

REGULATION RESPECTING THE CONDITIONS OF PROVISION AND PAYMENT OF CERTAIN INSURED GOODS AND SERVICES

Health Insurance Act
(chapter A-29, s. 72.1, 1st par., subpar. (2))

CHAPTER I GENERAL

DIVISION I DEFINITION

1. In this Regulation,

(a) "good" means a device or other equipment which compensates for a physical deficiency, a visual aid, a hearing aid or a communication aid, as well as its components, supplements and accessories, as the case may be;

(b) "dispenser" means an institution, laboratory, distributor or hearing aid acoustician member of the Ordre des audioprothésistes du Québec providing an insured good or service referred to in the fifth, sixth and seventh paragraphs of section 3 of the Health Insurance Act (chapter A-29) and who is duly registered with the Board.

Decision 002-2011, s. 1; Decision 001-2014, s. 1

DIVISION II PROVISION OF AN INSURED GOOD OR SERVICE AND PAYMENT

2. At the time of the provision of an insured good or service referred to in the fifth, sixth or seventh paragraph of section 3 of the Health Insurance Act (chapter A-29), a dispenser must first:

(1) ensure that the insured person to whom the good or service is provided holds a valid health insurance card;

(2) ensure that the insured person meets the conditions provided for in the fifth, sixth or seventh paragraph of section 3 of the Health Insurance Act and the conditions provided for in the ninth paragraph of that section;

(3) inform the insured person of the aids and services insured under the Health Insurance Act and of the insured person's rights and obligations relating to the good or service provided;

(4) verify whether the good or service has already been the subject of a request for special consideration, an application relating to an aid marked "SC", an application for prior authorization or a claim for payment;

(5) obtain a statement signed by the insured person to the effect that the person confirms having received the good or service described and, in the case of an application for a hearing aid or device which compensates for a physical deficiency, that the person authorizes the Board

to pay to the dispenser the payment that the person is entitled to require under the fifth or seventh paragraph of section 3 of the Health Insurance Act (chapter A-29);

(6) *(paragraph revoked)*.

Decision 002-2011, s. 2; Decision 001-2014, s. 2

2.1. A dispenser must cease any order of a good referred to in a notice of interruption of supplies as soon as the dispenser receives a copy of the notice of interruption of supplies for this good sent by the Board to the supplier.

Decision 001-2014, s. 3

3. A dispenser who provides a device or other equipment that compensates for a physical deficiency, provides a hearing aid or lends a visual aid, must give to the insured person a document containing the information relating to the person's obligations regarding routine maintenance of the good and to the use and adequate maintenance of the device or equipment.

Decision 002-2011, s. 3; Decision 001-2014, s. 4

4. A dispenser must use the dispenser number assigned by the Board to send a request for special consideration, an application relating to an aid marked "SC", an application for prior authorization or a claim for payment.

Decision 002-2011, s. 4, Decision 001-2014, s. 5

5. A dispenser must include the information and documents necessary to justify the payment claimed with the request for special consideration, the application relating to an aid marked "SC", the application for prior authorization or the claim for payment.

This dispenser must be the one providing the good and rendering the service.

Decision 002-2011, s. 5; Decision 001-2014, s. 6

DIVISION III

CONSERVATION, TRANSMISSION AND ACCESSIBILITY OF DOCUMENTS

6. A dispenser must establish and keep up to date a record for each insured person to whom an insured good is provided or an insured service is rendered.

Decision 002-2011, s. 6

7. The record must be identified in the name of the person to whom an insured good or service is provided and contain the supporting documents required under the Health Insurance Act (chapter A-29) and the documents covered by this Regulation.

Upon request, a dispenser must provide to the Board any document contained in the insured person's record.

Decision 002-2011, s. 7; Decision 001-2014, s. 7

8. A dispenser must file in the record of the insured person the statement referred to in subparagraph (5) of the first paragraph of section 2 of this Regulation.

The dispenser must also keep in the insured person's record the supporting documents of a good or service provided during a five-year period following the claim for payment of the good or service.

Decision 002-2011, s. 8; Decision 001-2014, s. 8

8.1. A dispenser who provides a device which compensates for a physical deficiency must enter in the insured person's record the dates on which the dispenser carried out maintenance of the good provided to the insured person.

Decision 001-2014, s. 9

8.2. A dispenser must file in the insured person's record a document indicating the number assigned by the supplier, confirming the latter's refusal to repair or replace a good during the warranty period applicable to this good.

Decision 001-2014, s. 9

9. A dispenser must send to the Board the originals or copies of the documents supporting an application for prior authorization, a request for special consideration, or an application relating to an aid marked "SC" within five days following the date on which the request or application is sent to the Board.

Upon request from the Board, the dispenser must also send the original or a copy of any document contained in the insured person's record within the following time periods:

(1) within 15 days of a request by the Board in the case of a request concerning a document in support of a claim for payment, an application to have the Board assume responsibility for a device or an application aimed at cancelling an application sent to the Board by the dispenser;

(2) within the time limit indicated by the Board in its application for all other situations.

Decision 002-2011, s. 9; Decision 001-2014, s. 10

DIVISION IV INFORMATION

10. A dispenser must notify the Board immediately of any difficulty of supply, warranty non-compliance or malfunction relating to an insured good obtained from a supplier.

Decision 002-2011, s. 10; Decision 001-2014, s. 11

10.1. A dispenser must notify the Board immediately when an insured good poses a risk of danger for the safety or physical integrity of insured persons.

Decision 001-2014, s. 11

10.2. A dispenser must assist the Board during a product recall process involving insured goods.

Decision 001-2014, s. 11

11. A dispenser must notify the Board immediately of any change made to the characteristics of an insured good obtained from a supplier, notably if the good does not correspond to the description made of it, as the case may be, in the Tariff for insured hearing aids and related services (chapter A-29, r. 8), in the Tariff for insured devices which compensate for a motor deficiency and related services (chapter A-29, r. 9) or in the Tariff for insured visual aids and related services (chapter A-29, r. 8.1).

Decision 002-2011, s. 10; Decision 001-2014, s. 11

11.1. A dispenser must notify the Board immediately when the price exigible by a supplier for a hearing aid or a device which compensates for a motor deficiency does not correspond, as the case may be, to the price set in the Tariff for insured hearing aids and related services (chapter A-29, r. 8), to the price set in the Tariff for insured devices which compensate for a motor deficiency and related services (chapter A-29, r. 9) or to the price set in the supplier's catalog of spare parts.

Decision 001-2014, s. 11

CHAPTER II

PROVISIONS SPECIFIC TO CERTAIN INSURED GOODS OR SERVICES

DIVISION I

HEARING AIDS

12. A dispenser who submits to the Board a request for special consideration referred to in section 17 of the Regulation respecting hearing devices and insured services (chapter A-29, r. 2) must keep the following information and documents concerning the hearing aid:

- (1) the name of the supplier, trademark and model;
- (2) the cost required by the supplier;
- (3) the fact sheet; and
- (4) the description and price of options and accessories.

Decision 002-2011, s. 12

13. A dispenser who submits to the Board a claim for payment relating to a good or service referred to in section 20 of the Regulation respecting hearing devices and insured services (chapter A-29, r. 2) must keep in the insured person's record a document detailing the nature of the work carried out and the time required to perform such work.

Decision 002-2011, s. 13

14. A dispenser who submits to the Board a claim for payment for a service referred to in section 24 of the Regulation respecting hearing devices and insured services (chapter A-29, r. 2) must enter in the record a description of the option or accessory that has been added or replaced.

Decision 002-2011, s. 14

15. A dispenser who submits to the Board a claim for payment regarding an earmold or shell impression must enter in the record a description of the work carried out.

Decision 002-2011, s. 15

16. A dispenser who submits to the Board a claim for payment for a good or service referred to in sections 21 and 31 of the Regulation respecting hearing devices and insured services (chapter A-29, r. 2) must enter in the record, as the case may be, the information pertaining to the work carried out, the time required to perform such work and the description and cost of the parts used.

Decision 002-2011, s. 16

17. *(Omitted).*

Decision 002-2011, s. 17

DIVISION II

DEVICES WHICH COMPENSATE FOR A PHYSICAL DEFICIENCY

Decision 005-2012, s. 1

17.1. A dispenser must use the order form published by the Board on its website to submit an order for a good to a supplier.

Decision 001-2014, s. 12; I.N. 2014-08-01

18. A dispenser who submits to the Board a claim for payment for the fitting, adjustment or urgent and necessary repair of a device referred to in the second paragraph of sections 11 and 44 of the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act (chapter A-29, r.4) must enter in the record the reasons justifying the urgency and need to have this device fitted, adjusted or repaired before the insured person receives a new device.

Decision 005-2012, s. 1

19. A dispenser who submits to the Board a claim for payment for the replacement of a device in accordance with the second paragraph of sections 12 and 45 of the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act (chapter A-29, r. 4) must keep in the record a detailed written assessment of the costs of fitting, adjusting or repairing the device or a component for which the dispenser is requesting payment for its replacement, as well as the percentage that the total of these costs represents in relation to its previous purchase or replacement cost.

Decision 005-2012, s. 1

20. A dispenser who submits to the Board an application for the authorization of an initial purchase or for the replacement of a device, a component or an additional supplement referred in section 16 or 50 of the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act (chapter A-29, r. 4) must send, along with the application, the reasons for which use of the device, component or supplement is required to carry out specific activities pertaining essentially to recognized studies or to professional activities.

The dispenser must also submit, along with the application for authorization, official proof of school attendance, or an attestation of enrolment in a program of studies leading to a diploma, a certificate or other attestation of studies recognized by the Minister of Education, Recreation and Sports, or else confirmation of employment issued by the employer, or proof of self-employment income, as the case may be. The document submitted must indicate the name and address of the educational institution or employer or company, as the case may be, and bear the full signature of a person in authority. In addition, this document must not be dated more than one year following the date of submittal of the application for authorization.

Decision 005-2012, s. 1; Decision 001-2014, s. 13

21. A dispenser who submits to the Board a request relating to a good whose purchase or replacement price is marked "SC" must keep in the insured person's record the following information and documents:

(1) in the case of an orthosis or prosthesis, or a component or supplement thereof:

(a) the code and cost of the similar basic device specified in the Tariff for insured devices which compensate for a motor deficiency and related services (chapter A-29, r. 9);

(b) a detailed list of the components, supplements, parts and materials used and their cost price;

(c) the detailed costs of the labour required to evaluate the needs of the insured person, the manufacturing and the adjustments necessary prior to final setup;

(d) manufacturing specifications, including all information necessary for the manufacturing of an orthosis or prosthesis, component thereof or supplement thereto and from which information the manufacturing process is accomplished;

(2) in the case of a posture assist, or a component or supplement thereof:

(a) a description and the cost price of the parts and other production materials;

(b) the detailed manufacturing labour costs;

(c) the original invoice indicating the sub-contracting labour costs, if applicable;

(d) the original invoice for the device, components and supplements purchased commercially, if applicable;

(3) in the case of an ambulation aid or a locomotor assist, or a component or supplement thereof:

- (a) the name of the supplier, trademark and model;
- (b) the original invoice for the device indicating the supplier's cost price;
- (c) *(subparagraph revoked)*;
- (d) a detailed description and the price of the basic and optional components, if applicable.

The dispenser is not required to keep in the insured person's record the original invoice of the components, supplements, parts and materials purchased in bulk. The dispenser must nevertheless provide this invoice on request from the Board.

Decision 005-2012, s. 1; Decision 001-2014, s. 14

22. A dispenser who submits to the Board a claim for payment for a device referred to in section 25 or 64 of the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act (chapter A-29, r. 4) must enter in the record the insured person's date of death.

Decision 005-2012, s. 1

23. A dispenser who submits a claim for payment when the Board has assumed responsibility for a device pursuant to the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act (chapter A-29, r. 4) must keep in the insured person's record the following information and documents;

(1) in the case of a replacement, at the insured person's expense, of a damaged device referred to in section 12 or 47 of that regulation:

- (a) the date the damage occurred and a description thereof;
- (b) a detailed description of the damaged device including the codes for the device, its components or its supplements, as well as their serial number, if applicable;

(2) in the case of a locomotor assist obtained outside a program prior to the Board assuming responsibility for it:

- (a) a copy of the medical prescription;
- (b) an assessment of the insured person;
- (c) the device purchase date;
- (d) the codes for the device, its components or its supplements specified in the Tariff for insured devices which compensate for a motor deficiency and related services (chapter A-29, r. 9), as well as their serial number;
- (e) *(subparagraph revoked)*;
- (f) *(subparagraph revoked)*.

Decision 005-2012, s. 1; Decision 001-2014, s. 15

DIVISION III

VISUAL AIDS

24. A dispenser who submits to the Board a request for special consideration referred to in section 5 of the Regulation respecting insured visual aids and related services (chapter A-29, r.3) must include with the request the following information and documents:

(1) a description and the cost price of the aid;

(2) the name of the supplier, trademark and model;

(3) a clinical and functional assessment by a specialized rehabilitation team describing the specific disability of the person that justifies that he or she cannot use any insured aid and describing the means currently used or available to compensate for the difficulties encountered by the person and why the means are inadequate;

(4) a description of the manner in which the requested aid can compensate for the disability.

Decision 005-2012, s. 1

25. A dispenser who submits a claim for payment when the Board has assumed responsibility for a device pursuant to the second paragraph of section 9 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must enter in the record a detailed description of the aid, the price paid by the insured person, the code for the aid specified in the Tariff for insured visual aids and related services (chapter A-29, r. 8.1), its serial number and the acquisition date.

Decision 005-2012, s. 1

26. A dispenser who submits a claim for payment when the Board has assumed responsibility for a device pursuant to the second paragraph of section 10 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must:

(1) keep in the record a report to the effect that the insured person is entitled to such an aid while the device is being repaired;

(2) enter in the record a detailed description of the aid, the price paid by the insured person, the code for the aid specified in the Tariff for insured visual aids and related services (chapter A-29, r. 8.1), its serial number and the acquisition date.

Decision 005-2012, s. 1

27. A dispenser who submits to the Board a claim for payment for an insured repair pursuant to the fourth paragraph of section 10 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the insured person's record the following information and documents:

(1) explanations regarding the context justifying the repair;

(2) the invoice.

Decision 005-2012, s. 1; Decision 001-2014, s. 16

28. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 13 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record a clinical report justifying the allocation of the aid, as well as a statement by the optometrist confirming the insured person's specific disability, when that person is aged six or over.

Decision 005-2012, s. 1

29. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 14, 15 19, 21 or 22 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record a clinical report justifying the allocation of the aid.

Decision 005-2012, s. 1

30. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 17 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record a clinical report or audiogram issued by an audiologist or otolaryngologist justifying the allocation of the aid in the case where the insured person does not benefit from an aid under to the Regulation respecting hearing devices and insured services (chapter A-29, r 2).

Decision 005-2012, s. 1

31. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 18 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record a clinical report justifying the allocation of the aid, as well as a statement by an occupational therapist or physiotherapist confirming the daily and permanent use of a wheelchair in the case where the insured person does not benefit from such an aid under the Regulation respecting devices which compensate for a physical deficiency and are insured under the Health Insurance Act (chapter A-29, r. 4).

Decision 005-2012, s. 1

32. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 20 of the Regulation respecting insured visual aids and related services (chapter A-29, r.3) must keep in the record a clinical report justifying the allocation of the aid, which specifies the ocular pathology causing night blindness, specifies the necessity of moving about on a daily basis and attests that the insured person uses a cane or guide dog.

Decision 005-2012, s. 1

33. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 23 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record a clinical report justifying the allocation of the aid, as well as a statement that the insured person meets the requirements set out in section 26 of that regulation.

Decision 005-2012, s. 1

34. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 25 of the Regulation respecting insured visual aids and related services (chapter A-29,

r. 3) must keep in the record the medical prescription that justifies the need for the aid for daily use at home, except for the talking personal thermometer.

Decision 005-2012, s. 1

35. For the purposes of sections 27 to 31, 31.1 and 31.6 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3), a dispenser must keep in the record a clinical report describing:

- (1) the insured person's disabilities with respect to the claim;
- (2) the difficulties encountered by the insured person in pursuing the activities referred to in section 26 of that regulation;
- (3) the means currently used to compensate for the difficulties encountered and the reason why the means are inadequate;
- (4) a description of the compensation of the disabilities achieved by the aid being requested.

Furthermore, a dispenser must keep in the record a statement confirming that the insured person meets the requirements set out in section 26 of that regulation.

Decision 005-2012, s. 1

36. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 31.3 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record, in addition to what is referred to in section 35, a description of the insured person's habits and the frequency with which the person moves about to pursue the activities referred to in section 26, in a context where the person does move about alone in unfamiliar places.

Decision 005-2012, s. 1

37. A dispenser who submits to the Board a claim for payment for an insured aid referred to in section 31.4 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3) must keep in the record:

- (1) a statement confirming that the insured person meets the requirements set out in section 26 of that regulation;
- (2) a clinical report containing the reasons for which the aid in the insured person's possession does not, in itself, allow the person to carry out the activities referred to in section 26 of that regulation.

Decision 005-2012, s. 1

38. A dispenser who submits a claim for payment for an aid listed in Division II of Part II of the Tariff for insured visual aids and related services (chapter A-29, r. 8.1) must keep in the record a statement confirming that the insured person meets the requirements set out in section 26 of the Regulation respecting insured visual aids and related services (chapter A-29, r. 3).

Decision 005-2012, s. 1

Decision 002-2011, 2011-03-01
Decision 005-2012, 2012-10-23
Decision 001-2014, 2014-06-11