



Orthotics Insurance

BEST PRACTICES GUIDE

The Insurance Bureau of Canada reports that fraud costs insurers, policyholders and Canadians \$1 billion each year. Accordingly, insurance companies are more focused than ever before on this issue. This **Best Practices Guide** provides some context about insurance providers' concerns and recommends practices which will reassure members that their practices and clinics will be considered low risk by insurers. It also recommends practices to facilitate communication with your patients about orthotics insurance claims.

WORK WITH YOUR PATIENTS TO OPTIMIZE THEIR CLAIM EXPERIENCE

Get Pre-Approvals Before Ordering

Every plan is different, and they change regularly. Submitting pre-approvals before ordering orthotics helps to ensure that your patient's claim will be processed smoothly. Call these numbers to find out the specific pre-approval procedures for major insurers:

BLUE CROSS

1-866-723-2583 (*Individual Coverage*); 1-800-355-9133 (*Group Coverage*)

CHAMBERS OF COMMERCE GROUP INSURANCE PLAN

1-800-665-3365

EQUITABLE LIFE OF CANADA

1-800-668-4095

GREAT WEST LIFE

1-800-957-9777

GREEN SHIELD CANADA

1-800-265-5615

MANULIFE

1-800-268-6195

MEDAVIE BLUE CROSS

1-800-355-9133

SUN LIFE FINANCIAL

1-800-669-7921

Discuss the Documentation with Your Patients

Many plans require patients to submit claims and supporting documentation personally. Taking a few minutes to explain the purpose of each piece of documentation attached to a claim helps patients advocate for themselves.

A number of insurance plans are now requiring copies of paid manufacturers' invoices. This can create questions about the difference between a manufacturer's fees and your fees. One OCA member requires his orthotics provider to include the following language on each invoice: "This invoice does not include professional fees for assessment, diagnosis or service charge." This solution allows you to explain to your patients the difference between your cost and the cost to the patient.

Create Advocates

With the cost of group insurance plans rising at the rate of about 18-20% per year, paramedical services (including chiropractic) may be in jeopardy. Remind your patients to tell their employers and insurers that they highly value their chiropractic coverage. A resource to help you with this work is available on the OCA website at www.chiropractic.on.ca/extended-health-care.

MAXIMIZE TRANSPARENCY AND MINIMIZE RISK WITH INSURERS

Dispense High Quality Orthotics

Dispensing the highest quality orthotic possible under a specific patient's plan indicates to insurers that the focus of the chiropractor is on the health and wellbeing of the patient rather than profitability.

Follow Standard Billing Practices

In most cases, insurers require invoices for orthotics to be paid in the following order:

1. Chiropractor pays the manufacturer for the orthotics.
2. Patient pays the chiropractor for the orthotics and associated professional fees.
3. Insurer pays covered portions to the patient.

If a chiropractor issues an invoice marked "paid" to a patient prior to receiving payment, insurers consider this to be insurance fraud because it asks the insurer to compensate the patient for funds the patient has not paid.

If a manufacturer bills a chiropractor on a monthly basis for all of the orthotics they have ordered in that month, there may be a delay before paying

the manufacturer. In place of a paid manufacturer's invoice, many manufacturers will provide a "Proof of Manufacture" certificate to prove to the insurers that the orthotics have been ordered and manufactured in line with the prescription. Insurers still expect that the patient has paid their invoice in full before the orthotic is dispensed and the claim is submitted.

Provide Detailed, Consistent Fees

In order to demonstrate transparency and consistency to insurers, use your invoices to clearly detail the services performed in your clinics and the prices charged to the patient for the orthotics your clinic has dispensed. Members are advised to set and adhere to specific prices for various services related to orthotics and to provide itemized invoices. This makes it clear to insurers that your fees do not change based on your patient's benefits plan.

Provide a Clear Clinical Diagnosis

Insurers cover orthotics as medical devices to treat specific conditions under the guidance of health care practitioners in accordance with a specific clinical diagnosis and treatment plan. When orthotics are dispensed without a specific condition or clinical diagnosis, insurers become concerned that this benefit is not being used for its intended purpose. In order to clearly identify that a medical need exists, provide a detailed diagnosis and prognosis for each patient.

Anyone is free to purchase orthotics out of their own pocket, but the "use it or lose it" approach to orthotics allowances in group benefits plans have been known to result in insurance audits.

HAVE QUESTIONS OR SUGGESTIONS?

If you have questions about a particular orthotics claim or suggestions on how to improve this document, please contact us at oca@chiropractic.on.ca or 1-877-327-2273.

Provide Complete Documentation

Less is not more. Members are encouraged to provide complete documentation to every patient for every submission to their insurer. At most clinics, complete documentation is defined as:

- Prescription setting out a medical diagnosis from a health care professional authorized under their plan
- Itemized invoice from the chiropractor and receipt marked "paid"
- Itemized invoice from the manufacturer
- Copy of gait analysis and/or biomechanical assessment
- Description of the casting technique and materials and process used, including make and model of a stock shoe being modified

Some plans may also require pre-approval. Working with patients to ensure that they understand the documentation and process requirements of their specific plan is important.

Do Not Provide "Free" Footwear

Though chiropractors do not typically engage in this practice, a number of orthotics dispensers have tried offering "free" footwear to patients when they order orthotics. In many cases, the cost of that footwear is recouped by increasing professional fees for patient evaluations. This essentially means that the insurer is bearing the cost of the dispenser's loss leader. Members are advised not to participate in this practice.

We're here for you.

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