

## NEW IN THIS EDITION

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### Audiology

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- Hearing Aid Prior Approval Process Simplified
- Cochlear Implants Processors, Bone Anchored Hearing Systems Processors, Soft Bands and Two (2) New Codes for Parts Added to Benefit List

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**NOTE:** For information on Program policies and items covered, consult the [Guide for Medical Supplies and](#)

## NEW IN THIS EDITION

### GENERAL BENEFITS

#### Washable Underpads - Increased in Eligible Quantity

The replacement guideline for washable underpads has increased. The eligible quantity is now six (6) items per year. For more information, consult the [Medical Supplies and Equipment Benefit Lists](#).

### AUDIOLOGY

#### Complete Hearing Assessments are Open Benefits

Complete hearing assessments (benefit code 99400639) are open benefits with a frequency guideline of one assessment every five (5) years. No prior approval is required within this period.

For information on prescriber requirements, information to provide and criteria, consult the [Guide for Medical Supplies and Equipment Benefits](#).

#### Hearing Aid Prior Approval Process Simplified

The requirement to submit the hearing aid manufacturer invoice to obtain a prior approval has been lifted.

Providers are still required to keep the hearing aid manufacturer invoice and the hearing aid serial number on file. When submitting a request for hearing aid repair or remake, the manufacturer's invoice may be required to validate that the most recent items are being sent for restoration.

#### Cochlear Implants Processors, Bone Anchored Hearing Systems Processors, Soft Bands and Two (2) New Codes for Parts Added to Benefit List

Cochlear Implants Processors (benefit code: right – 99401226 and left - 99401227), Bone Anchored Hearing Systems Processors (benefit code: right – 99401228 and left - 99401229), soft band (benefit code - 99401230), parts for cochlear implant (benefit code: 99400948) and parts for bone anchored hearing system (benefit code: 99400947) are now limited use benefits requiring prior approval. Details concerning coverage criteria, information required, provider/prescriber requirements and recommended replacement guidelines can be found in the [Guide for Medical Supplies and Equipment Benefits](#), and the [Medical Supplies and Equipment Benefit Lists](#).

## LIMB AND BODY ORTHOTICS

### New Benefit Codes for Upper and Lower Orthoses Repairs

In order to differentiate between right and left side repairs, the NIHB Program has created new benefit codes for upper and lower extremity orthoses repair. The existing codes (99400123 and 99400148) are now for right side repairs, and the new codes are for left side repairs.

Item	Benefit Code
Lower limb orthoses R, repair	99400123
Upper limb orthoses R, repair	99400148
Lower limb orthoses L, repair	99400945
Upper limb orthoses L, repair	99400946

## OXYGEN EQUIPMENT AND SUPPLIES

### Exertional Oxygen – Change of Coverage Criteria

The NIHB Program has amended the requirements for approval of exertional oxygen. Arterial Blood Gas (ABG) testing is no longer required, and the requirements for improvement in exercise capacity are clearly defined.

For additional information please refer to the [Guide for Medical Supplies and Equipment Benefits](#) under oxygen equipment and supplies benefit policies.

## RESPIRATORY EQUIPMENT AND SUPPLIES

### BPAP ST Added to Benefit List

Effective April 9, 2019, bi-level positive airway pressure with spontaneous and timed breathing (BPAP ST) (benefit code 99400851) devices are a limited use benefit (prior approval required). Previously, these items were covered on an exception basis.

Criteria for coverage of the BPAP ST can be found in the MS&E Guide. For additional information please refer to the [Guide for Medical Supplies and Equipment Benefits](#) under *section 9.4 Respiratory equipment and supplies benefit policies*.

## REMINDERS

### Information for Occupational Therapists and Physiotherapists to Recommend MS&E Items

Occupational therapists (OT) or physiotherapists (PT) may recommend medical supplies and equipment for NIHB Program coverage. Recommenders may use the Recommendation for Medical Supplies and Equipment Form ([provider.express-scripts.ca/medical-supplies-and-equipment/forms](http://provider.express-scripts.ca/medical-supplies-and-equipment/forms)). The NIHB Program will also accept other formats, as long as they include all required information noted in the [Guide for Medical Supplies and Equipment Benefits](#).

Please note that regardless of the recommendation format used, all requests should include a copy of the OT or PT assessment, which is required to determine if the client meets the Program criteria for the benefit(s) requested.

**Note:** OT/PT should not use the MS&E Prior Approval forms to recommend MS&E items, since these forms are reserved for providers.

### Prior Approval and Claim Verification

A prior approval (PA) is a confirmation by the NIHB Program, to a provider, of client eligibility for specific medical supply and equipment benefits.

All claims are subject to claim verification activities. This includes the cost indicated on the PA by the provider. For all claim verification activities, Express Scripts Canada may request supporting documentation to validate the information provided on the PA. This includes product purchase invoices to confirm actual acquisition cost and applicable regional mark-up. The PA form should indicate the date of service (if one-time item), or service period (for multiple dispenses).

For further information, please refer to *sections 1.3.2. Prior Approval and 6.3 Provider Audit Components* in the NIHB MS&E Claims Submission Kit, available at: [provider.express-scripts.ca/medical-supplies-and-equipment/claims-submission-kit](http://provider.express-scripts.ca/medical-supplies-and-equipment/claims-submission-kit).

### Requirements for Health Professional Prescriptions and Recommendations

Only health professionals who are recognized by the Program and operating within their scope of practice can initiate Prescriptions or recommendations for coverage of items under the NIHB Program.

The Program will not accept pre-populated prescription/recommendation forms generated by an MS&E provider's office. Submission of such forms may result in recovery of claim payment during the claims verification and audit process. For more information, refer to *section 1.3 Prescription requirements for MS&E items* in the [Guide for Medical Supplies and Equipment Benefits](#).

## Claiming Reimbursement for MS&E Items with a Maximum Price

When submitting a claim for payment for an item that has a price file, the actual acquisition cost and mark-up should be added together and entered in the "Item Cost" field. The "Mark Up" field should be left blank.

For open benefits, when the total of the actual acquisition cost plus mark-up exceeds the Program maximum price, the provider can apply for prior approval. Please provide the item's purchase invoice with a justification for the higher cost. If approved, the claim for payment should include the prior approval number and be submitted as indicated above.

## Manual and Power Wheelchair, Limb and Body Orthotics and Prosthetics Repairs – Clarification

The April 15, 2019 newsletter noted the creation of a price file for minor repairs for manual and power wheelchairs, limb and body orthotics and prosthetics. Through a special authorization, providers will now be able to perform minor repairs (after the warranty period has expired, and within the frequency period and price limit) without prior approval.

Providers may submit a request for prior approval at any time for repairs that may be required over the frequency guideline or maximum price. Repairs that are not covered under the warranty are eligible for coverage when supported by proper documentation.

## NIHB PROGRAM AND EXPRESS SCRIPTS CANADA CONTACT INFORMATION

### EXPRESS SCRIPTS CANADA

#### Provider Claims Processing Call Centre

*Please have your provider number  
readily available*

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 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 Provider Number  
prior to services being rendered*

##### Fax Completed

##### MS&E Provider Agreements 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 PROGRAM MS&E BENEFITS

#### First Nations and Inuit Health Branch Regional Offices

##### PRIOR APPROVALS

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

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	1-800-881-3921
Quebec	1-877-483-1575
	1-514-283-1575
Saskatchewan	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

### NIHB Forms

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