

Custom Foot Orthotics Claiming Checklist for Pacific Blue Cross Members

Effective January 1, 2006, please ensure you provide the following when submitting a claim for custom 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 original prescription outlining the medical diagnosis from a physician, podiatrist, physiotherapist or chiropractor
- ✓ 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.)
- ✓ Written confirmation from the provider 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.

Note: Not all extended health care plans cover foot orthotics. You can verify coverage eligibility by referring to your plan brochure, logging onto CARESnet® (our member self-service website) or by calling our Customer Service department at 604 419-2600 or 1 888 275-4672. Please submit claims and supporting materials directly to: Pacific Blue Cross, PO Box 7000, Vancouver BC V6B 4E1.

Thank you for your cooperation.

Orthotic Fabrication and Casting Form

*To be completed and signed by dispensing and/or treating provider.
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):

- | | |
|---|---|
| <input type="checkbox"/> Plaster of paris slipper cast | <input type="checkbox"/> 3-D contact digitizing |
| <input type="checkbox"/> Semi-weight bearing foam casting box | <input type="checkbox"/> 3-D laser imaging scanning |

Name of Provider	Date
Provider's Signature	Phone Number