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NOTE: For information on Program policies and items covered, consult the [Guide for Medical Supplies and Equipment Benefits](#) and the [Medical Supplies and Equipment Benefit Lists](#).

NEW IN THIS EDITION

GENERAL BENEFITS

Recognition of Occupational Therapists and Physiotherapists to recommend MS&E items

Registered occupational therapists (OT) and physiotherapists (PT) are now recognized to recommend selected medical equipment and supplies, which are found in the General, Limb and Body Orthotics, Pressure Garments and Pressure Orthotics Benefit Lists. For more information on eligible items, consult the [Guide for Medical Supplies and Equipment Benefits](#) and the [Medical Supplies and Equipment Benefit Lists](#).

When accepting a recommendation from an OT or PT (refer to [Section 1.3](#) of the Guide for Medical Supplies and Equipment Benefits for prescription requirements of MS&E items), please create a new record for the OT or PT and enter their regulatory body licence number in the Prescriber ID field and the number 99 in the Prescriber ID Reference Number.

Change of Price – 4-Wheel Bariatric Walker and 2-Wheel Walker

The maximum price for the 4-wheel bariatric walker has increased to \$539.00 (benefit code: 99400934) and the 2-wheel walker has increased to \$225.00 (benefit code: 99400931). The revised prices are available on the Express Scripts Canada website under [MS&E Price Files](#).

Price Increase – Selected MS&E Items

Effective April 1, 2019, the reimbursement rate for selected MS&E equipment and supplies in the categories listed below has increased by 2.3%.

- Ostomy supplies
- Catheter supplies and equipment
- Incontinence supplies
- Wound supplies
- Breast pump, manual

This increase applies only to equipment and supplies that have an established price.

Detailed information is available in the [Medical Supplies and Equipment Benefit Lists](#).

Please note the new prices apply to items where the date of service is on or after April 1, 2019. If the date of service is earlier, claims will be reimbursed at the previous price.

Back-up Manual Wheelchair – Addition to the Benefit List

NIHB clients using a power wheelchair are eligible for a back-up standard manual wheelchair (benefit code 99400942). For more information, consult the [Guide for Medical Supplies and Equipment Benefits](#).

Silver Alginate Dressing – Increase in Eligible Quantity

Effective January 22, 2019, the maximum number of silver alginate dressings which can be claimed without prior approval is increased to 20 items per year. This applies to any combination of the following silver alginate dressing codes:

- 99401182
- 99401177
- 99401178
- 99401179

Prior approval is required if the recommended replacement guideline and/or maximum price is exceeded. Detailed information is available in the [General MS&E Benefits List](#).

Pessary – Addition to the Benefit List

Vaginal pessaries are now listed as an open benefit. Prior approval is not required for a pessary that is dispensed within the NIHB Program price and frequency guideline. Detailed information is available in the [Guide for Medical Supplies and Equipment Benefits](#) and in the [General MS&E Benefits List](#).

Medical Stroller – Change of Listing Status

Medical strollers are now listed as a limited use benefit requiring prior approval. More 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 in the [General MS&E Benefits List](#).

Manual and Power Wheelchair – Repair Price File Creation

Effective April 1, 2019, the Program will fund minor repairs to manual and power wheelchairs under a special authorization process at a maximum price of \$200.00 per year for manual wheelchairs (benefit code 99401223), and \$500.00 per year for power wheelchairs (benefit code 99401201). These prices include parts and labour, and will apply when the warranty on the wheelchair has expired.

When providers submit a prior approval for a new wheelchair or request a wheelchair repair for a chair that is already covered, a special authorization will be created to allow a provider to directly claim up to these maximum amounts for subsequent repairs. The special authorization will be effective from the wheelchair warranty expiration date to the wheelchair frequency limit (5 years for wheelchairs).

Prior to performing a repair, the provider must communicate with Express Scripts Canada to confirm if prior approval is required. The provider must keep in the client's file a description of previous repairs with dates, detailed cost breakdown of parts, labour time and rate. For repairs exceeding the maximum cost or frequency, a prior approval will continue to be required.

Providers should no longer use the repair codes (manual wheelchair - 99401223 and powered wheelchair - 99401201) to claim for parts that are not listed in the benefit list. Two codes have been created for parts that are not listed on the NIHB benefit list - 99400943 for manual wheelchair miscellaneous parts and 99400944 for power wheelchair miscellaneous parts.

For more information consult the [Guide for Medical Supplies and Equipment Benefits](#).

LIMB AND BODY ORTHOTICS

Limb and Body Orthotics – Repair Price File Creation (Class II and III Only)

Effective April 1, 2019, the Program will fund minor repairs to limb and body orthotics under a special authorization process at a maximum price of \$150.00 per year for lower limb and torso orthotics and \$200.00 per 2 years for upper limb orthotics. These prices include parts and labour, and will apply when the warranty has expired. This policy applies to items that have a replacement frequency guideline of more than one year and when the cost of repairs is less than the replacement cost.

When providers submit a prior approval for a new limb and body orthotics or request a repair for an existing limb or body orthotic, a special authorization will be created to allow a provider to directly claim up to these maximum amounts for subsequent repairs. The special authorization will be effective from the device warranty expiration date to the device frequency limit. For repairs exceeding the maximum cost or frequency, a prior approval will continue to be required.

Prior to performing a repair, the provider must communicate with Express Scripts Canada to confirm if prior approval is required. For all claims, the provider must keep in the client's file a description, with dates of previous repairs, detailed cost breakdown of parts, labour time and rate. Where prior approval is required, this information should be included with the submission.

For more information consult the [Guide for Medical Supplies and Equipment Benefits](#).

CUSTOM-MADE SHOES AND CUSTOM-MADE FOOT ORTHOTIC BENEFIT LIST

Price Increase – Custom-made Foot Orthotics, Pair

Effective April 1, 2019, the NIHB Program has increased the reimbursement rate for a pair of custom-made foot orthotics by 2.3%. The new price for a pair of custom-made foot orthotics is \$474.26. This increase does not apply to provider groups with whom NIHB has existing agreements.

Note that the new prices apply to items where the date of service is on or after April 1, 2019. If the date of service is earlier, claims will be reimbursed at the previous price.

Detailed information is available in the [Custom-made shoes and custom-made foot orthotics benefits list](#).

PROSTHETIC BENEFITS

Prosthetic Benefit – Repair Price File Creation

Effective April 1, 2019, the Program will fund minor repairs to prosthetic devices under a special authorization process at a maximum price of \$250.00 per year for lower limb prosthetic and \$250.00 every 2 years for upper limb prosthetic. These prices include parts and labour, and will apply when the warranty has expired.

When providers submit a prior approval for a new prosthetic device or request a repair for an existing prosthetic device, a special authorization will be created to allow a provider to directly claim up to these maximum amounts for subsequent repairs. The special authorization will be effective from the device warranty expiration date to the device frequency limit. For repairs exceeding the maximum cost or frequency, a prior approval will continue to be required.

Prior to performing a repair the provider must communicate with Express Scripts Canada to confirm if a prior approval is required. For all claims, the provider must keep in the client's file a description, with dates of previous repairs, detailed cost breakdown of parts, labour time and rate. Where prior approval is required, this information should be included with the submission.

For more information consult the [Guide for Medical Supplies and Equipment Benefits](#).

RESPIRATORY EQUIPMENT AND SUPPLIES

Positive Airway Pressure Devices – Rental Price File

Maximum rental prices have been established for APAP, BPAP and CPAP in all regions. The regional fee guides are available on the Express Scripts Canada website under [MS&E Price Files](#).

REMINDERS

Billing Above the Program Maximum Price – Information Required

In order to improve access, the NIHB Program has implemented a number of price files for medical supplies and equipment and changed the listing status of many items to open (no prior approval required). For open benefits with price maximums, the providers are not required to submit for prior approval if the price requested is at or below the Program price and that the item requested is within frequency.

When a maximum price is established by the Program, the provider cannot claim a markup on the reimbursement request since it is included in the price.

When the cost of the item requested exceeds the Program price file, the provider must submit the actual acquisition cost (AAC) and mark up (MU) and a justification as to how the item will better meet the client medical needs when compared to an item within the range of the price file. For certain mobility items such as manual wheelchairs, the order sheet is required. In addition, an Occupational Therapy or Physiotherapy report is required for non-standard items.

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., 10th 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

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|-------------------------------|----------------------------------|
| 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 | 1-306-780-8294 1-866-885-3933 |
| Yukon | 1-866-362-6717 |

British Columbia First Nations Health Authority

PRIOR APPROVALS

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

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| British Columbia | 1-604-666-3331 1-800-317-7878 |
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NIHB Forms

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