



**NON-INSURED HEALTH BENEFITS PROGRAM:  
CHANGES TO INCONTINENCE AND OSTOMY SUPPLIES PRICE FILE  
(NORTHERN REGION)**

**Effective May 1, 2016**, the NIHB Program will increase the reimbursement rate for selected incontinence and ostomy supplies by 3.1%.

For prior approvals received **before May 1, 2016**, providers are advised to submit their claims to Express Scripts Canada using the code(s) and prices referenced in the prior approval confirmation letter. Requests for new prior approvals received **on/after May 1, 2016** should use the new prices.

The maximum prices for incontinence and ostomy supplies for May 1, 2016 to March 31, 2017 are as follows:

**INCONTINENCE BENEFIT CODES AND PRICES**

ITEM	CODE	PRICE
Adult Diapers/Pull-Ups, Small or Medium	99401087	\$1.46
Adult Diapers/Pull-Ups, Large or X Large	99401088	\$1.57
Adult Diapers/Pull-Ups, XXX Large	99401089	\$1.78
Adult Diaper /Tabs, Small Medium	99401090	\$1.17
Adult Diaper /Tabs, Large or X Large	99401091	\$1.43
Adult Diaper /Tabs, XXX Large	99401092	\$1.68
Liners, Disposable	99400438	\$0.65

**OSTOMY BENEFIT CODES AND PRICES**

ITEM	CODE	PRICE
One-piece urostomy pouch, flat	99400731	\$15.20
One-piece urostomy pouch, convex	99400732	\$15.67
Two-piece urostomy pouch	99400745	\$7.31
Flange – Flat	99400742	\$10.61
Flange – Convex	99400743	\$14.95
One-piece, Drainable, Flat, Colostomy/Ileostomy pouch	99400406	\$9.18
One-piece, Drainable, Convex, Colostomy/Ileostomy pouch	99400730	\$13.60
One-piece, Closed, Flat, Colostomy/Ileostomy pouch (Formerly 99400729)	99400905	\$5.50
One-piece, Closed, Convex, Colostomy/Ileostomy pouch (Formerly 99400729)	99400906	\$8.01
Two-piece, Closed, Colostomy/Ileostomy Pouch	99400414	\$3.65
Two-piece, Drainable, Colostomy/Ileostomy Pouch	99400415	\$7.07

Please be reminded that the NIHB Program covers claims for eligible benefits/services which are not covered by other federal, provincial, territorial or third-party health insurance plans. When an NIHB-eligible client is also covered by another public or private health care plan, claims must be submitted to the other plan first. After the first payer processes the claim and generates an Explanation of Benefits (EOB) form or equivalent document, the EOB (or equivalent) and a copy of the claim can be

sent to your local Health Canada regional office for processing. The EOB or equivalent document must include the amounts paid by the first payer.

### **Large Quantities/Specialty Items**

Request for incontinence or ostomy supplies above the amount covered by the Program, or for specialty items, must be supported by a prescription stating the medical need/justification.

### **Prior Approvals**

Prior approval requests for incontinence or ostomy supplies must also indicate whether the client has a permanent or temporary need for the supplies.

Please note that items with an annual frequency limit must be provided and billed for no more than three months at a time.

Information on the NIHB Program's Medical Supplies and Equipment (MS&E) Benefit coverage and related policies can be found on the Health Canada website at:

[www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/medequip/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/medequip/index-eng.php).