

Personal Protective Equipment Fees

Following months of closure from the COVID-19 pandemic, health and dental providers are beginning to re-open their doors for in-person appointments (e.g. our dental claims have returned to 2019 volumes), while following new standards established by their associations, regulatory bodies and the Government, including the use of personal protective equipment (PPE).

In light of this, some providers are transferring the cost of PPE to their patients, and we are taking this opportunity to confirm our position on these new PPE fees.

PPE Fees – What You Need to Know

After extensive internal reviews, we have determined that PPE fees are **not a standard eligible expense** under Victor and GSC health and dental plans. As a result, the portion of claims related to PPE fees will not be reimbursed – though plan members can be reimbursed for these fees through health care spending accounts (HCSA) or wellness spending accounts, where applicable.

When dental claims are submitted with PPE fees, the entire claim will be entered as billed and reimbursed according to plan design so that eligible procedure codes continue to be reimbursed.

When health claims are submitted with PPE fees noted on the receipt or invoice, GSC is taking the following approaches:

- If the PPE fees are clearly indicated, that portion of the claim will be processed separately using an ineligible procedure code, meaning it is denied.
- If the claim shows that the cost of an item or service has been combined with a PPE fee (but not broken down), the entire claim will be denied. A breakdown of charges is required and will be requested before the claim can be reprocessed.

Looking Further Ahead

GSC will continue to closely monitor the health and dental landscape, with various initiatives in progress. The Canadian Life and Health Insurance Association (CLHIA) has requested that all provinces issue their revised 2021 dental fee guides earlier than usual to allow sufficient time to assess the anticipated adjustments. Additionally, GSC will be conducting a mid-year review of their reasonable and customary fees (typically an annual process) for the higher volume paramedical claims – like physiotherapy, massage, and chiropractic visits, and some medical item claims – to determine whether the current reasonable and customary amounts are still sufficient.