

# FAMILY & COMMUNITY SERVICES HEALTH SERVICES OSTOMY/INCONTINENCE PROGRAM

## **PURPOSE:**

The Health Services Ostomy/Incontinence Program is designed to assist clients with the purchase of supplies required for the direct management of ostomies (colostomy, ileostomy, urostomy) and catheterization. Incontinence supplies can also be provided for these individuals as well as for clients who utilize a wheelchair on a full time basis

## **WHO IS ELIGIBLE:**

1. Family & Community Services clients and their dependents who hold a valid Health Card indicating "Supplementary", "Ostomy" or "Full Basic" under the Basic Health Eligibility section (white card) or a "Y" under the "OTH" or "SUPP" in the "VALID ONLY FOR" box (yellow card)

NOTE: Nursing Home residents are not eligible for these supplies.

**Because it is publicly funded, the Health Services Program has a "payer of last resort" policy. Therefore, clients must not have any other medical coverage to be eligible for full benefits.**

## **BENEFITS:**

- I. Ostomy supplies
- II. In-dwelling catheters and related supplies
- III. External (condom) catheters and related supplies
- IV. Intermittent catheters and related supplies
- V. Incontinence Only supplies
- VI. Miscellaneous supplies

**Please refer to Appendix A for a detailed description of these benefits.**

The following items ARE NOT covered by the Health Services Ostomy/ Incontinence Program and would be the responsibility of the client:

1. gloves used for purposes other than ostomy, catheterization or incontinence. (i.e. general care by caretakers)
2. over the counter medications
3. stomach remedies
4. general purpose moisturizers (i.e. Lubriderm, Vaseline Intensive Care, etc)
5. prescription drugs

## **PRIOR APPROVAL:**

- All services require initial prior approval. Once approval is granted, it is in effect until the Health Card is no longer valid or the client's needs change.
- To apply for coverage, a completed Ostomy/ Incontinence Application form must be sent to Health Services for approval. These forms have designated areas for the physician's prescription and for the quantities and costs of all supplies required and may be printed from <http://www.gnb.ca/0017/Health%20Services/index-e.asp>.
- Applications may be mailed or faxed and normally a response will be provided within 1 business day of receipt.
- In emergencies, approval may be granted for one month only with a physician's prescription and an estimate from one supplier. A completed Ostomy/ Incontinence Application form must be submitted within a month to obtain on-going coverage.
- To change or add items to existing coverage, a physician's prescription and an estimate from client's pharmacy may be faxed to Health Services

## **PRESCRIPTIONS:**

- Are required for all items provided under the Program
- Are accepted from a physician or enterostomal therapist ONLY
- Must be dated, legible and clearly indicate the prescribing professional's name and signature

NOTE: Additional medical information may be requested in some situations.

## **CLAIM FORM COMPLETION:**

**Claim forms must be completed in full.**

Claims submitted for payment must include:

1. Client's I.D. number and expiry date of the Health Card
2. Client's full name
3. Client's complete address
4. Client's date of birth
5. Service Provider's Vendor number
6. Service Provider's business name
7. Service Provider's address
8. A complete description of the item(s) requested including specific type of product (i.e. pouch, wafer, night bag, intermittent catheter, etc.) and number of items in each package
9. Quantity(ies) of the item(s) requested
10. SERVICE CODE applicable to client's condition
11. Price of each item
12. HST shown separately below items billed
13. Authorized vendor signature
14. Date of service (date client received item(s))
15. Total amount billed
16. Verbal authorization number, if approved by fax

## **BENEFIT DETAILS:**

### **I. OSTOMY SUPPLIES:**

#### ***SERVICES ELIGIBLE:***

Wafers, flanges, seals, pouches, drainage bags (leg bags, night bags, tubing, leg straps, etc.); skin protection products, ointments, clamps, connectors and adapters, deodorizers, cleansing supplies, dressings, tape, belts, adhesives, etc.

#### ***FREQUENCY OF COVERAGE:***

Monthly. However, this program is monitored for quantities and frequency of purchases. Any situations that appear excessive will be questioned and may require justification documentation.

#### ***ELIGIBLE SERVICE PROVIDERS:***

Any pharmacy or medical supplier, licensed to operate in New Brunswick.

## **II. IN-DWELLING CATHETERS:**

### ***SERVICES ELIGIBLE:***

- In-dwelling catheters (Foley, Silastic, etc.); catheter trays, leg bags, night bags, tubing, straps, connectors and adapters, irrigation solution(saline); catheter tips (syringes), cleansing products, disinfectants, ointments and lubricants.

### ***FREQUENCY OF COVERAGE:***

Monthly. However, this program is monitored for quantities and frequency of purchases. Any situations that appear excessive will be questioned and may require justification documentation.

### ***ELIGIBLE SERVICE PROVIDERS:***

Any pharmacy or medical supplier, licensed to operate in New Brunswick.

## **III. EXTERNAL (condom) CATHETERS:**

### ***SERVICES ELIGIBLE:***

External (condom type) catheters; leg bags, night bags, tubing, straps, connectors and adapters and cleansing products, disinfectants, ointments and lubricants.

### ***FREQUENCY OF COVERAGE:***

Monthly. However, this program is monitored for quantities and frequency of purchases. Any situations that appear excessive will be questioned and may require justification documentation.

### ***ELIGIBLE SERVICE PROVIDERS:***

Any pharmacy or medical supplier, licensed to operate in New Brunswick.

## **IV. INTERMITTENT CATHETERS:**

### ***SERVICES ELIGIBLE:***

Intermittent catheters, lubricants and cleansing products. Catheter trays may be considered in some situations. Medical justification will be required.

### ***FREQUENCY OF COVERAGE:***

Monthly. However, this program is monitored for quantities and frequency of purchases. Any situations that appear excessive will be questioned and may require justification documentation.

### ***ELIGIBLE SERVICE PROVIDERS:***

Any pharmacy or medical supplier, licensed to operate in New Brunswick.

## **V. INCONTINENCE ONLY SUPPLIES:**

### ***SERVICES ELIGIBLE:***

Disposable and washable diapers, briefs, underpads and liners or inserts.

***FREQUENCY OF COVERAGE:***

Monthly. However, this program is monitored for quantities and frequency of purchases. Any situations that appear excessive will be questioned and may require justification documentation.

***ELIGIBLE SERVICE PROVIDERS:***

Any pharmacy or medical supplier, licensed to operate in New Brunswick.

**VI. MISCELLANEOUS SUPPLIES:**

***SERVICES ELIGIBLE:***

Bowel control products, gloves, dressings, disinfectants; lubricants, disposable wipes.

***FREQUENCY OF COVERAGE:***

Monthly. However, this program is monitored for quantities and frequency of purchases. Any situations that appear excessive will be questioned and may require justification documentation.

***ELIGIBLE SERVICE PROVIDERS:***

Any pharmacy or medical supplier, licensed to operate in New Brunswick.