

## NEW INFORMATION

### Ontario Regional Office Move

The Health Canada Ontario Regional Office has moved to a new address:

**First Nations and Inuit Health Branch**  
**Ontario Region, NIHB**  
**Sir Charles Tupper Building**  
**2720 Riverside Drive, 4<sup>th</sup> Floor**  
**Postal Locator: 6604D**  
**Ottawa, Ontario K1A 0K9**

To ensure a smooth transfer, all telephone numbers will remain the same including the toll-free client information line (1-800-640-0642).

### Catheter Benefit Codes

The NIHB Program has five (5) benefit codes for urinary catheters. Providers are encouraged to include the manufacturer name, item code number and type of item requested on the prior approval (PA) form when requesting coverage for these items. Providers are reminded that claims must be submitted per unit rather than per box (e.g. a box of 30 catheters must be submitted as 30 units, not one (1) unit).

Benefit Code	99400418	99400419	99400420
<b>Benefit Code Description</b>	Catheters, external, disposable	Catheters, external, reusable	Catheters, indwelling
<b>Description</b>	Catheter that is affixed over the penis and directs urine into a collection device such as a leg or night bag.	Catheter that is affixed over the penis and directs urine into a collection device such as a leg or night bag.	Catheter with an inflatable balloon at the tip used to hold the catheter in place. It directs urine into a collection device such as a leg or night bag.
<b>May also be referred to as:</b>	Male catheter Condom catheter	Male catheter Condom catheter	Foley catheter Retention catheter 2-way Foley catheter
<b>Gender</b>	Male only	Male only	Male or female
<b>Duration of Use</b>	May be worn at night, or day and night then discarded	May be worn at night, or day and night then washed and re-used.	Normally remains in place for 3 to 4 weeks
<b>Recommended Replacement Guidelines</b>	90 every 3 months (1 per day)		4 every 3 months

Benefit Code	9400421	99400423
<b>Benefit Code Description</b>	Catheters, intermittent, disposable	Catheters, irrigation
<b>Description</b>	Single lumen catheter that is inserted into the bladder to drain urine then is removed. This procedure is repeated several times each day.	An indwelling catheter with third lumen that can be used to instill medications into the bladder or provide a route for continuous bladder irrigation.
<b>May also be referred to as:</b>	In/out catheter Straight catheter	3-way Foley catheter
<b>Gender</b>	Male or female	Male or female
<b>Duration of Use</b>	Does not remain in place. Washed and re-used in accordance with clean intermittent catheterization.	Normally remains in place for 3 to 4 weeks
<b>Recommended Replacement Guidelines</b>	36 every 3 months (12 per month)	

### Completely in the Canal (CIC) Hearing Aids

In order to ensure that requests for Completely in the Canal (CIC) Hearing Aids are submitted with the appropriate supporting documents, the NIHB Program is providing the following clarification.

For coverage to be extended for CIC Hearing Aids, the following information must be submitted to NIHB for review:

- a prescription from a physician, nurse practitioner, or audiologist; the most recent audiometric test (six (6) months or less);
- any other information the audiologist, physician or nurse practitioner may have to support the request;
- a copy of any third-party coverage (e.g., workers' compensation board, private insurance, etc.); and
- **a medical justification** as to why the non-exception sizes of hearing aid (Behind the Ear, In the Ear, or In the Canal) will not meet the client's **medical needs**.

**NIHB Program and Express Scripts Canada**  
**Contact Information can be found on the last page of**  
**this NIHB Newsletter**

## REMINDERS

### MS&E Provider Specialty Certifications

MS&E providers must first register with Express Scripts Canada before submitting MS&E claims. There is also a need for the MS&E provider to submit a copy of their certification for each specialty in order for Express Scripts Canada and Health Canada to accept and approve MS&E claims.

Any specialties to be added to the business after a MS&E provider has registered with the NIHB Program will require a copy of the appropriate certification to be sent to Express Scripts Canada. If a copy of the specialty certification has not been sent to Express Scripts Canada prior to the MS&E provider's first manual claim submission, the MS&E provider can attach a copy of the specialty certification with their first manual claim submission, along with a revised copy of the *Express Scripts Canada Medical Supplies and Equipment Provider Agreement* noting the added specialty.

### Rewards Program

Some pharmacies offer reward points or incentives on prescription prices billed to NIHB. As a reminder, Section 2.6 of the NIHB Provider Guide for MS&E Benefits states that NIHB clients may not directly or indirectly benefit from special promotions or incentives, including coupons, discounts, points or rebates in the form of cash and/or goods that may be offered by providers. In addition, to the extent permitted by such promotions and applicable law, these coupons, discounts or rebates should be applied to the NIHB claim.

The Provider Guide for MS&E Benefits can be found at: [www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/\\_medequip/2009-prov-fourm-guide/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_medequip/2009-prov-fourm-guide/index-eng.php)

### Coordination of Benefits (COB)

As a reminder, NIHB clients that have alternate health coverage are required to access that coverage prior to claiming benefits under the NIHB Program. The NIHB Program will then coordinate payment with the other payer on eligible benefits.

Claims will be returned to the provider if the totals do not match. The total entered in the Amount Claimed field must be the sum of the Item Cost and Mark Up for the DIN/Item Code less any Third Party Share.

### Submitting MS&E Manual Claims

Express Scripts Canada is receiving a high volume of MS&E claim forms that are returned due to incorrect or missing information on the form. Common omissions found on claim forms are the unique Provider Number, Name and Address, Date of Service, and Prescriber Number for batteries and other repairs (999repairs) are often left blank. **Please be sure to include this important information on the designated claim form.**

### GO GREEN – Move to E-mail Communications!

**Make e-mail your first choice of communication delivery for general communications (e.g. NIHB Newsletters)!**

...Receive same-day e-mail delivery from Express Scripts Canada to stay informed of Health Canada's NIHB Program.

...Only print as needed to reduce costs associated with business supplies (e.g., paper, printer, fax machine, etc) and office space (e.g. filing cabinets).

...Save and share your communications within your office network at the click of your mouse.

**It's EASY to make the change... Either:**

- Place a verbal request to the Express Scripts Canada Provider Claims Processing Call Centre at 1-888-511-4666; **OR**
- Complete the attached Modification to Pharmacy/MS&E Provider Information Form.

**Note** – The above is not applicable to Prior Approval (PA) letters. These will continue to be sent via fax or mail (depending on your specified mode of communication).

### Importance of Most Current Provider Information

**It is important that the most current provider information is provided to Express Scripts Canada otherwise providers may not receive new and important information from NIHB and Express Scripts Canada regarding NIHB coverage, claims submission procedures, etc.**

A verbal request is accepted at the Express Scripts Canada Provider Claims Processing Call Centre to change the following important provider information:

- E-mail address, fax number, phone number, and/or *correction* to your current address.

All other changes to provider information must be completed on the *Modification to Pharmacy/Medical Supplies and Equipment Provider Information Form*, signed by the director or owner of the business, and submitted by fax or mail as indicated on the form.

These types of changes include:

- New complete address (e.g., moved), bank information (change or setup), and/or name and/or ownership of your business.

The *Modification to Pharmacy/Medical Supplies and Equipment Provider Information Form* can be downloaded from the NIHB Claims Services Provider Website or contact the Express Scripts Canada Provider Claims Processing Call Centre to request a copy.

### MS&E Change of Ownership or New Registration

When changing ownership of MS&E retail services, registering/re-registering a new retail store, providers are to advise Express Scripts Canada immediately, to allow Express Scripts Canada adequate time to change the ownership. A new *Express Scripts Canada Medical Supplies and Equipment Provider Agreement* must be completed, including the effective date.

Providers are to fax **all** pages of the *Express Scripts Canada Medical Supplies and Equipment Provider Agreement* with a cover sheet to **1-855-622-0669**, advising the reason for the new Agreement, such as:

- Change of Ownership;
- New opening/registration; or
- NIHB re-registration to Express Scripts Canada.

Providers are reminded to be sure to refer to the above article **MS&E Provider Specialty Certifications.**

## Registering Additional MS&E Locations

Each MS&E location is assigned its *own* **unique Provider Number** (one unique Provider Number per location). All locations must be registered with Express Scripts Canada in order to avoid disruption of service for claims processing and/or payment.

If you have not already registered a new location, please complete and sign the *Express Scripts Canada Medical Supplies and Equipment Provider Agreement* and **fax to Express Scripts Canada's Provider Relations Department at 1-855-622-0669**. An Agreement can be downloaded from the NIHB Claims Services Provider Website or contact the Express Scripts Canada Provider Claims Processing Call Centre to request a copy.

## Medical Supplies & Equipment Prior Approval Requests

Prior approvals (PA) for MS&E, as well as amendments to an approved PA (e.g. change of item number, cost, quantity, effective date or repeats on a PA already granted) are **obtained from the respective Health Canada Regional Office or BC First Nations Health Authority (FNHA)** for BC clients eligible to receive health benefits from the FNHA.

A PA number starts with the letter E and is followed by seven (7) digits (e.g. E1234567). This number is entered electronically in the claims processing system, and the date of service (dispense date) may be populated in the PA Confirmation Letter. MS&E providers are advised to retain the PA Confirmation Letter for billing purposes and/or to validate any discrepancies.

**To create/initiate, edit or ask questions regarding a PA**, providers are required to call their respective Health Canada Regional Office or the FNHA.

**Note** Express Scripts Canada is receiving PA and post-approval requests from MS&E providers. Please be informed that Express Scripts Canada does **not** process these requests. **All PA and post-approval requests/inquiries must be sent to the respective Health Canada Regional Office or BC First Nations Health Authority.**

### How Express Scripts Canada's Provider Claims Processing Call Centre Can Assist

Express Scripts Canada's customer service representatives can assist the provider in obtaining the status of their PA request (approved, on hold or declined); or information on how to transfer the PA request to a new unique Provider Number when ownership of the MS&E location has changed. The representatives do *not*, however, have the access to create or edit a PA.

## NIHB MS&E Claims Submission Kit

Please be sure to visit Express Scripts Canada's NIHB Claims Services Provider Website to download a copy of the revised NIHB MS&E Claims Submission Kit. A copy can also be requested by contacting the Express Scripts Canada Provider Claims Processing Call Centre at 1-888-511-4666.

## NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

### EXPRESS SCRIPTS CANADA

#### Provider Claims Processing Call Centre

*Please have your Provider Number readily available*

#### Inquiries and Password Resets

1-888-511-4666

#### MS&E Extended Hours

Monday to Friday:  
6:30 a.m. to 8:30 p.m. Eastern Time  
Excluding Statutory Holidays

#### MS&E Claims

#### Mail MS&E claims to:

Express Scripts Canada  
NIHB MS&E Claims  
P.O. Box 1365, Station K,  
Toronto, ON M4P 3J4

#### MS&E Provider Relations Department & Provider Agreements

*Each additional MS&E location must be registered  
with the NIHB Program with its  
own Provider Number prior to services being  
rendered*

#### Fax Completed

#### MS&E Provider Agreement to:

Toll Free Fax No.: 1-855-622-0669

#### Other Correspondence

#### Mail to:

Express Scripts Canada  
5770 Hurontario St., 10<sup>th</sup> Floor,  
Mississauga, ON L5R 3G5

#### NIHB Forms

**Download** from the  
NIHB Claims Services Provider Website or contact  
the Provider Claims Processing Call Centre

[www.provider.express-scripts.ca](http://www.provider.express-scripts.ca)

### NIHB PROGRAM MS&E BENEFITS

#### Health Canada Regional Offices

#### PRIOR APPROVALS

##### MS&E Benefits

Alberta	1-800-232-7301
Atlantic	1-800-565-3294
Manitoba	1-800-665-8507
Northwest Territories/Nunavut	1-888-332-9222
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Saskatchewan	1-866-885-3933
Yukon	1-866-362-6717

#### INQUIRIES

##### MS&E Benefits

Alberta	1-780-495-2694
	1-800-232-7301
Atlantic	1-902-426-2656
	1-800-565-3294
Manitoba	1-800-665-8507
Northwest Territories/Nunavut	1-888-332-9222
Ontario	1-800-640-0642
Quebec	1-877-483-1575
	1-514-283-1575
Saskatchewan	1-306-780-8294
	1-866-885-3933
Yukon	1-866-362-6717

#### British Columbia First Nations Health Authority

#### PRIOR APPROVALS

British Columbia	1-888-299-9222
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#### INQUIRIES

British Columbia	1-604-666-3331
	1-800-317-7878

## MODIFICATION TO PHARMACY/ MEDICAL SUPPLIES AND EQUIPMENT PROVIDER INFORMATION FORM

It is the responsibility of the Provider to notify Express Scripts Canada in writing of any changes to their provider information.

### PROVIDER INFORMATION (Mandatory to Complete)

**Apply all profile changes to:**  Express Scripts Canada Claims (Pharmacy Only)  
 (check both if applicable):  Non-Insured Health Benefits (NIHB) Program Claims (First Nations and Inuit) (Pharmacy and MS&E)

Provider No.: \_\_\_\_\_ Language Preference:  English  French

Operating Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/ Province/ Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

<input type="checkbox"/> <b>SECTION A – COMMUNICATIONS (Change) (Delivery Mode)</b>	
<b>General Communications</b> (select one): <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	<b>Prior Approval Letters</b> (select one): <input type="checkbox"/> Fax <input type="checkbox"/> Mail

<input type="checkbox"/> <b>SECTION B – OPERATING NAME (Change)</b>	
An Operating Name change is accepted when the <b>Legal Name and Ownership Names</b> remain the same.	
<b>Effective Date:</b> _____	
<b>Current Operating Name:</b> _____	
<b>New Operating Name:</b> _____	
<input type="checkbox"/> <b>Legal/ Ownership Name Change Required</b> (includes adding and/ or removing owner names) <i>If you check this box, an Express Scripts Canada representative will contact you directly to complete a NEW Agreement.</i>	

<input type="checkbox"/> <b>SECTION C – ADDRESS (Change)</b>	
<b>Effective Date:</b> _____	
<b>Address:</b> _____ <b>Phone No.:</b> _____	
<b>City:</b> _____ <b>Province:</b> _____ <b>Postal Code:</b> _____	
Preferred Communication Mode: Please select one: <input type="checkbox"/> E-mail Address: _____ <input type="checkbox"/> Fax No.: _____ <input type="checkbox"/> Mail	

<input type="checkbox"/> <b>SECTION D – PAYMENT INFORMATION (Change or Set Up) (Electronic Funds Transfer)</b>	
I instruct Express Scripts Canada to set up or change my direct EFT PAYMENTS. This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as PRIVATE AND CONFIDENTIAL. I will advise Express Scripts Canada promptly of any changes to bank, branch or account number.	
<b>Effective Date:</b> _____ <input type="checkbox"/> <b>NEW Banking Information</b> <input type="checkbox"/> <b>REPLACE Banking Information</b>	
Complete bank information below and <input type="checkbox"/> <b>Attach a VOID Cheque or Official Bank Letter</b> (Photocopy of VOID cheque is acceptable when faxing)	
<b>Bank Name:</b> _____ <b>Branch Name:</b> _____	
<b>Branch Address:</b> _____	
<b>City:</b> _____ <b>Province:</b> _____ <b>Postal Code:</b> _____	
Bank No.:         Branch/ Transit No.:         Account No.:	

<input type="checkbox"/> <b>SECTION E – DISPENSING FEE (Change) (Non-Quebec Pharmacies ONLY)</b>	
<b>ONTARIO Pharmacies:</b> Eff. Date: _____ Zone Set by ODB: _____ CURRENT U&C Fee: _____ NEW U&C Fee: _____	<b>All OTHER Pharmacies:</b> Eff. Date: _____ CURRENT U&C Fee: _____ NEW U&C Fee: _____

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Full Name, Owner or Director of the Business (please print) \_\_\_\_\_ Position/ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the completed, signed form (and VOID cheque or Official Bank Letter, if applicable) by fax or mail to:  
**Express Scripts Canada, Attention: Provider Relations, 5770 Hurontario St., 10<sup>th</sup> Floor, Mississauga, ON L5R 3G5, Fax No.: 1-855-622-0669.**