

Custom Foot Orthotics Claiming Checklist

Ensure you provide the following when submitting a claim for custom-made foot orthotics:

- A completed Blue Cross claim form.
- An original receipt indicating that payment has been made in full. (A copy of the receipt is acceptable if the primary carrier's explanation of benefits is attached.)
- A copy of the current prescription outlining the medical diagnosis from a physician, podiatrist, physiotherapist, chiropractor or nurse practitioner.
- A copy of your biomechanical assessment, which **must be performed in person** by your provider. (A biomechanical assessment is an examination of the lower limb bone alignment. It involves looking at the patient's movement and walking patterns, interaction of the foot with the rest of the body and shoes to determine wear patterns to assist in recovery of a recurrent injury or prevent further injury.) The biomechanical assessment fee may be covered if it is performed by an eligible provider (e.g. podiatrist, etc.). Please check Member Profile to see which providers are eligible under your plan.

- Written confirmation from the person who made the product indicating that the orthotic was fabricated from raw material, using a 3-D volumetric model of the patient's foot, using one of the following casting techniques:
 - Plaster of paris slipper cast
 - Semi-weight bearing foam casting box
 - 3-D contact digitizing (e.g. pin array system)
 - 3-D laser imaging scanning

If this information is not included on your receipt, your provider can use the form below.

This will help us accurately adjudicate your claim and provide timely reimbursement injury.

NOTE — Not all extended health care plans cover foot orthotics. Verify your plan's coverage by logging onto your Member Profile at pac.bluecross.ca. Claims and supporting documentation for foot orthotics can be submitted online through your Member Profile or by sending directly to Pacific Blue Cross, PO Box 7000, Vancouver BC V6B 4E1.



ORTHOTIC FABRICATION AND CASTING FORM

To be completed and signed by **the person who made the product**.

Please detach and submit with your claim if no other written confirmation is provided.

I hereby certify that the orthotic for _____ (patient's name) was fabricated using a 3-D volumetric model of the patient's foot, using the following casting technique (please check one):

- Plaster of paris slipper cast
- Semi-weight bearing foam casting box
- 3-D contact digitizing
- 3-D laser imaging scanning

MEMBER INFORMATION

Member's policy number

Member's ID/Status number

PROVIDER INFORMATION

Provider's name

Provider's phone number (10 digits)

Provider's signature

X

Date (mm-dd-yyyy)