessed ADP previously for an orthosis:
  - If the client has accessed ADP previously for an orthosis, indicate whether he/she has experienced a relevant change in medical condition, growth, or atrophy, which would require replacement of the device or modification to the device.
  - If the client has accessed ADP previously for an orthosis, and the reason for replacement is due to normal wear, and not due to client negligence, this must be stated in this Section.
- ◆ specify the change in medical condition;
- ◆ for each component/line item:
  - quantity authorized and quantity supplied
  - specific side of body affected (R for right; L for left; B for bilateral if identical prescription)
  - full description of each equipment and component item
  - 9-digit ADP device catalogue number
- ◆ authorizer’s signature, date (d/m/y), ADP registration number, and telephone number, including area code.

Access for highly specialized orthotic devices also requires a rehabilitation assessor (OT/PT) registered with ADP to provide his/her ADP registration number, signature, and date (d/m/y) in Section 3 of the ESA form to indicate that their assessment has been completed.

**Note:** Boxes for signature of ADP-Registered Dispenser or ADP-Registered Rehabilitation Assessor and ADP-Registration Number are NOT required for provision of Other Funded Orthoses if the prescriber has completed Section 2 of the ESA form. Refer to Policy 1.3.2 for further details.

A reason for replacement must be written on the ESA form to process the claim, otherwise it will be returned to the vendor for completion.

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Actual commencement and completion of the treatment by an OT/PT is not necessary for the client to obtain ADP funding for the prescribed orthosis.

The ADP-registered orthotic vendor will complete the areas on the form that were not completed in Section 3 of the ESA form.

The following information must be provided in the remaining areas of Section 3:

- ◆ cost of each equipment item not to exceed ADP catalogue ceiling prices
- ◆ less amount paid by the applicant/agent
- ◆ amount billed to ADP

**1.4.5** Section 4 (“To be completed by Applicant/Agent”) is completed and signed by the client (applicant) or his/her agent. By signing this section of the form, he/she authorizes release of the information about the applicant to the Ontario Ministry of Health and Long-term Care, its agents, applicant’s insurance company, and/or ADP registered vendor.

The applicant consents to the indirect collection of information by ADP vendors on behalf of the Ministry of Health and Long-Term Care. The applicant consents to the collection and disclosure of medical and non-medical information by the Assistive Devices Program (ADP) to WSIB, and by the WSIB to the ADP, to determine the applicant’s eligibility to receive funding assistance from the ADP.

The applicant certifies that he/she is an Ontario resident, needs the prescribed equipment, and does not have similar equipment in working order funded by ADP (where applicable). The applicant also certifies comprehension of the eligibility criteria for funding and that he/she is free to go to any ADP registered vendor.

Please ensure that all of the following information is provided in Section 4:

- ◆ Signature of applicant or agent.
- ◆ Date (d/m/y) of applicant or agent’s signature.

Should the applicant be unable to sign due to disability, the applicant may delegate signing to an agent. Should the applicant sign with a symbol (for example, an 'X' or a thumbprint), their signature must be witnessed. The witness must sign the application form. Please ensure that signatures are legible. For applicants less than 16 years of age, an agent signs the application form.

**Note:** The agent/witness cannot be the prescriber, ADP-registered authorizer or ADP-registered vendor.

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**1.4.6** Section 5 (“To be completed by Vendor”) is completed and signed by the ADP registered vendor.

Please ensure that all of the following information is provided in Section 5:

- ◆ Vendor’s name and business address.
- ◆ Vendor’s ADP-registration number.
- ◆ Vendor’s signature. The vendor certifies that the information on the form is accurate and complete, and that the vendor has supplied or will supply the items specified in Section 3.
- ◆ Date (d/m/y) the orthosis was provided

**1.4.7** Once the ADP ESA form is fully completed,

- ◆ The vendor submits Copy 1 (yellow) of the ESA form to:

Assistive Devices Program  
Ministry of Health and Long-Term Care  
5700 Yonge Street, 7<sup>th</sup> floor  
Toronto ON M2M 4K5

Incomplete ADP ESA forms will be returned to the vendor.

- ◆ Copy 2 (blue) of the ESA form may be retained by the authorizer;
- ◆ Copy 3 (pink) of the ESA form is retained by the ADP-registered vendor;
- ◆ Copy 4 (green) of the ESA form must be given to the client (applicant) or the client’s agent by the vendor for the applicant’s records or for third party payment purposes.

As the client’s signature confirming receipt of the orthosis/modifications is now required on the invoice, vendors may submit ESA forms to ADP for processing before the provision of the device/modifications to the client. In such cases, the vendor certification statement, in Section 5 should be changed to:

“I hereby certify that... the equipment/supplies as listed will be provided...”

Clients and ADP must not be billed for the device until the client has received the completed orthosis or modifications.

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Clients must verify receipt of the equipment by signing the invoice, or a document stating proof of delivery. The proof of delivery statement must read:

I, (print client's name), verify that I have received the equipment / modification as listed on the ADP Equipment/Supply Authorization Form # _____	
_____	_____
Client Signature	Date (d/m/y) of Receipt

The proof of delivery must be sent with the invoice to Kingston Payments Unit.

- 1.4.8** The ADP-registered orthotic vendor must inform the client in writing about the precise cost breakdown and warranty conditions. The billing procedure for the orthosis can be explained verbally. The vendor should discuss the purpose of the device, casting and fitting procedures, and realistic expectations for the device's performance.
- 1.4.9** All dates (d/m/y) on the ESA form should be the same day or prior to the date of receipt of the completed orthosis, which is indicated on the invoice or proof of delivery document.
- 1.4.10** The application must be submitted within 12 months of the authorization date specified by the certified orthotist in Section 3. Applications that are greater than 12 months old are considered staledated and will not be approved.

**Section****1.5 PROVISION AND PAYMENT**

**1.5.1** Clients requiring an orthotic device must purchase it directly from an ADP-registered vendor of their choice.

Registered vendors are listed in Section 2 of this manual.

**1.5.2** The applicant takes all parts of the ESA form to the registered vendor of his/her choice.

**1.5.3** Only devices, additions and componentry listed in Section 3 of this manual are eligible for funding assistance.

**1.5.4** No ADP-registered orthotic vendor may charge more than the ADP approved ceiling price for any item listed in Section 3 of this manual. They may charge less. No additional labour costs or procedures may be billed to ADP or the client.

**1.5.5.** The maximum ADP payment amount is 75% of the ADP ceiling price for eligible equipment (refer to Section 3 of this manual). Equipment substitutions, listed against ADP codes for other devices, will not be funded.

**1.5.6** The maximum ADP payment for recipients receiving social assistance through OW, ODSP, OR ACSD is 100% of the amount listed under the ADP Price column for eligible devices listed in Section 3 of this manual.

The applicant must be receiving the benefit during the month of the assessment/authorization. If the benefit is not verified or incorrect information is submitted, the vendor must submit either a benefit stub for the applicable month of assessment or a letter from the client's case worker verifying the benefit.

**1.5.7** The vendor may bill the client no more than 25% of the maximum price upon the client's final receipt of the completed orthosis.

**1.5.8** The vendor completes an original invoice itemizing:

- ◆ vendor's name and address
- ◆ ADP vendor registration number (6 digits)
- ◆ vendor invoice number (unique number, never before used)
- ◆ invoice date (d/m/y)
- ◆ applicant's full name and address
- ◆ applicant's Health Card Number
- ◆ ADP ESA form number (located in the upper right hand corner of the form in red)
- ◆ line-by-line itemization of each orthotic component:
  - quantity

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- 9-digit ADP catalogue number(s) as listed in Section 3 of this Administration Manual
- description
- component/device price (not to exceed ADP maximum price as listed in Section 3 of this Administration Manual).
- price of line item (100%)
- amount billed to client for each line item
- amount billed to ADP for each line item
- ◆ invoice totals
- ◆ delivery date [date received by client] (d/m/y)
- ◆ client signature (for verification of goods received)
- ◆ benefit code \*

**\* Note:** One of the following codes must be used:

**BENEFIT CODE**

- ODS - Ontario Disability Support Program
- OWP - Ontario Works
- ACS - Assistance to Children with Severe Disabilities
- REG - Regular client who is not under a social assistance program listed above

Statement of receipt of the orthosis must be signed and dated (d/m/y) by the applicant or his/her agent either on the invoice or on a document stating proof of delivery attached to the invoice.

**1.5.9 Submitted invoices, which:**

- ◆ accompany a statement of receipt signed by the client;
- ◆ are less than one year old; and
- ◆ match a fully completed and approved ESA form

will be paid according to ADP's reimbursement policy, usually within thirty (30) days of receipt by the ADP Payments Unit in Kingston.

All funds are electronically transferred to the vendor's business account via prior arrangement with the Kingston ADP Supply and Financial Services Branch (Health Insurance and Related Payments Unit) (refer to Section 8 of the Assistive Devices Program Policies and Procedures Manual).

**1.5.10 Invoices with incomplete or inaccurate information will be returned to the vendor.**

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- 1.5.11** Queries concerning the processing of invoices and payments should be directed to the ADP Supply and Financial Services Branch (Health Insurance and Related Payments Unit) in Kingston, ON (refer to Policy 1.12).
- 1.5.12** It is the responsibility of the client or his/her agent to pay the vendor the difference between the vendor's invoice and the amount paid by ADP.
- 1.5.13** Payment for items less than \$100 is the responsibility of the client.
- 1.5.14** Queries concerning the processing of the ESA form should be directed to the Claims Assessor – Orthotics in Toronto, ON (refer to Policy 1.12).
- 1.5.15** Approximately one month after the ESA form has been sent to the Toronto office, the original invoice and statement of client receipt must be submitted to the following address:

Ministry of Health and Long-Term Care  
Supply and Financial Services Branch  
Health Insurance and Related Payments  
3<sup>rd</sup> Floor, 49 Place d'Armes  
PO Box 48  
Kingston, ON K7L 5J3

**Note:** Invoices received after one year from the date of receipt of the device are considered to be “stale-dated”, and will not be accepted for processing.

**Section**

**1.6 ORTHOSES OBTAINED OUTSIDE ONTARIO**

**1.6.1** Clients may obtain ADP funded orthoses only from ADP-registered orthotic vendors located in Ontario or from a limited number of ADP-registered orthotic vendors located in Manitoba and Quebec.

**1.6.2** Devices purchased from non-registered orthotic vendors are not eligible for ADP funding.

**1.6.3** The names and telephone numbers of ADP-registered orthotic vendors may be obtained by referring to Section 2.0 or by calling the Ministry of Health and Long-Term Care INFOLine:

Toronto: 1-416-314-5516  
Toll-Free: 1-800-268-1154  
TTY: 1-800-387-5559

**Section****1.7 REPLACEMENTS**

- 1.7.1** A new ADP ESA form must be completed when a replacement orthosis is required (refer to Section 1.4 of this manual). The reason for the replacement must be entered in Section 3 of the ESA form.
- 1.7.2** Orthoses funded by ADP are only eligible for replacement when the client's current device is no longer usable. Orthoses are not automatically replaced when the minimum replacement period has been reached. Proven need for replacement of the orthosis must exist. Orthoses, which jeopardize the client's safety or no longer meet the client's needs secondary to physiological growth, atrophy, normal wear, or change in medical condition are eligible for replacement funding.
- 1.7.3** Orthoses molded to the client and paediatric custom-fitted orthoses are eligible for replacement after one year from the authorizer's assessment date for a previously funded similar type of device, if the client's current device is no longer usable.
- 1.7.4** Orthoses molded to a client model and standing frames and parapodiums are eligible for replacement after two years from the authorizer's assessment date for a previously funded similar type of device, if the client's current device is no longer usable.
- 1.7.5** Orthoses funded by ADP are eligible for replacement at any time during the minimum replacement period, if the client undergoes relevant physiological growth, atrophy or a change in medical condition that makes his/her current orthosis no longer usable.
- 1.7.6** Within the minimum replacement period, ADP will provide pro-rated funding for a replacement orthosis required as a result of normal wear due to heavy use, not due to client negligence. A written request for Special Approval is required.
- 1.7.7** No funding is available to replace an orthosis within the minimum replacement period when the device is lost, stolen or damaged beyond repair due to client negligence. Clients are advised to obtain home, auto, travel, extended health or out of country insurance for financial assistance in the event of loss.
- 1.7.8** To obtain the history of the client's previous funding, a Release of Information About Previous Funding form must be submitted to ADP. Refer to the Assistive Devices Program Policy and Procedures Manual, policy number 1000.11.
- 1.7.9** Refer to Section 1.3 Provision of Orthoses for information regarding the required assessments for replacements of orthoses.

**Policy 1.7 Revised March 2006**

**Section****1.8 MODIFICATIONS**

- 1.8.1** Modifications to ADP listed orthoses are eligible for ADP funding assistance at anytime when required due to a relevant change in the client's medical condition, physiological growth, or atrophy. ADP will only fund claims of \$100 or greater.
- 1.8.2** For new ADP clients, ADP will fund modifications to an orthosis which was previously fabricated and fitted by a Canadian Board certified orthotist, but not originally funded by ADP, provided that a physician prescribes the modifications and the ADP-registered device authorizer (certified orthotist) authorizes the claim.
- 1.8.3** A Request for Special Approval form must be completed, and approval must be obtained from the ADP Orthotics Coordinator for modifications when the cost for the modifications is greater than 30% of the replacement cost of the device.
- 1.8.4** All claims that are submitted for ADP funding for modifications due to a change in physiological growth/atrophy or change in medical condition must include a description of the work done, recorded in Section 3 of the ADP ESA form. This description should be sufficiently detailed to justify the price charged.
- 1.8.5** Refer to Section 1.3 Provision of Orthoses for details regarding the required assessments for modifications to orthoses.

**Section****1.9 REQUESTS FOR SPECIAL APPROVAL**

**1.9.1** A Request for Special Approval form must be completed (refer to Appendix B) and forwarded to the Orthotics Program Coordinator when funding is requested for:

- ◆ Listed orthoses whose prices are not stated in the manual (such as electrically powered prehension orthoses and brachial plexus orthoses);
- ◆ Orthoses which are a combination of orthotic and prosthetic components. In this case, the Request for Special Approval form must be signed by both the Canadian Board certified prosthetist and the Canadian Board certified orthotist;
- ◆ Modifications to an orthosis when the cost for the modification exceeds 30% of the replacement cost of the device. Payment of claims for modifications less than \$100 is the responsibility of the client;
- ◆ Replacement orthoses that are worn out within the minimum replacement period, due to heavy use which is not associated with client negligence;

**1.9.2** A Request for Special Approval form must be completed detailing the following:

- ◆ applicant's name, date of birth (d/m/y), and Ontario Health Card Number
- ◆ diagnosis (physical disability)
- ◆ ESA form number
- ◆ ADP authorizer's name
- ◆ ADP authorizer's registration number (certified orthotist), phone and fax number
- ◆ reason & full explanation for the special approval request
- ◆ orthotic components, quantities, and side of body (L for left, R for right, B for bilateral))
- ◆ 9-digit ADP catalogue numbers (for devices listed in Section 3 of this administration manual)
- ◆ cost (quantity x unit cost), no higher than ceiling prices in Section 3 of this administration manual
- ◆ For Electronically Powered Prehension Orthoses and Brachial Plexus Orthoses or their modification:
  - cost of labour (maximum hourly rate)
  - material costs
  - any other costs above labour and materials with sufficient justification
  - orthotic device authorizer's signature and date (d/m/y).
- ◆ Identify whether the client is receiving social assistance benefits through OW, ODSP, or ACSD

**Section**

**1.9.3** The completed Request for Special Approval form must be faxed or mailed to:

Program Coordinator-Orthotics  
Assistive Devices Program  
Ministry of Health and Long Term Care  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto, ON M2M 4K5  
Fax: 416-327-8192

**The special approval number will be faxed back to the authorizer.**

**1.9.4** ADP must assign the special approval number before the date the client receives the orthosis from the ADP-registered orthotics vendor, to receive ADP funding assistance approval.

**1.9.5** The special approval number must be placed in the box provided in Section 2 of the ESA form and must also appear on the vendor's invoice.

**Policy 1.9 Revised March 2006**

**Section****1.10 WARRANTY****1.10.1 Warranty against Breakage**

The ADP-registered orthotic vendor will warrant, in writing, that under normal use, the authorized device is guaranteed against breakage for:

- ♦ six (6) months - custom-made orthoses molded to client model, parapodiums and standing frames; and
- ♦ two (2) months - paediatric custom-fitted orthoses and custom-made orthoses molded to the client.

**1.10.2 Warranty for Satisfactory Fit**

After the final fitting of the device, the ADP-registered vendor will warrant, in writing, that under normal use, the fit of the authorized device will remain satisfactory to the client or to the Orthotic Team. Unless there has been a significant change in the client's medical condition, physiological growth or atrophy, the warranty for satisfactory fit will be valid for a period of:

- ♦ three (3) months - custom-made orthoses molded to client model, parapodiums and standing frames, and
- ♦ thirty (30) days - paediatric custom-fitted orthoses and custom-made orthoses molded to client.

During the warranty period, the vendor will provide or cause to be provided any service including repairs or replacement of the authorized device or any components free of charge.

**1.10.3** When there is repeated technical failure, the device will be replaced by the issuer of the warranty. Repair and service of devices are the responsibility of the vendor, manufacturer or service designate.

**1.10.4** ADP does not contribute towards the cost of repairs under any circumstances.

**Section****1.11 UNDERSERVED AREAS**

**1.11.1** Northern communities must perform ongoing self-assessments to identify themselves to the ministry as being in need of recruitment and retention assistance. Those that meet criteria established by the Ministry of Health and Long-Term Care's Underserved Area Program (UAP) are designated as underserved areas.

**1.11.2** In underserved areas of Ontario, general practitioners may apply to the Orthotics Coordinator for consideration for highly specialized orthotic device prescriber status. A detailed letter describing the physician's experience with orthotic prescription, education, publications, clinical application of orthotics and special interest in orthotics should be sent along with his/her curriculum vitae or resume. A written confirmation of ADP's decision about his/her orthotic prescriber status will be sent to the physician.

**Section**

**1.12 DIRECTORY INFORMATION**

**1.12.1** Please direct questions or requests regarding the subjects below to the appropriate person listed on the right side of the chart:

<b>TYPE OF REQUEST</b>	<b>PERSON TO CONSULT</b>
Policy & Procedures	Program Coordinators- Orthotics Toronto: 416-327-8804 Toll-Free 1-800-268-6021 TDD/TYY 1-800-387-5559
Authorizer or Rehabilitation Assessor Registration	Authorizer Registration Clerk Toronto: 416-327-8804 Toll-Free 1-800-268-6021 TDD/TYY 1-800-387-5559
Vendor Registration	Vendor Registration Clerk Toronto: 416-327-8804 Toll-Free 1-800-268-6021 TDD/TYY 1-800-387-5559
Request for ESA forms and ADP Fact Sheets	INFOline Toronto: 416-314-5518 Toll-Free: 1-800-268-1154 TDD/TYY 1-800-387-5559
Claims Approval Inquiries Claims Denial Inquiries Client Eligibility Client ESA Application Number	Claims Assessor - Orthotics Orthotics Toronto: 416-327-8804 Toll-Free: 1-800-387-4670 TDD/TYY 1-800-387-5559
Invoice Inquiries Payment Inquiries	Health Insurance and Related Payments Team Leader Kingston: 613-548-6477 Toll-Free 1-800-267-9458

**Section**

Written inquiries may be directed to:

Ministry of Health and Long-Term Care  
Individual Eligibility Review Branch  
Assistive Devices Program  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto ON M2M 4K5

OR

Ministry of Health and Long-Term Care  
Supply and Financial Services Branch  
Health Insurance and Related Payments, 3<sup>rd</sup> Floor  
Team Leader, ADP Payments  
49 Place d'Armes, P.O. Box 48  
Kingston, ON K7L 5J3