

Medical Supplies and Equipment Benefits and Criteria

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The following Medical Supplies and Equipment lists contain the products and services provided as eligible benefits by the Non Insured Health Benefits (NIHB) Program, along with information pertaining to benefit codes, requirements for prior approval, and applicable frequency limitations:

1. Audiology Benefits and Criteria;
2. General Benefits and Criteria;
3. Orthotics and Custom Footwear Benefits and Criteria;
4. Oxygen Therapy Benefits and Criteria;
5. Pressure Garments and Pressure Orthotics Benefits and Criteria;
6. Prosthetics Benefits and Criteria; and
7. Respiratory Benefits and Criteria.

An A-Z Index of products within the Medical Supplies and Equipment benefit lists is also available for your reference.

Audiology Benefits and Criteria

Audiology Benefit Categories

- Hearing Aid, Bone Conduction;
- Hearing Aid, Conventional Analog;
- Hearing Aid, CROS/BiCROS;
- Hearing Aid, Programmable Analog; and
- Hearing Aid Services, Fees, Repairs and Supplies.

See the Audiology Benefit List for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

- Audiology benefits must be prescribed by a physician.
- Audiology benefits must be provided by an audiologist or hearing aid dispenser.

Prior Approval Process

For all audiology benefits, except batteries, a prior approval is required. The provider must contact the First Nations and Inuit Health Branch (FNIHB) Regional Office to initiate the prior approval process. For all new or replacement hearing aids, the Non-Insured Health Benefits Hearing Aid and Hearing Aid Repair Prior Approval Form (PDF version) is required.

In addition to the form, this documentation is required to support the request:

- The prescription;
- The most recent audiometric test (preferably 6 months or less);
- Current hearing aid information (in case of a replacement aid); and
- Other supporting medical documentation (as required).

If a prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/fitting/dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

For repairs, the same process applies. Once the provider has dispensed or repaired the hearing aid, the Non-Insured Health Benefits Hearing Aid and Hearing Aid Repair Confirmation Form (PDF version) must be completed. The signed form must then be returned to the FNIHB Regional Office and a copy maintained by the provider for audit purposes.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB appeal process. Under the category of audiology benefits, these include, but are not limited to:

Items used exclusively for sports, work or education (for example: FM equipment);
Items for cosmetic purposes;
Cochlear implants;
Assistive listening devices; and
Assistive speech devices.

Follow-up

Follow-up needs to be undertaken after the fitting of the hearing aids(s). If required, the trial period may need to be extended.

Repairs

Only the most recently fit or purchased aid per ear qualifies for maintenance, repairs and batteries. Repairs must:

- Restore the hearing aid to its original physical condition, allowing for normal wear and tear; and
- Result in the electroacoustic characteristics and any other features prescribed by the service provider to be matched to the original fitting.

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

Audiology Benefit List

List Terminology

Item Description:

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Hearing Aids, Bone Conduction

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Bone conduction hearing aid, left	99400257	Yes	As necessary, minimum of 5 years
Bone conduction hearing aid, right	99400258	Yes	As necessary, minimum of 5 years

Hearing Aids, Conventional Analog

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Behind the ear hearing aid, left	99400247	Yes	As necessary, minimum of 5 years
Behind the ear hearing aid, right	99400248	Yes	As necessary, minimum of 5 years
Custom hearing aid, left	99400249	Yes	As necessary, minimum of 5 years
Custom hearing aid, right	99400250	Yes	As necessary, minimum of 5 years

Hearing Aids, CROS/BICROS

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
CROS (specify better hearing ear)	99400255	Yes	As necessary, minimum of 5 years
BICROS (specify better hearing ear)	99400256	Yes	As necessary, minimum of 5 years

Hearing Aids, Programmable, Analog

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Behind the ear hearing aid, left	99400251	Yes	As necessary, minimum of 5 years
Behind the ear hearing aid, right	99400252	Yes	As necessary, minimum of 5 years
Custom hearing aid, left	99400253	Yes	As necessary, minimum of 5 years
Custom hearing aid, right	99400254	Yes	As necessary, minimum of 5 years

Hearing Aid Service Fees

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Assessment/Fitting/ Dispensing Fee, left ear	99400260	Yes	As necessary, minimum of 5 years
Assessment/Fitting/ Dispensing Fee, right ear	99400261	Yes	As necessary, minimum of 5 years
Complete Hearing Assessment (performed bilaterally) - physician prescription - (Complete Hearing Assessment not applicable for clients in B.C.)	99400639	Yes	5 years
Hearing Aid Performance Check/Readjustment (must be client initiated), left ear	99400640	Yes	1 per year (At least 1 year following issue of the hearing aid)
Hearing Aid Performance Check/Readjustment (must be client initiated), right ear	99400641	Yes	1 per year (At least 1 year following issue of the hearing aid)
Hearing Re-assessment (partial) (performed bilaterally - physician or client initiated)	99400642	Yes	2 years
Hearing Aid Return fee, left	99400264	Yes	
Hearing Aid Return fee, right	99400265	Yes	
Repairs and/or remake by manufacturer, left aid	99400270	Yes	outside warranty period
Repairs and/or remake by manufacturer, right aid	99400271	Yes	outside warranty period
Repairs out of office, dispenser service fee, left	99400272	Yes	
Repairs out of office dispenser service fee, right ear	99400273	Yes	
In office service fee (includes supplies if necessary), left maximum \$20.00	99400274	No	1 per year
In office service fee (includes supplies if necessary), right maximum \$20.00	99400275	No	1 per year
Replacement ear mold & impression fee, left, child	99400268	No	4 per year
Replacement ear mold & impression fee, left, adult	99400245	No	1 per 2 years
Replacement ear mold & impression fee, right, child	99400269	No	4 per year
Replacement ear mold & impression fee, right, adult	99400246	No	1 per 2 years

Hearing Aid Supplies Outside Manufacturer Price List

Manufacturer Supplies and Costs On Attached List As Per HCCI Agreement; no coding required.

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Batteries, left hearing aid	99400259	No	maximum 12 units every 3 months per aid
Batteries, right hearing aid	99400643	No	maximum 12 units every 3 months per aid
Accessories/supplies maximum \$50.00	99400276	No	1 per 2 years

General Benefits and Criteria

General Benefit Categories

- Bathing and Toileting Aids
- Cushions and Protectors
- Environmental Aid
 - Dressing Aids
 - Feeding Aids
 - Lifting and Transfer Aids
 - Miscellaneous Supplies and Equipment
- Mobility Aids
 - Walking Aids and Accessories
 - Wheelchairs, wheelchair cushions and parts
- Ostomy Supplies and Devices
- Urinary Supplies and Equipment
 - Catheter Supplies and Equipment
 - Incontinence Supplies
- Wound Dressing Supplies
 - Adhesive Tapes and Dressing Strips
 - Bandages
 - Dressings
 - Other Dressings

See the General Benefit List for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

- General MS&E benefits must be prescribed by a physician.
- General MS&E benefits must be provided by a recognized pharmacy or medical supply and equipment provider.

Prior Approval Process

When a prior approval is required, the provider must contact the First Nations and Inuit Health Branch (FNIHB) Regional Office to initiate the process. The Non-Insured Health Benefits General Medical Supplies and Equipment Prior Approval Form (PDF version) must be completed. In addition to the form, this documentation is required to support the request:

- The prescription; and
- Other supporting medical documentation (as required).

If a prior approval is granted, a Prior Approval (PA) number will be provided for billing purposes. Only then should the provider proceed with the fabrication/ fitting/dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

On the prior approval form, providers are required to include a cost estimate of the delivery codes 99400819 and 99400820.

In the case of a repair, although a prescription is no longer required, the Non-Insured Health Benefits (NIHB) General Medical Supplies and Equipment (MS&E) Prior Approval Form must be completed and include the reason for the request.

Note to Ontario Providers: Providers must first contact the Assistive Devices Program (ADP) of the Ontario Ministry of Health for coverage of these benefits for Ontario residents.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB appeal process. Under the category of general MS&E benefits, these include, but are not limited to:

- Items used exclusively for sports, work or education;
- Items for cosmetic purposes;
- Scooters;
- Hospital beds and mattresses; and
- Grab bars permanently fixed.

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

General Benefit List**List Terminology****Item Description:**

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Bathing and Toileting Aids

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Bath chair lift manual (water powered)	99400474	Yes	5 years
Bedpan	99400294	No	3 years
Bench/stool, adjustable/seat/arms	99400295	Yes	5 years
Commode, standard, purchase	99400296	Yes	5 years
Commode, standard, rental	99400297	Yes	
Elevated (raised) toilet seat (standard)	99400298	No	3 years
Elevated (raised) toilet seat (with arms)	99400299	Yes	3 years
Grab bar for tub (non-permanent)	99400649	No	3 years
Grab bar toilet (non-permanent)	99400300	No	5 years
Mat, tub, non-slip	99400301	No	2 years
Safety frame for toilet	99400302	Yes	5 years
Shower-commode chair	99400303	Yes	5 years
Tub transfer bench	99400304	Yes	5 years
Tub transfer board	99400305	Yes	5 years
Urinal	99400306	No	3 years
Bathing & Toileting Aid Benefit Repairs	99400307	Yes	

Cushions and Protectors

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Elbow protector	99400308	No	5 years
Foot elevator	99400309	No	5 years
Heel protector, 1 pair	99400310	No	1 year
Invalid ring	99400311	No	3 years
Cushion moulded back	99400312	Yes	10 years
Cushion moulded seat	99400313	Yes	10 years
Pad, Pressure relief pad-bed, foam	99400314	Yes	3 years
Pad, Pressure relief pad, wedge	99400315	Yes	3 years
Quad knee separator	99400316	No	3 years
Cushion, Moulded cushion repairs	99400470	Yes	

Dressing Aids

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Button hook	99400277	No	5 years
Dressing hook	99400278	No	5 years
Long handle shoe horn	99400279	No	5 years
Reacher	99400280	No	5 years
Sock/stocking aid (previously quad grip aid)	99400281	No	5 years

Feeding Aids

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Feeding pump rental	99400282	Yes	
Feeding pump purchase	99400283	Yes	5 years
Feeding pump pole (IV pole)	99400284	Yes	Lifetime
Feeding pump supplies, bags 1000ml (liquid nutrition not a benefit)	99400285	No	400 per year
Feeding pump supplies, bags 1500ml (liquid nutrition not a benefit)	99400650	No	400 per year
Gravity feeding supplies, delivery sets w/bags	99400651	No	400 per year
Gravity feeding supplies, delivery sets without bags	99400652	No	400 per year
Gravity feeding supplies, bags	99400653	No	400 per year
Gravity feeding supplies, rigid containers	99400654	No	24 per year
Other enteral feeding supplies, gastrostomy catheters/tubes	99400655	No	12 per year
Other enteral feeding supplies, nasogastric tube	99400286	No	24 per year
Other enteral feeding supplies, extension sets	99400656	No	12 per year
Other enteral feeding supplies, adaptors/plugs	99400657	No	12 per year
Built-up (padded) handle OR universal cuff	99400287	No	5 years
Food guard	99400288	No	5 years
Mat, feeding aids, non-slip	99400289	No	5 years
Specialized utensils, fork OR spork	99400290	No	5 years
Specialized utensils, knife	99400291	No	5 years
Specialized utensil, spoon	99400292	No	5 years
Feeding Aid Benefit Repairs	99400293	Yes	

Miscellaneous Supplies and Equipment

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Breast pump, manual	99400317	Yes	Lifetime
Breast pump, electric, rental	99400658	Yes	
Gloves, latex/vinyl, 100/box	99400318	No	12 boxes per year
Irrigation solution (large volume, pour bottle)	99400319	No	

Irrigation syringe (60cc funnel tip)	99400320	No	24 per year
Medic Alert Bracelet (standard)	99400471	Yes	Lifetime
Other recycled MS&E items	99400818	Yes	

Lifting and Transfer Aids

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Floor to ceiling pole	99400321	Yes	Lifetime
Grab bar, for bed, non-permanent, purchase	99400322	Yes	10 years
Grab bar, for bed, non-permanent, rental	99400323	Yes	
Lift, manual	99400475	Yes	10 years
Lift, hydraulic (powered)	99400324	Yes	10 years
Lift, hydraulic, standard	99400325	Yes	10 years
Recycled lift hydraulic, powered	99400817	Yes	10 years
Recycled lift hydraulic, standard	99400816	Yes	10 years
Sling/hammock	99400326	Yes	2 per 2 years
Transfer Belt	99400327	No	1 year
Transfer Board	99400328	No	10 years
Trapeze, purchase	99400329	Yes	Lifetime
Trapeze, rental	99400330	Yes	
Lifting/transfer Aid Benefit Repairs	99400331	Yes	

Mobility Aids: Walking Aids

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Cane, aluminium adjustable, single	99400332	No	Lifetime
Cane, aluminium adjustable, quad	99400333	No	Lifetime
Crutches, axillary - purchase, pair	99400335	No	2 years
Crutches, axillary - rental, pair	99400336	Yes	
Crutches, specialized, purchase, pair (forearm)	99400337	Yes	5 years
Delivery mobility service	99400819	Yes	
Recycled walker, standard	99400812	Yes	5 years
Recycled wheeled walker	99400813	Yes	5 years
Walker, standard-purchase	99400338	Yes	5 years
Walker, standard-rental	99400339	Yes	
Walker, wheeled-purchase	99400340	Yes	5 years
Walker, wheeled-rental	99400341	Yes	
Walker repairs	99400342	Yes	

Mobility Aids: Walking Aids - Accessories

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Crutch, hand grips	99400343	No	2 per year
Crutch, pads	99400344	No	2 per year

Tips (ice picks)	99400345	No	1 per 2 years
Tips (rubber)	99400346	No	1 per year
Walker glide brakes	99400347	No	2 years
Walker wheels	99400348	No	2 years

Mobility Aids: Wheelchairs

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Recycled manual wheelchair	99400814	Yes	5 years
Wheelchair, Manual, conventional, purchase	99400349	Yes	5 years
Wheelchair, Manual, conventional, rental	99400350	Yes	

Mobility Aids: Wheelchair Cushions and Parts (Back Support)

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Back, complex moulded (foam in place), child	99400659	Yes	3 years
Back, complex moulded (foam in place), adult	99400353	Yes	4 years
Back, flat, child	99400660	Yes	2 years
Back, flat, adult	99400357	Yes	3 years
Back, flat, cover, child	99400661	Yes	2 years
Back, flat, cover, adult	99400662	Yes	2 years
Back, sculptured custom-shaped, child	99400663	Yes	2 years
Back, sculptured custom-shaped, adult	99400358	Yes	4 years
Back, sculptured, cover, child	99400664	Yes	2 years
Back, sculptured, cover, adult	99400359	Yes	2 years
Back, simple moulded (foam in place), child	99400665	Yes	3 years
Back, simple moulded (foam in place), adult	99400360	Yes	3 years

Mobility Aids: Wheelchair Cushions and Parts (Seats)

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Pelvic stabilizer, one, child	99400666	Yes	3 years
Pelvic stabilizer, one, adult	99400367	Yes	5 years
Pelvic stabilizer, pair, child	99400667	Yes	3 years
Pelvic stabilizer, pair, adult	99400368	Yes	5 years
Seat, complex designed, custom cover, child	99400668	Yes	2 years
Seat, complex designed, custom cover, adult	99400361	Yes	2 years
Seat, custom moulded (foam in place), adult only	99400363	Yes	3 years
Seat, custom-shaped, child	99400669	Yes	2 years
Seat, custom-shaped, adult	99400364	Yes	3 years
Seat, flat, child	99400670	Yes	2 years
Seat, flat, adult	99400671	Yes	3 years

Seat, sculptured, child	99400672	Yes	2 years
Seat, sculptured, adult	99400369	Yes	3 years
Wheelchair cushions (back & seat) repairs	99400673	Yes	

Mobility Aids: Wheelchair Cushions and Parts (Wheelchair Parts)

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Arm rest, fixed support, one piece	99400372	Yes	
Arm rest, fixed support, one piece, pads	99400674	Yes	
Arm rest, fixed support, one piece, hardware	99400675	Yes	
Arm rest, fixed support, multi component	99400676	Yes	
Arm rest, fixed support, multi components, pad	99400677	Yes	
Arm rest, fixed support, multi components, hardware	99400678	Yes	
Arm rest, movable	99400679	Yes	
Axle plate	99400373	Yes	
Back rest, child	99400680	Yes	
Back rest, adult	99400374	Yes	
Calf board, child	99400681	Yes	
Calf board, adult	99400682	Yes	
Castor	99400376	Yes	
Castor fork	99400377	Yes	
Castor housing	99400378	Yes	
Castor housing dust cover	99400379	Yes	
Castor plate	99400380	Yes	
Crossbrace	99400381	Yes	
Elevating legrest/footrest	99400382	Yes	
Footplate	99400383	Yes	
Footplate extension	99400683	Yes	
Footrest, fixed, child	99400684	Yes	
Footrest, fixed, adult	99400685	Yes	
Footrest, adjustable, child	99400686	Yes	
Footrest, adjustable, adult	99400687	Yes	
Footrest, "L" shaped, child	99400688	Yes	
Footrest, "L" shaped, adult	99400689	Yes	
Foot box, child	99400690	Yes	
Foot box, adult	99400691	Yes	
Foot pocket, child	99400692	Yes	
Foot pocket, adult	99400693	Yes	
Frontrigging	99400384	Yes	
Growable frame	99400385	Yes	
Handrim	99400386	Yes	
Head rest, complex designed, child	99400694	Yes	
Head rest, complex designed, adult	99400695	Yes	
Head rest, contoured, child	99400696	Yes	
Head rest, contoured, adult	99400697	Yes	
Head rest flat, adjustable, child	99400700	Yes	

Head rest flat, adjustable, adult	99400701	Yes	
Heel loop	99400387	Yes	
Interfacing/mounting, strap, children only	99400702	Yes	
Interfacing/mounting, simple seat	99400703	Yes	
Interfacing/mounting, simple back	99400704	Yes	
Interfacing/mounting, simple	99400705	Yes	
Interfacing mounting, complex	99400706	Yes	
Neck rest, adjustable, child	99400707	Yes	
Neck rest, adjustable, adult	99400708	Yes	
Neck rest with headrest, adjustable, child	99400709	Yes	
Neck rest with headrest, adjustable, adult	99400710	Yes	
Pommel, fixed, child	99400711	Yes	
Pommel, fixed, adult	99400712	Yes	
Pommel, removable, child	99400713	Yes	
Pommel, removable, adult	99400714	Yes	
Push handle/backrest tube	99400388	Yes	
Push to lock wheel locks	99400389	Yes	
Quick-release axle pin	99400390	Yes	
Rear Wheel Hub	99400391	Yes	
Restraint, ankle	99400715	Yes	
Restraint, butterfly	99400716	Yes	
Restraint, calf	99400375	Yes	
Restraint, chest	99400717	Yes	
Restraint, complex	99400718	Yes	
Restraint, pads	99400719	Yes	
Restraint, pelvic, child	99400720	Yes	
Restraint, pelvic, adult	99400392	Yes	
Seat sling	99400393	Yes	
Spokes	99400394	Yes	
Tire	99400395	Yes	
Tray, elevating, child	99400721	Yes	1 per 2 years
Tray, elevating, adult	99400722	Yes	1 per 5 years
Tray, standard, child	99400723	Yes	1 per 2 years
Tray, standard, adult	99400724	Yes	1 per 5 years
Tray, tilting, child	99400725	Yes	1 per 2 years
Tray, tilting, adult	99400726	Yes	1 per 5 years
Wheel lock	99400396	Yes	
Wheelchair Repairs	99400397	Yes	

Ostomy Supplies and Devices

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Absorbent flakes/ capsules	99400409	Yes	2 pkgs of 90 per year
Adhesive removers	99400476	Yes	6 boxes per year

Belt, ostomy	99400400	Yes	3 per year
Closed pouch two-piece colostomy/ileostomy system	99400414	Yes	120 per 3 months
Continent diversion dressing - 4"x4" - clean gauze (for clients with a continent diversion and are in lieu of pouches)	99400728	Yes	400 per 3 months
Convex inserts	99400401	Yes	30 per 3 months
Drainable pouch two-piece colostomy/ileostomy system	99400415	Yes	30 per 3 months
Filters	99400402	Yes	2 boxes of 50 per year
Flange for two-piece ostomy system	99400742	Yes	50 per 3 months
Flange, convex for two-piece ostomy system	99400743	Yes	50 per 3 months
Gel lubricant	99400403	Yes	12 per year
Irrigation kit for ostomies	99400737	Yes	1 per 3 months
Mucus dispersant	99400782	No	
Odor control product concentrate (for inside pouch only)	99400404	Yes	12 per year
One-piece closed-end colostomy pouch with seal	99400729	Yes	120 per 3 months
One-piece drainable colostomy/ileostomy pouch with adhesive or Karaya	99400406	Yes	30 per 3 months
One-piece drainable colostomy/ileostomy pouch convex	99400730	Yes	50 per 3 months
One-piece urostomy pouch	99400731	Yes	50 per 3 months
One-piece urostomy pouch, convex	99400732	Yes	50 per 3 months
Ostomy barrier powder	99400398	Yes	
Ostomy irrigation sleeves	99400738	Yes	30 per 3 months
Plastic faceplate	99400739	Yes	3 per 3 months
Pouch cover	99400783	Yes	4 per year
Protective skin wipes/spray	99400411	Yes	4 boxes per year
Skin barrier/wafer	99400410	Yes	50 per 3 months
Skin barrier paste	99400408	Yes	3 per 3 months
Stoma cone for irrigation	99400412	Yes	6 cones per year
Urostomy pouch for two-piece system	99400745	Yes	30 per 3 months

Catheter Supplies and Equipment

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Adaptors/connectors/closures (catheters)	99400417	Yes	
Adhesive strips, generic, for external catheters	99400747	Yes	
Catheter plug	99400424	Yes	
Catheter tray, catheterization	99400425	Yes	
Catheter tray, irrigation	99400426	Yes	
Drainage bags, leg straps	99400427	Yes	
Drainage bags, w/tubing, disposable	99400428	Yes	
Drainage bags, w/tubing, reusable	99400429	Yes	
Drainage bags, w/out tubing, disposable	99400430	Yes	
Drainage bags, w/out tubing, reusable	99400431	Yes	
Drainage night bag, reusable	99400433	Yes	
Extension tubing	99400434	Yes	
External catheter with removable tip	99400748	Yes	

External catheters, disposable	99400418	Yes	
External catheters, reusable	99400419	Yes	
Indwelling catheters	99400420	Yes	
Intermittent catheters, disposable	99400421	Yes	
Irrigation catheters	99400423	Yes	
Irrigation solution	99400319	No	
Irrigation syringe	99400320	No	24 per year
Lubricating jelly	99400435	Yes	
Suspensory belt/ sheath	99400413	Yes	

Incontinence Supplies

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Delivery incontinence items	99400820	Yes	
Diaper disposable, child over 2 years of age	99400752	Yes	450 per 3 months
Diaper disposable, large adult	99400751	Yes	450 per 3 months
Diaper disposable, large/extra large, child over 2 years of age	99400753	Yes	450 per 3 months
Diaper disposable, medium, adult	99400440	Yes	450 per 3 months
Diaper disposable, small, youth, adult	99400750	Yes	450 per 3 months
Diaper/brief reusable, adult	99400441	Yes	
Diapers (undergarments) reusable, child over 2 years of age	99400754	Yes	
Liners, disposable	99400438	Yes	
Liners, reusable	99400439	Yes	
Pant, briefs, disposable	99400436	Yes	450 per 3 months
Pant, (brief) mesh, reusable	99400755	Yes	3 per month
Underpads, disposable	99400442	Yes	
Underpads, reusable	99400443	Yes	

Adhesive Tapes and Dressing Strips

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Adhesive suture strips	99400446	Yes	
Adhesive tape, hypoallergenic	99400444	No	
Adhesive tape, non-hypoallergenic	99400445	No	
Montgomery ties (set)	99400447	No	

Bandages

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Conforming gauze bandages	99400448	No	
Elastic tensor bandages	99400449	No	8 per year
Impregnated venous ulcer bandages	99400450	No	
Tubular net dressing	99400451	No	

Dressings

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Absorptive dressing	99400452	No	
Alginates/Hydrofibres dressing	99400454	Yes	
Charcoal dressing	99400455	Yes	
Composite dressing	99400811	Yes	
Foam dressing medicated/non-medicated	99400456	Yes	
Gauze, abdominal pad dressing	99400457	No	
Gauze, non-sterile dressing, 2x2	99400196	No	
Gauze, non-sterile dressing, 3x3	99400756	No	
Gauze, non-sterile dressing, 4x4	99400458	No	
Gauze, non-sterile dressing, 6x8	99400757	No	
Gauze, sterile dressing, 2x2	99400459	No	
Gauze, sterile dressing, 3x3	99400759	No	
Gauze, sterile dressing, 4x4	99400760	No	
Gel/hydrogel dressing	99400460	Yes	
Hydrocolloid dressing	99400461	Yes	
Iodine dressing	99400810	Yes	
Non-adherent dressing, impregnated	99400462	Yes	
Non-adherent dressing, non-impregnated	99400463	Yes	
Silver dressing	99400809	Yes	
Transparent film dressings, (adhesive)	99400464	Yes	
Transparent film dressings, (spray-on)	99400465	Yes	

Other Dressings

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Eye pads	99400466	No	
Eye shield	99400467	No	
Packing strips	99400468	No	
Sterile saline, pour bottle	99400469	No	

Orthotics and Custom Footwear Benefits and Criteria**Orthotics Benefit Categories**

- Limb Orthoses - Lower Extremities;
- Limb Orthoses - Upper Extremities;
- Head - Torso - Spine Orthoses; and
- Orthotic Supplies.

Custom Footwear Benefit Categories

- Custom footwear;
- Custom Made Internal Footwear Devices; and
- Modifications to stock footwear.

See the Orthotics and Custom Footwear Benefit List for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

Orthotic and custom footwear benefits must be prescribed by:

Limb and body orthotic devices:

- Class I (soft): A physician.
- Class II (rigid): A medical or surgical specialist in the field of physiatry, orthopedics, plastic surgery, neurology, rheumatology, pediatrics, geriatrics or general surgery.
- Class III (custom-made): A medical or surgical specialist in the field of physiatry, orthopedics, plastic surgery, neurology, rheumatology, pediatrics, geriatrics or general surgery.

Custom made footwear, custom made internal footwear device or modifications to stock footwear:

- Custom made footwear: medical or surgical specialist in the field of physiatry, orthopedics, plastic surgery, neurology, rheumatology, pediatrics, geriatrics, general surgery or infectious diseases.
- Custom made internal footwear devices (foot orthotics) and modifications to stock footwear: general practitioner or medical or surgical specialist in the field of physiatry, orthopedics, plastic surgery, neurology, rheumatology, pediatrics, geriatrics, general surgery or infectious diseases.

Orthotic and custom footwear benefits must be provided by:

Limb and body orthotic devices:

- Class I (soft): Certified Orthotist(c). Note: foam cervical collar, abdominal support, hernia truss and sacral or lumbosacral support, cloth or elastic braces with or without steel stays can be provided by pharmacy and Medical Supplies and Equipment (MS&E) providers.
- Class II (rigid): Certified Orthotist CO(c), Certified Prosthetist CP(c) or Certified Prosthetist Orthotist CPO(c) as certified by the Canadian Board for the Certification of Prosthetists and Orthotists (CBCPO).
- Class III (custom made): Certified Orthotist CO(c), Certified Prosthetist CP(c) or Certified Prosthetist Orthotist CPO(c) as certified by the Canadian Board for the Certification of Prosthetists and Orthotists (CBCPO).

Custom made footwear, custom made internal footwear device or modifications to stock footwear:

- Certified Orthotist CO (c);
- Certified Prosthetist Orthotist CPO (c);
- Doctor of Podiatric Medicine;
- Podiatrist; or

- Pedorthist.

Prior Approval Process

When a prior approval is required, the provider must contact the FNIHB Regional Office to initiate the prior approval process. The NIHB Prior Approval Form for Orthotics, Custom Footwear, Prosthetics and Pressure Garments (PDF version) must be completed. In addition to the prior approval form, this documentation is required to support the request:

- The prescription;
- The medical diagnosis;
- The detailed assessment (with casting, measurements, tracings and/or images of the foot when applicable); and
- Other supporting medical documentation.

If a prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication, fitting and dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

Clients must sign the prior approval form to confirm that they have received the items. The Non-Insured Health Benefits (NIHB) Program reserves the right to require this form for audit purposes.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB appeal process. Under the category of orthotic and custom footwear benefits, these include, but are not limited to:

- Products and/or services for cosmetic purposes;
- Items used exclusively for sports, work or education;
- Foot products manufactured only from laser or optical scanning or computerized gait and pressure analysis systems;
- Therapeutic devices including electrospinal orthosis, transcutaneous/neuromuscular neurostimulators, direct passive movement devices and electromagnetic stimulators for osseous growth; and
- Therapeutic and/or orthopedic footwear off the shelf.

Services Included In Price

These services are to be included in the price of the benefit:

- Initial assessment to determine type of benefit required;
- Casting of the body part for the manufacturing of the device;
- Manufacturing of device; and
- Dispensing of the benefit, which includes the adjustment and fitting.

Warranty

The manufacturer/provider warranty will include that the:

- Fit of the custom footwear or custom-made orthoses moulded to client model will remain satisfactory for three (3) months, and custom-made orthoses moulded to client will remain satisfactory for thirty (30) days except when there has been a change in the client's medical condition or size which would prevent satisfactory fit; and
- Custom-made orthoses moulded to client model is guaranteed against breakage for six (6) months, and custom-made orthoses moulded to client is guaranteed against breakage for two (2) months.

As a minimum, the warranty must specify that during the warranty period:

- The provider will provide or cause to be provided any service including repairs or replacements of the authorized device or any components free of charge;
- Repairs and services are the responsibility of the vendor, manufacturer or service designate; and
- Where there is repeated technical failure, the device will be replaced by the provider at no cost to the NIHB Program.

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

Orthotics Benefit List

List Terminology

Item Description:

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Limb Orthoses - Lower Extremity

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Ankle, soft, left	99400574	Yes	Soft - Class I 1 year
Ankle, rigid, left	99400575	Yes	Rigid - Class II 2 years
Ankle, custom, left	99400576	Yes	Custom Class III 2 years
Ankle, soft, right	99400577	Yes	Soft - Class I 1 year
Ankle, rigid, right	99400578	Yes	Rigid - Class II 2 years
Ankle, custom, right	99400579	Yes	Custom Class III 2 years
Ankle foot, soft, left	99400095	Yes	Soft - Class I 1 year

Ankle foot, rigid, left	99400096	Yes	Rigid - Class II 2 years
Ankle foot, custom, left	99400580	Yes	Custom Class III 2 years
Ankle foot, soft, right	99400097	Yes	Soft - Class I 1 year
Ankle foot, rigid, right	99400098	Yes	Rigid - Class II 2 years
Ankle foot, custom, right	99400581	Yes	Custom Class III 2 years
Knee, soft, left	99400099	Yes	Soft - Class I 1 year
Knee, rigid, left	99400100	Yes	Rigid - Class II 2 years
Knee, custom, left	99400582	Yes	Custom Class III 2 years
Knee, soft, right	99400101	Yes	Soft - Class I 1 year
Knee, rigid, right	99400102	Yes	Rigid - Class II 2 years
Knee, custom, right	99400583	Yes	Custom Class III 2 years
Knee ankle foot, rigid, left	99400104	Yes	Rigid Class II 2 years
Knee ankle foot, custom, left	99400584	Yes	Custom Class III 2 years
Knee ankle foot, rigid, right	99400106	Yes	Rigid Class II 2 years
Knee ankle foot, custom, right	99400585	Yes	Custom Class III 2 years
Hip knee ankle foot, rigid, left	99400112	Yes	Rigid Class II 2 years
Hip knee ankle foot, custom, left	99400586	Yes	Custom Class III 2 years
Hip knee ankle foot, rigid, right	99400114	Yes	Rigid Class II 2 years
Hip knee ankle foot, custom, right	99400587	Yes	Custom Class III 2 years
Hip orthosis, soft, left	99400115	Yes	Soft - Class I 1 year
Hip orthosis, rigid, left	99400116	Yes	Rigid - Class II 2 years
Hip orthosis, custom, left	99400778	Yes	Custom Class III 2 years
Hip orthosis, soft, right	99400117	Yes	Soft - Class I 1 year
Hip orthosis, rigid, right	99400118	Yes	Rigid - Class II 2 years
Hip orthosis, custom, right	99400779	Yes	Custom Class III 2 years
Patella tendon bearing knee, custom, left	99400588	Yes	Custom Class III 2 years
Patella tendon bearing knee, custom, right	99400589	Yes	Custom Class III 2 years
Thoracic hip knee ankle foot (reciprocating gait mechanism), custom	99400590	Yes	Custom Class III 2 years
Repairs - Lower extremity limb orthosis	99400123	Yes	

Limb Orthoses - Upper Extremity

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Elbow, soft, left	99400124	Yes	Soft - Class I 1 year
Elbow, rigid, left	99400125	Yes	Rigid - Class II 2 years

Elbow, custom, left	99400592	Yes	Custom Class III 2 years
Elbow, soft, right	99400126	Yes	Soft - Class I 1 year
Elbow, rigid, right	99400127	Yes	Rigid - Class II 2 years
Elbow, custom, right	99400593	Yes	Custom Class III 2 years
Finger, single digit, soft, left (specify digit)	99400132	Yes	Soft - Class I 1 year
Finger, multiple digits, soft, left (specify digits)	99400594	Yes	Soft - Class I 1 year
Finger, single digit, rigid, left (specify digit)	99400133	Yes	Rigid - Class II 2 years
Finger, multiple digits, rigid, left (specify digits)	99400595	Yes	Rigid - Class II 2 years
Finger, single digit, custom, left	99400596	Yes	Custom Class III 2 years
Finger, multiple digits, custom, left	99400597	Yes	Custom Class III 2 years
Finger, single digit, soft, right (specify digit)	99400134	Yes	Soft - Class I 1 year
Finger, multiple digits, soft, right (specify digits)	99400598	Yes	Soft - Class I 1 year
Finger, single digit, rigid, right (specify digit)	99400135	Yes	Rigid - Class II 2 years
Finger, multiple digits, rigid, right (specify digits)	99400599	Yes	Rigid - Class II 2 years
Finger, single digit, custom, right	99400600	Yes	Custom Class III 2 years
Finger, multiple digits custom, right	99400601	Yes	Custom Class III 2 years
Shoulder, soft, left	99400602	Yes	Soft - Class I 1 year
Shoulder, rigid, left	99400603	Yes	Rigid - Class II 2 years
Shoulder, custom, left	99400604	Yes	Custom Class III 2 years
Shoulder, soft, right	99400605	Yes	Soft - Class I 1 year
Shoulder, rigid, right	99400606	Yes	Rigid - Class II 2 years
Shoulder, custom, right	99400607	Yes	Custom Class III 2 years
Shoulder elbow, soft, left	99400608	Yes	Soft - Class I 1 year
Shoulder elbow, rigid, left	99400609	Yes	Rigid - Class II 2 years
Shoulder elbow, custom, left	99400610	Yes	Custom Class III 2 years
Shoulder elbow, soft, right	99400611	Yes	Soft - Class I 1 year
Shoulder elbow, rigid, right	99400612	Yes	Rigid - Class II 2 years
Shoulder elbow, custom, right	99400613	Yes	Custom Class III 2 years
Shoulder, elbow, wrist, hand, custom, left	99400591	Yes	Custom Class III 2 years
Shoulder, elbow, wrist, hand, custom, right	99400780	Yes	Custom Class III 2 years
Wrist hand, soft, left	99400140	Yes	Soft - Class I 1 year
Wrist hand, rigid, left	99400141	Yes	Rigid - Class II 2 years
Wrist, hand, custom, left	99400614	Yes	Custom class III 2 years
Wrist hand, soft, right	99400142	Yes	Soft - Class I 1 year
Wrist hand, rigid, right	99400143	Yes	Rigid - Class II 2 years
Wrist, hand, custom, right	99400615	Yes	Custom class III 2 years
Wrist, hand, finger, soft, left	99400144	Yes	Soft Class I 1 year
Wrist hand finger, rigid, left	99400145	Yes	Rigid - Class II 2 years
Wrist hand finger, custom, left	99400616	Yes	Custom Class III 2 years
Wrist hand finger, soft, right	99400146	Yes	Soft - Class I 1 year
Wrist hand finger, rigid, right	99400147	Yes	Rigid - Class II 2 years
Wrist hand finger, custom, right	99400617	Yes	Custom Class III 2 years
Repairs - Upper extremity limb orthosis	99400148	Yes	

Head - Torso - Spine Orthoses

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Abdominal support	99400149	Yes	1 year
Cervical - soft	99400150	Yes	Soft - Class I 1 year
Cervical - rigid	99400151	Yes	Rigid - Class II 2 years
Cervical - custom	99400152	Yes	Custom-Class III 3 years
Cervical-thoracic-lumbar-sacral, rigid	99400618	Yes	Rigid - Class II 2 years
Cervical/thoracic/lumbar/sacral, custom	99400619	Yes	Custom Class III 2 years
Helmet - soft	99400153	Yes	Soft - Class I 1 year
Helmet - rigid	99400154	Yes	Rigid - Class II 2 years
Helmet - custom	99400155	Yes	Custom-Class III 2 years
Hernia truss	99400156	Yes	1 year
Lumbosacral spinal, soft	99400157	Yes	Soft - Class I 2 years
Lumbosacral spinal, rigid	99400158	Yes	Rigid - Class II 2 years
Lumbosacral spinal, custom	99400159	Yes	Custom-Class III 2 years
Pelvic belt	99400162	Yes	1 year
Thoracolumbarsacral, soft	99400163	Yes	Soft - Class I 1 year
Thoracolumbarsacral, rigid	99400164	Yes	Rigid - Class II 2 years
Thoracolumbarsacral, custom	99400165	Yes	Custom-Class III 2 years
Repairs - Head-Torso-Spine Orthoses	99400166	Yes	

Orthotic Supplies

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Knee brace undersleeve	99400620	Yes	2 per year
Socks	99400621	Yes	6 per year
Textile Sleeves	99400622	Yes	2 per year

Custom-Made Footwear

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Custom-made footwear	99400167	Yes	1 year
Winter overshoes (only for clients with custom footwear)	99400168	Yes	3 years
Repairs to custom made footwear	99400623	Yes	

Custom-Made Internal Footwear Device

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Custom-made internal footwear device, left	99400169	Yes	2 years
Custom-made internal footwear device, right	99400170	Yes	2 years
Custom-made internal footwear devices, pair	99400624	Yes	2 years
Custom-made internal footwear devices, repairs	99400781	Yes	

Modifications to Stock Footwear

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Modifications to stock footwear (this does not include the price of the shoe)	99400171	Yes	2 per 2 year
Repairs to footwear modifications	99400625		

Oxygen Therapy Benefits and Criteria**Oxygen Therapy Benefit Categories**

- Oxygen Systems and Equipment; and
- Oxygen Supplies.

See the Oxygen Therapy Benefits and Criteria for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

- Oxygen therapy benefits must be prescribed by a physician or medical specialist; and
- Oxygen therapy benefits must be provided by a recognized oxygen provider with appropriate health care staff and regulatory affiliations (registered respiratory therapist/registered nurse familiar with respiratory conditions).

Prior Approval Process

A prior approval is required for all oxygen therapy benefits. The provider must contact the First Nations and Inuit Health Branch (FNIHB) Regional Office to initiate the prior approval process. The Non-Insured Health Benefits Oxygen and Respiratory Program Prior Approval Form (PDF version) must be completed. In addition to the form, this documentation is required to support the request:

- The prescription;
- The arterial blood gas;
- The oximetry test; and
- Other supporting medical documentation (as required).

If a prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/ fitting/dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

On the prior approval form, providers are required to include a cost estimate of the delivery code 99400262.

Note to Ontario Providers: Providers must first contact the Ontario Home Oxygen Program of the Ontario Ministry of Health to access oxygen benefits for Ontario residents.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB appeal process. Under the category of Oxygen Therapy Benefits, these include, but are not limited to

- Providing oxygen for indications which don't meet the medical criteria of the NIHB Program, for example, angina and pain relief (migraines).

Medical Guidelines for Authorizing Oxygen Equipment and Services

The applicant's condition must be stabilized and the treatment regimen optimized before long term oxygen therapy may be considered.

Qualifying medical indications are:

- A resting PaO₂ on room air equal or less than 55 mm Hg;
- A resting PaO₂ on room air between 56 and 59 mm Hg, when there is evidence of:
 - Cor pulmonale
 - Pulmonary hypertension
 - Secondary polycythemia
- Persistent PaO₂ between 56 and 59 mm Hg, when there is evidence of:
 - Exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (confirmed by objective data);
 - Nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night in spite of appropriate CPAP or bilevel therapy;
- New York Heart Association Stage IV Heart Disease with a confirmed diagnosis by a cardiologist and relevant symptomatology and test results; and
- Palliative care (prognosis of less than 3 months) with a clinical assessment by a physician demonstrating symptomatic benefit.

After three months and after one year of oxygen therapy for medical indications a and b an arterial blood gas on room air or, in exceptional circumstances, an oximetry test are required; for medical indications c, d, and e, an oximetry test is required.

Provider Services to Support Oxygen Therapy

- Set up must be completed within 24 hours (with the exception of ferry and remote site transportation limitations).
- Set up includes equipment delivery, safety and care of equipment, and education for the client on equipment use.
- Respiratory therapist (nurse) must visit within 72 hours, after 3 months and every 6 months thereafter to ensure optimum oxygen therapy (review prescription, review use of equipment, educate client on condition).

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

Oxygen Therapy Benefit List

List Terminology

Item Description:

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Oxygen Systems and Equipment

Oxygen cylinder with content, regulator, holder, cart, shoulder pouch c/s straps

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Cylinder D (356 L), rental	99400227	Yes	
Cylinder E (622 L), rental	99400228	Yes	
Cylinder S or M (5260 L), rental	99400231	Yes	
Cylinder H or K (6900 L), rental	99400232	Yes	

Additional oxygen cylinder without content, regulator, holder, cart, shoulder pouch

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Cylinder D (356 L), rental	99400631	Yes	
Cylinder E (622 L), rental	99400632	Yes	
Cylinder S or M (5260 L), rental	99400633	Yes	
Cylinder H or K (6900 L), rental	99400634	Yes	
Concentrator, (include back up cylinder) rental	99400224	Yes	
Concentrator, purchase	99400473	Yes	5 years
Dual system, without content, rental	99400635	Yes	
Dual system with content, rental	99400636	Yes	
Liquid oxygen system (without content) include portable & cart, rental	99400225	Yes	N/A
Liquid oxygen system with content, portable, cart, rental	99400637	Yes	
Maintenance agreement, for purchased oxygen systems	99400638	Yes	negotiable
Oxygen systems, Repairs	99400243	Yes	

Oxygen Supplies

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Distilled water	99400626	No	4L containers/55 per year

Disposables (Plastics)*

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Extension oxygen tubing 25 ft *	99400234	Yes	4 per year
Extension oxygen tubing 50 ft *	99400214	Yes	4 per year
E-Z Wrap *	99400235	Yes	24 per year
Filters for concentrator *	99400220	No	12 per year
Humidifier (bubble) *	99400237	No	6 per year
Masks *	99400238	No	24 per year
Masks (tracheostomy) *	99400627	No	24 per year
Nasal Cannula *	99400239	No	24 per year
Oxygen connectors/ adaptors *	99400207	No	
Water Traps *	99400545	No	2 per year

* If the oxygen system is rented the disposables are automatically included in the price of the rental. If the oxygen system is purchased the disposables may be billed only if they are not included in the maintenance agreement for oxygen system.

Gas content only (for cylinders)

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Cylinder D (356 L)	99400221	Yes	

Cylinder E (622 L)	99400226	Yes	
Cylinder S or M (5260 L)	99400229	Yes	
Cylinder H or K (6900 L)	99400230	Yes	

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Liquid oxygen (in kg)	99400233	Yes	calculated as per prescription and mobility of client
Oxygen delivery service	99400262	Yes	

Pressure Garments and Pressure Orthotics Benefits and Criteria

Pressure Garments and Pressure Orthotics Benefit Categories:

Lymphedema Compression Device (Orthosis)

- Custom-fitted graduated compression garment;
- Custom-made graduated compression garments;
- Graduated off-the-shelf compression garments; and
- Sequential extremity pump (for primary lymphedema only).

Hypertrophic Scar Management

- Custom-fitted pressure garments;
- Custom-fitted pressure orthosis;
- Custom-made pressure garments;
- Pressure orthosis moulded to client and then custom-fitted to the client; and
- Pressure orthosis moulded to client model and then custom-fitted to the client.

See the Pressure Garments and Pressure Orthotics Benefit List for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

Pressure garment and pressure orthotics benefits must be prescribed by:

- Burnscar pressure garment, burn orthosis and extremity pump: a physician or medical specialist who is a member of a burn or lymphedema team.

Lymphedema compression garment and/or graduated compression stockings above 40mmHg :

- A vascular surgeon, orthopedic surgeon, radiation oncologist, medical oncologist, internist, pediatrician, plastic surgeon, physiatrist, general surgeon, dermatologist, or thrombologist.

Graduated compression stocking/Sleeve at 20-30, 30-40mmHg:

- A physician.

Pressure garment and pressure orthotics benefits must be provided by:

- A recognized provider who has a vendor certification attesting to expertise in the field, and who holds a certified fitter registration or employs a certified fitter, occupational therapist, physiotherapist or certified prosthetist, orthotist or prosthetist orthotist as certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO).

Prior Approval Process

When a prior approval is required, the provider must contact the FNIHB Regional Office to initiate the process. The Non-Insured Health Benefits Prior Approval Form for Orthotics, Custom Footwear, Prosthetics and Pressure Garments (PDF version) must be completed. In addition to the form, this documentation is required to support the request:

- The prescription; and
- Other supporting medical documentation (as required).

If a prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/fitting/dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB appeal process. Under the category of Pressure Garments and Pressure Orthotics, these include, but are not limited to compression stockings for short-term treatment, such as:

- Post-operative surgical stripping;
- Post-operative sclerotherapy; and
- Post-operative edema conditions.

Services Included in Price

These services are to be included in the price of the benefit:

- Initial assessment to determine type of benefit required;
- Casting of the body part for the manufacturing of the device;
- Manufacturing of device; and
- Dispensing of the benefit, including the adjustment and fitting.

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

Pressure Garments and Pressure Orthotics Benefit List**List Terminology****Item Description:**

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Pressure Garments and Pressure Orthoses

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Compression glove under 50mmHg	99400804	Yes	4 pairs per year
Compression stocking/sleeve 20-30, 3040mmHg	99400822	Yes	4 pairs per year
Compression stocking/sleeve 40mmHg & up	99400821	Yes	4 pairs per year
Hi-sustained compression/band 35mmHg	99400805	Yes	12 per year

Hypertrophic Scar Compression Garment, Custom-made, Custom Fitted, Head

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Face mask	99400054	Yes	6 per year
Face mask, open face	99400055	Yes	6 per year
Chin strap, modified (extended behind the ears)	99400056	Yes	6 per year
Chin Strap	99400057	Yes	6 per year
Head band	99400058	Yes	6 per year
Pocket for padding or splint		Yes	6 per year
Nose covering in mask	99400060	Yes	6 per year
Lip covering attached to mask or chin strap	99400061	Yes	6 per year
Ear flap attached to mask or modified chin strap	99400062	Yes	6 per year
Eye flap attached to mask	99400063	Yes	6 per year
Lining variation	99400064	Yes	6 per year
Trachea opening	99400065	Yes	6 per year
Other garment (provide name of item)	99400570	Yes	

Hypertrophic Scar Compression Garment, Custom-made, Custom Fitted, Limb

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Anklet	99400567	Yes	2 per year
Chap style, one leg	99400568	Yes	3 per 6 months
Chap style, two legs	99400569	Yes	3 per 6 months

Half sleeve and gauntlet with enclosed extended thumb	99400066	Yes	6 per year
Arm sleeve and gauntlet with enclosed extended thumb	99400067	Yes	6 per year
Arm sleeve /gauntlet/shoulder flap with enclosed extended thumb	99400068	Yes	6 per year
Elbow band	99400069	Yes	6 per year
Half sleeve (wrist to elbow)	99400070	Yes	6 per year
Half sleeve (elbow to axilla)	99400071	Yes	6 per year
Half sleeve with gauntlet metacarpals to elbow	99400072	Yes	6 per year
Half sleeve with shoulder flap	99400073	Yes	6 per year
Foot glove	99400571	Yes	2 per limb per year
Arm sleeve (wrist to axilla)	99400074	Yes	6 per year
Arm sleeve with attached gauntlet	99400075	Yes	6 per year
Arm sleeve with attached shoulder flap	99400076	Yes	6 per year
Arm sleeve with gauntlet and shoulder flap	99400077	Yes	6 per year
Arm stump to axilla	99400078	Yes	6 per year
Arm stump with shoulder flap	99400079	Yes	6 per year
Zipper	99400080	Yes	6 per year
Elbow lining (inner aspect)	99400081	Yes	6 per year
Elbow lining (full)	99400082	Yes	6 per year
Lining variation	99400083	Yes	6 per year
Reinforced palm on glove or gauntlet	99400084	Yes	6 per year
Pocket for padding or splint	99400085	Yes	6 per year
Shoulder flap, adjustable	99400086	Yes	6 per year
Vest with sleeve	99400572	Yes	2 per year
Vest without sleeve	99400573	Yes	2 per year

Hypertrophic Scar Compression Garment, Custom-made, Custom Fitted, Trunk

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Body brief with sleeves	99400087	Yes	6 per year
Body brief, sleeveless	99400088	Yes	6 per year
Body suit with sleeves and legs (to distal measurement above knees)	99400089	Yes	6 per year
Body suit, sleeveless with legs (to distal measurement above knees)	99400090	Yes	6 per year

Pressure Garments and Pressure Orthoses Accessories

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Sequential extremity pump, purchase	99400091	Yes	5 years
Sequential extremity pump, rental	99400092	Yes	
Sequential Pump accessories, boots	99400093	Yes	5 years
Sequential Pump accessories, sleeves	99400094	Yes	3 years

Prosthetics Benefits and Criteria

Prosthetics Benefit Categories:

- Breast prostheses;
- Eye prostheses (ocular);
- Limb prostheses;
- Prosthetics supplies; and
- Repairs, parts and labour.

See the Prosthetics Benefit List for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

Prosthetics benefits must be prescribed by a medical or surgical specialist in the field of physiatry, pediatrics, orthopaedics, ophthalmology or general surgery.

Prosthetics benefits must be provided by one of these recognized providers

- **Breast Prosthesis:** the provider of breast prostheses must be or employ a certified fitter;
- **Eye Prosthesis:** a NEBO certified ocularist; and
- **Limb Prosthesis:** Certified Prosthetists CP, or Certified Prosthetist Orthotist CPO as certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO).

Prior Approval Process

When a prior approval is required, the provider must contact the First Nations and Inuit Health Branch (FNIHB) Regional Office to initiate the prior approval process. The Non-Insured Health Benefits Prior Approval Form for Orthotics, Custom Footwear, Prosthetics and Pressure Garments (PDF version) must be completed. In addition to the form, this documentation is required to support the request:

- The prescription;
- The medical diagnosis;
- The detailed assessment (with casting or measurements when applicable); and
- Other supporting medical documentation (as required).

If a prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/fitting/dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

Note to Ontario Providers: Providers must first contact the Assistive Devices Program (ADP) of the Ontario Ministry of Health for coverage of these benefits for Ontario residents.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program

and are not subject to the NIHB appeal process. Under the category of Prosthetics Benefits, these include, but are not limited to:

- Temporary prosthetics required as part of a surgical procedures;
- Temporary breast prosthesis and/or swim breast prosthesis;
- Items for cosmetics purposes;
- Implants; and
- Electric/myo-electric limb prosthetics.

Services Included in Price

These services are to be included in the price of the benefit:

- Initial assessment to determine type of benefit required;
- Casting of the body part for the manufacturing of the device;
- Manufacturing of device; and
- Dispensing of the benefit, including the adjustment and fitting.

Warranty

As a minimum, the warranty must specify that during the warranty period:

- The provider will provide or cause to be provided any service including repairs or replacements of the item or any components free of charge; and
- Where there is repeated technical failure, the device will be replaced by the provider at no cost to the NIHB Program.

Breast prosthesis: that the prosthesis will remain satisfactory for fit and against defects for at least 2 years.

Eye prosthesis: that the fit of the eye prosthesis will remain satisfactory for a period of three (3) months after the final fitting except when there has been a change in the client's medical condition which would prevent a satisfactory fit; and a one year warranty against discoloration and separation of materials.

Limb prosthesis: that guarantees against breakage for six months and three months for satisfactory fit provided that the individual's size or medical condition has not changed significantly.

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

Prosthetics Benefit List***List Terminology*****Item Description:**

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Prosthetics - Breast

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Asymmetrical Breast Prosthesis	99400001	Yes	3 years
Brassiere (Breast Prosthesis)	99400002	Yes	2 per 2 years
Breast, Partial	99400003	Yes	3 years
Symmetrical Breast Prosthesis, right	99400800	Yes	3 years
Symmetrical Breast Prosthesis, left	99400801	Yes	3 years

Prosthetics - Eye

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Eye Prosthesis, left	99400005	Yes	3 years
Eye Prosthesis, right	99400006	Yes	3 years
Eye Prosthesis-Polishing	99400007	No	1 year
Scleral Shell, left	99400802	Yes	5 years
Scleral Shell, right	99400803	Yes	5 years

Prosthetics - Limbs - Lower Extremity - Definitive

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Partial foot - shoe insert, left	99400008	Yes	3 years
Partial foot - shoe insert, right	99400009	Yes	3 years
Partial foot - tibial tubercle height, left	99400010	Yes	3 years
Partial foot - tibial tubercle height, right	99400011	Yes	3 years
Partial foot, patella tendon bearing, left	99400012	Yes	3 years
Partial foot, patella tendon bearing, right	99400013	Yes	3 years
Ankle disarticulation, left	99400014	Yes	3 years
Ankle disarticulation, right	99400015	Yes	3 years
Hemi-pelvectomy or Hip disarticulation, left	99400022	Yes	3 years

Knee disarticulation (through knee), right	99400019	Yes	3 years
Knee disarticulation (through knee), left	99400018	Yes	3 years
Trans tibial - below knee, left	99400016	Yes	3 years
Trans femoral - above knee, left	99400020	Yes	3 years
Trans femoral - above knee, right	99400021	Yes	3 years
Trans tibial - below knee, right	99400017	Yes	3 years
Hemi-pelvectomy or Hip disarticulation, right	99400023	Yes	3 years
Prosthesis, Repairs-Prosthetic, lower limb	99400024	Yes	

Prosthetics - Limbs - Lower Extremity - Preparatory

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Ankle disarticulation, left	99400553	Yes	
Ankle disarticulation, right	99400554	Yes	
Trans tibial, left	99400555	Yes	
Trans tibial, right	99400556	Yes	
Knee disarticulation, left	99400557	Yes	
Knee disarticulation, right	99400558	Yes	
Trans femoral, left	99400559	Yes	
Trans femoral, right	99400560	Yes	
Hemi-pelvectomy or Hip disarticulation, left	99400561	Yes	
Hemi-pelvectomy or Hip disarticulation, right	99400562	Yes	

Prosthetics - Limbs - Upper Extremity

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Partial hand, finger remaining, left	99400025	Yes	3 years
Partial hand, finger remaining, right	99400026	Yes	3 years
Partial hand, thumb remaining, left	99400027	Yes	3 years
Partial hand, thumb remaining, right	99400028	Yes	3 years
Wrist disarticulation, left	99400029	Yes	3 years
Wrist disarticulation, right	99400030	Yes	3 years
Transradial below elbow, left	99400031	Yes	3 years
Transradial below elbow, right	99400032	Yes	3 years
Elbow disarticulation, left	99400033	Yes	3 years
Elbow disarticulation, right	99400034	Yes	3 years
Transhumeral above elbow, left	99400035	Yes	3 years
Transhumeral above elbow, right	99400036	Yes	3 years
Shoulder disarticulation, left	99400037	Yes	3 years
Shoulder disarticulation, right	99400038	Yes	3 years
Fore quarter, left	99400039	Yes	3 years
Fore quarter, right	99400040	Yes	3 years
Prosthesis, Repairs-Prosthetic, upper limb	99400041	Yes	

Prosthetic Supplies

Sleeves			
Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Suspension sleeve	99400172	Yes	10 per year
Suction seal suspension sleeve	99400563	Yes	6 per year

Liners			
Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Gel liners	99400042	Yes	2 per year
Pin system suspension liners	99400043	Yes	2 per year

Sheaths			
Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Sheaths, regular	99400044	Yes	12 per year
Silo sheaths	99400564	Yes	8 per year

Socks			
Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Stump socks, regular	99400048	Yes	12 per year
Siller cotton socks, 1 ply	99400565	Yes	12 per year
Gel stump socks	99400806	Yes	2 per year
Stump shrinkers	99400047	Yes	4 per year
Glove, standard	99400566	Yes	3 per year

Respiratory Benefits and Criteria**Respiratory Therapy Benefit Categories:**

- Breathing Apparatus and Supplies;
- Respiratory Secretion Clearance; and
- Tracheostomy Supplies and Equipment.

See the Respiratory Benefit List for a full list of eligible products, prior approval requirements and frequency limitations.

Prescriber/Provider Requirements

- Respiratory therapy benefits must be prescribed by a physician.

- Respiratory therapy benefits must be provided by a recognized Medical Supplies and Equipment (MS&E) provider.

Prior Approval Process

A prior approval is required for all respiratory therapy benefits. The provider must contact the First Nations and Inuit Health Branch (FNIHB) Regional Office to initiate the prior approval process.

The Non-Insured Health Benefits (NIHB) Oxygen and Respiratory Program Prior Approval Form (PDF version) must be completed. In addition to the form, this documentation is required to support the request:

- The prescription; and
- CPAP funding requirements.

Consideration for the funding of CPAP units will be given upon receipt of this information:

- Level 1 full baseline and treatment polysomnograph (PSG) demonstrating diagnosis and response to CPAP or alternative therapy.
- Clinical information:
 - Age, sex, height and weight, BMI, sleepiness scale (ESS or SSS);
 - Symptoms of sleep disordered breathing and associated risk factors *confirmed by the referring physician*.

It is recognized that PSG testing may not be readily available in some regions. In such cases, there is a greater need for additional clinical information as outlined below:

- Level 2 sleep study (includes apnea/hypopnea index, saturation, heart rate, body position) with baseline and treatment results obtained during two separate nights **or** Nocturnal oxygen saturation and heart rate alone with baseline and treatment results obtained during two separate nights.

Clinical information:

- Age, sex, height and weight, BMI, sleepiness scale (ESS or SSS);
- Symptoms of sleep disordered breathing and associated risk factors;
- Evidence that PSG testing was sought including specified waiting period *confirmed by the referring physician*.

Note: Prescriptions for interactive CPAP units will not be accepted without appropriate clinical and objective rationale.

- Other supporting medical documentation (as required).

If a prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/ fitting/dispensing of the item. If prior approval is not granted the provider will be advised of the reason.

Note to Ontario Providers: Providers must first contact the Ontario Home Oxygen Program of the Ontario Ministry of Health to access oxygen benefits for Ontario residents.

Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB appeal process. Under the category of Respiratory Therapy Benefits these include, but are not limited to:

- Respiratory equipment for in-patients of an institution;
- Experimental equipment;
- Custom-made mask for ventilation; **and**
- Incentive spirometer.

Services Included in Price

These services are to be included in the price of the benefit:

- Connectors are provided with tubing; and
- One complete breathing circuit should be included in the initial purchase price of a CPAP, volume ventilator/bi-level unit.

Quantity Limitations

Items that have an annual quantity limitation must be provided and billed for no more than a three-month period at a time. This applies to items claimed with or without a prior approval.

Respiratory Therapy Benefit List

List Terminology

Item Description:

Items are listed within general and specific categories (for example: Audiology), in alphabetical order by category and item.

Item Code:

The 8-digit code that must be submitted to First Canadian Health for billing purposes.

Prior Approval:

Identifies by general category, or by item within the category, whether prior approval must be obtained by the provider before dispensing the item.

Breathing Apparatus and Supplies

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Breathing circuit, CPAP, purchase	99400204	Yes	2 per year
CPAP cool humidifier, purchase	99400177	Yes	5 years

CPAP with complete circuit/cool humidifier, rental	99400174	Yes	
CPAP with complete circuit/cool humidifier, purchase	99400175	Yes	5 years
Inlet filters	99400176	No	12 per year
Interface with headgear	99400180	Yes	2 per year

Respiratory Secretion Clearance

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Suction catheters, disposable	99400185	No	2000 per year
Suction machine, rental	99400186	Yes	
Suction machine, purchase	99400187	Yes	5 years
Tubing and collection bottle	99400188	No	26 per year
Yankeur-tonsil suction	99400189	No	26 per year

Tracheotomy Supplies and Equipment

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines
Distilled water (for tracheostomy care)	99400626	No	4L containers/55 units per year
Heat moisture exchanger	99400190	No	200 per year
Hydrogen Peroxide	99400197	No	72 bottles per year
Pipe cleaners	99400198	No	240 per year
Normal saline (3ml units)	99400199	No	1000 per year
Speaking valves	99400193	Yes	2 years
Tracheostomy brush	99400201	No	6 per year
Tracheostomy drain sponge	99400200	No	800 per year
Tracheostomy mask (Disposables included in the price of oxygen rental equipment)	99400627	No	24 per year
Tracheostomy ties (Roll)	99400178	No	2 rolls per year
Tracheostomy tubes	99400194	Yes	24 per year
Respiratory equipment, Repairs	99400195	Yes	

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A

Abdominal support

Absorptive dressing

Adhesive removers

Adhesive strips, generic, for external catheters

Adhesive suture strips

Adhesive tape, hypoallergenic

Adhesive tape, non-hypoallergenic

Adhesive Tapes & Dressing Strips

Alginates/Hydrofibres dressing

Asymmetrical Breast Prosthesis

Audiology Benefit List

B

Bandages

Bath chair lift manual (water powered)

Bathing & Toileting Aid Benefit Repairs

Bathing & Toileting Aids

Bedpan

Belt, ostomy

Bench/stool, adjustable/seat/arms

Brassiere (Breast Prosthesis)

Breast pump, electric, rental

Breast pump, manual

Breast, Prosthesis Partial

Breast, Prosthesis Symmetrical, left

Breast, Prosthesis Symmetrical, right

Breathing Apparatus and Supplies

Brief/diaper disposable, child over 2 years of age

Brief/diaper disposable, large/extra large, child over 2 years of age

Brief/diaper disposable, large adult

Brief/diaper disposable, medium, adult

Brief/diaper disposable, small, youth, adult

Brief/diaper reusable, adult

Briefs, pant, mesh, reusable

Built-up (padded) handle OR universal cuff

Button hook

C

Cane, aluminium adjustable, quad

Cane, aluminium adjustable, single

Catheter Adaptors/connectors/closures

Catheter plug

Catheter Supplies & Equipment

Catheter tray, catheterization

Catheter tray, irrigation

Catheters - irrigation

Catheters external with removable tip

Catheters external, disposable

Catheters external, reusable

Catheters indwelling

Catheters intermittent, disposable

Cervical - custom

Cervical - rigid

Cervical - soft

Cervical/thoracic/lumbar/sacral, custom

Cervical/thoracic/lumbar/sacral, rigid

Charcoal dressing

Commode, standard, purchase

Commode, standard, rental

Composite dressing

Compression glove under 50mmHg

Compression stocking/sleeve 20-30, 30-40mmHg

Compression stocking/sleeve 40mmHg & up

Compression/band, hi-sustained 35mmHg

Concentrator, (include back up cylinder) rental

Concentrator, purchase

Conforming gauze bandages

Convex inserts

CPAP cool humidifier, purchase

CPAP with complete circuit/cool humidifier, rental

CPAP with complete circuit/cool humidifier, purchase

CPAP, Breathing circuit, purchase

Crutch, hand grips

Crutch, pads

Crutches, axillary - purchase, pair

Crutches, axillary - rental, pair

Crutches, specialized, purchase, pair (forearm)

Cushion moulded back

Cushion moulded seat

Cushion, moulded cushion repairs

Cushions & Protectors

Custom-made footwear - Repairs

Custom-made footwear

Custom-made Internal Footwear Device

Custom-made internal footwear device, left

Custom-made internal footwear device, right

Custom-made internal footwear devices, pair

Custom-made internal footwear devices, repairs

Cylinder for Oxygen D (356 L), rental

Cylinder for Oxygen E (622 L), rental

Cylinder for Oxygen H or K (6900 L), rental

Cylinder for Oxygen S or M (5260 L), rental

D

Delivery incontinence items

Delivery mobility service

Diaper/brief disposable, child over 2 years of age

Diaper/brief disposable, large adult

Diaper/brief disposable, large/extra large, child over 2 years of age

Diaper/brief disposable, medium, adult

Diaper/brief disposable, small, youth, adult

Diaper/brief reusable, adult

Distilled water (for tracheostomy care)

Distilled water

Drainage bags, leg straps

Drainage bags, w/out tubing, disposable

Drainage bags, w/out tubing, reusable

Drainage bags, w/tubing, disposable

Drainage bags, w/tubing, reusable

Drainage night bag, reusable

Dressing Aids

Dressing hook

Dressings

Dual system, with content, rental

Dual system, without content, rental

E

Elastic tensor bandages

Elbow protector

Elevated (raised) toilet seat (standard)

Elevated (raised) toilet seat (with arms)

Enteral feeding supplies, adaptors/plugs

Enteral feeding supplies, extension sets

Enteral feeding supplies, gastrostomy catheters/tubes

Enteral feeding supplies, nasogastric tube

Extension oxygen tubing

Extension tubing

Eye pads

Eye Prosthesis, left

Eye Prosthesis, right

Eye Prosthesis-Polishing

Eye shield

E-Z Wrap

F

Feeding Aid Benefit Repairs

Feeding Aids

Feeding pump pole (IV pole)

Feeding pump purchase

Feeding pump rental

Feeding pump supplies, bags (liquid nutrition not a benefit)

Feeding pump supplies, bags 1500 (liquid nutrition not a benefit)

Filters (for purchased concentrator)

Filters

Floor to ceiling pole

Foam dressing medicated/non-medicated

Food guard

Foot elevator

Footwear Custom-made

Footwear Custom-made internal device, left

Footwear Custom-made internal device, right

Footwear Modifications to stock (this does not include the price of the shoe)

Footwear Winter overshoes (Only with custom footwear)

G

Gauze, abdominal pad dressing

Gauze, non-sterile dressing, 2x2

Gauze, non-sterile dressing, 3x3

Gauze, non-sterile dressing, 4x4

Gauze, non-sterile dressing, 6x8

Gauze, sterile dressing, 2x2

Gauze, sterile dressing, 3x3

Gauze, sterile dressing, 4x4

Gel stump socks

Gel, lubricant

Gel/hydrogel dressing

General MS&E Benefit List

Gloves, latex/vinyl, 100/box

Grab bar for tub (non-permanent)

Grab bar toilet (non-permanent)

Grab bar, for bed, non-permanent, purchase

Grab bar, for bed, non-permanent, rental

Gravity feeding supplies, bag

Gravity feeding supplies, delivery sets without bags

Gravity feeding supplies, delivery sets w/bags

Gravity feeding supplies, rigid containers

H

Hand grips, crutch

Head-Torso-Spine Orthoses - Repairs

Head-Torso-Spine Orthoses

Hearing aid accessories/supplies

Hearing aid batteries, left hearing aid

Hearing aid batteries, right hearing aid

Hearing Aid in office service fee, left

Hearing Aid in office service fee, right

Hearing Aid Performance Check/left ear

Hearing Aid Performance Check/right ear

Hearing aid repairs and/or remake by manufacturer, left aid

Hearing aid repairs and/or remake by manufacturer, right aid

Hearing Aid Repairs, out of office, service fee, left

Hearing Aid Repairs, out of office, dispenser service fee, right

Hearing Aid Replacement ear mould & impression fee, left, adult

Hearing Aid Replacement ear mould & impression fee, left, child

Hearing Aid Replacement ear mould & impression fee, right, adult

Hearing Aid Replacement ear mould & impression fee, right, child

Hearing Aid return fee, left

Hearing Aid return fee, right

Hearing Aid Service Fees

Hearing aid, assessment/fitting/dispensing fee, left ear

Hearing aid, assessment/fitting/dispensing fee, right ear

Hearing aid, bone conduction, left

Hearing aid, bone conduction, right

Hearing aid, conventional, behind the ear, left

Hearing aid, conventional, behind the ear, right

Hearing aid, conventional, custom, left

Hearing aid, conventional, custom, right

Hearing aid, programmable, behind left ear

Hearing aid, programmable, behind right ear

Hearing aid, programmable, custom, left

Hearing aid, programmable, custom, right

Hearing aids, BICROS (specify better hearing ear)

Hearing Aids, Bone Conduction

Hearing Aids, Conventional Analog

Hearing aids, CROS (specify better hearing ear)

Hearing Aids, CROS/BICROS

Hearing Aids, Programmable, Analog

Hearing assessment, complete

Hearing re-assessment (partial)

Heat moisture exchanger

Heel protector

Helmet - custom

Helmet - rigid

Helmet - soft

Hernia truss

Hi-sustained compression/band 35mmHg

Humidifier (bubble)

Hydrocolloid dressing

Hydrogen Peroxide

Hypertrophic Scar Compression Garment, Custom-made, Custom Fitted, Head

Chin Strap

Chin strap, modified (extended behind the ears)

Ear flap attached to mask or modified chin strap

Eye flap attached to mask

Face mask

Face mask, open face

Head band

Lining variation

Lip covering attached to mask or chin strap

Nose covering in mask

Other garment (provide name of item)

Pocket for padding or splint

Trachea opening

Hypertrophic Scar Compression Garment, Custom-made, Custom Fitted, Limb

Anklet

Arm sleeve (wrist to axilla)

Arm sleeve and gauntlet with enclosed extended thumb

Arm sleeve with attached gauntlet

Arm sleeve with attached shoulder flap

Arm sleeve with gauntlet and shoulder flap

Arm sleeve/gauntlet/shoulder flap with enclosed extended thumb

Arm stump to axilla

Arm stump with shoulder flap

Chap style, one leg

Chap style, two legs

Elbow Band

Elbow lining (full)

Elbow lining (inner aspect)

Foot glove

Half sleeve (elbow to axilla)

Half sleeve (wrist to elbow)

Half sleeve and gauntlet extended thumb

Half sleeve with gauntlet metacarpals to elbow

Half sleeve with shoulder flap

Lining variation

Pocket for padding or splint

Reinforced palm on glove or gauntlet

Shoulder flap, adjustable

Vest with sleeve

Vest without sleeve

Zipper

Hypertrophic Scar Compression Garment, Custom-made, Custom Fitted, Trunk

Body brief with sleeves

Body brief, sleeveless

Body suit with sleeves and legs (to distal measurement above knees)

Body suit, sleeveless with legs (to distal measurement above knees)

I

Impregnated venous ulcer bandages

Incontinence Supplies

Inlet filters

Interface with headgear

Invalid ring

Iodine dressing

Irrigation catheters

Irrigation solution (large volume, pour bottle)

Irrigation solution

Irrigation syringe (60cc funnel tip)

Irrigation syringe

J

K

Knee brace undersleeve

L

Lift, hydraulic (powered)

Lift, hydraulic, standard

Lift, manual

Lifting & Transfer Aids

Lifting/transfer Aid Benefit Repairs

Limb Orthoses - Lower Extremities

Ankle foot, custom, left

Ankle foot, custom, right

Ankle foot, rigid, left

Ankle foot, rigid, right

Ankle foot, soft, left

Ankle foot, soft, right

Ankle, custom, left

Ankle, custom, right

Ankle, rigid, left

Ankle, rigid, right

Ankle, soft, left

Ankle, soft, right

Hip knee ankle foot, custom, left

Hip knee ankle foot, custom, right

Hip knee ankle foot, rigid, left

Hip knee ankle foot, rigid, right

Hip orthosis, custom, left

Hip orthosis, custom, right

Hip orthosis, rigid, left

Hip orthosis, rigid, right

Hip orthosis, soft, left

Hip orthosis, soft, right

Knee ankle foot, custom, left

Knee ankle foot, custom, right

Knee ankle foot, rigid, left

Knee ankle foot, rigid, right

Knee, custom, left

Knee, custom, right

Knee, rigid, left

Knee, rigid, right

Knee, soft

Knee, soft, right

Patella tendon bearing knee, custom, left

Patella tendon bearing knee, custom, right

Repairs - Lower extremity limb orthosis

Thoracic hip knee ankle foot reciprocating gait mechanism), custom

Limb Orthoses - Upper Extremity

Elbow, custom, left

Elbow, custom, right

Elbow, rigid, left

Elbow, rigid, right

Elbow, soft, left

Elbow, soft, right

Finger, multiple digits, custom, left

Finger, multiple digits, custom, right

Finger, multiple digits, rigid, left

Finger, multiple digits, rigid, right

Finger, multiple digits, soft, left

Finger, multiple digits, soft, right

Finger, single digit soft, right

Finger, single digit, custom, left

Finger, single digit, custom, right

Finger, single digit, rigid, right

Finger, single digit, rigid, left

Finger, single digit, soft, left

Repairs - Upper extremity limb orthosis

Shoulder elbow, custom, left

Shoulder elbow, custom, right

Shoulder elbow, rigid, left

Shoulder elbow, rigid, right

Shoulder elbow, soft, left

Shoulder elbow, soft, right

Shoulder, custom, left

Shoulder, custom, right

Shoulder, elbow, wrist, hand, custom, left

Shoulder, elbow, wrist, hand, custom, right

Shoulder, rigid, left

Shoulder, rigid, right

Shoulder, soft, left

Shoulder, soft, right

Wrist hand finger, custom, left

Wrist hand finger, custom, right

Wrist hand finger, rigid, left

Wrist hand finger, rigid, right

Wrist hand finger, soft, left

Wrist hand finger, soft, right

Wrist hand, custom, left

Wrist hand, custom, right

Wrist hand, rigid, left

Wrist hand, rigid, right

Wrist hand, soft, left

Wrist hand, soft, right

Liners, disposable

Liners

Liquid oxygen (in kg)

Liquid oxygen system (without content) include portable & cart, rental

Liquid oxygen system with content, portable, cart, rental

Long handle shoe horn

Lubricating jelly

Lumbosacral spinal

Lumbosacral spinal, rigid

Lumbosacral spinal, soft

M

Maintenance agreement, for purchased oxygen systems

Masks (tracheostomy)

Masks

Mat non-slip, tub

Mat, feeding aids, non - slip

Medic Alert Bracelet (standard)

Miscellaneous Supplies

Modifications to Stock Footwear - Repairs

Modifications to Stock Footwear

Moulded cushion repairs

Montgomery ties (set)

N

Nasal Cannula

Non-Adherent dressing

Non-Adherent dressing, non-impregnated

Normal saline (3ml units)

O

Odor control product concentrate

Orthosis - Head - Torso - Spine Repairs

Orthosis - Lower Extremity (*see Limb Orthoses*)

Orthosis - Upper Extremity (*see Limb Orthoses*)

Orthosis Cervical - custom

Orthosis Cervical - rigid

Orthosis Cervical - soft

Orthotic and Custom Footwear Benefit List

Ostomy barrier powder

Ostomy Supplies

Absorbent flakes/capsules

Adhesive removers

Belt, ostomy

Closed pouch two-piece colostomy/ileostomy system

Continent diversion dressing - 4"x 4" - clean gauze

Convex inserts

Drainable pouch two-piece colostomy/ileostomy system

Filters

Flange for two-piece ostomy system

Flange, convex for two-piece ostomy system

Gel lubricant

Irrigation kit for ostomies

Mucus dispersant

Odor control product concentrate

One-piece closed-end colostomy pouch with seal

One-piece drainable colostomy/ileostomy pouch convex

One-piece drainable colostomy/ileostomy pouch with adhesive or Karaya

One-piece urostomy pouch

One-piece urostomy pouch, convex

Ostomy

Ostomy irrigation sleeves

Plastic faceplate

Pouch cover

Protective skin wipes/spray

Skin barrier paste

Skin barrier/wafer

Stoma cone for irrigation

Urostomy pouch for two-piece system

Other Dressings

Other recycled MS&E items

Oxygen (additional) cylinder without content, regulator, holder, cart, shoulder pouch

Cylinder D (356 L), rental

Cylinder E (622 L)

Cylinder S or M (5260 L), rental

Cylinder H or K (6900 L), rental

Oxygen cylinder with content, regulator, holder, cart, shoulder pouch c/s straps

Cylinder D (356 L), rental

Cylinder E (622 L), rental

Cylinder S or M (5260 L), rental

Cylinder H or K (6900 L), rental

Oxygen delivery service

Oxygen extension tubing

Oxygen extension tubing 50 ft

Oxygen Gas (356 L)

Oxygen Gas (5260 L)

Oxygen Gas (622 L)

Oxygen Gas (6900 L)

Oxygen Supplies

Oxygen Systems

Oxygen systems, maintenance agreement

Oxygen systems, Repairs

Oxygen Therapy Benefit List

Oxygen, connectors and adaptors

P

Packing strips

Pads, crutch

Pant, (briefs) mesh, reusable

Pelvic belt

Pin system suspension liners

Pipe cleaners

Plastics, disposables

Pressure Garment and Pressure Orthotics Benefit List

Pressure Garments and Pressure Orthoses Accessories

Pressure Garments and Pressure Orthoses

Pressure relief pad, wedge

Pressure relief pad-bed, foam

Prosthesis, liners, gel

Prosthesis, liners, pin system suspension

Prosthesis, sheaths, regular

Prosthesis, silo sheaths

Prosthesis, socks, filler cotton, 1 ply

Prosthesis, stump shrinkers

Prosthesis, stump socks, gel

Prosthesis, stump socks, regular

Prosthesis, suction seal suspension sleeve

Prosthesis, suspension sleeve

Prosthetic glove, standard

Prosthetic Supplies

Prosthetics - Breast

Prosthetics - Eye

Prosthetics - Limbs - Lower Extremity - Definitive

Ankle disarticulation, left

Ankle disarticulation, right

Hemi-pelvectomy or Hip disarticulation, left

Hemi-pelvectomy or Hip disarticulation, right

Knee disarticulation (through knee), left

Knee disarticulation (through knee), right

Partial foot - shoe insert, left

Partial foot - shoe insert, right

Partial foot - tibial tubercle height, left

Partial foot - tibial tubercle height, right

Partial foot, patella tendon bearing, left

Partial foot, patella tendon bearing, right

Prosthetic Repairs, lower limb

Trans femoral - above knee, left

Trans femoral - above knee, right

Trans tibial - below knee, left

Trans tibial - below knee, right

Prosthetics - Limbs - Lower Extremity - Preparatory

Ankle disarticulation, left

Ankle disarticulation, right

Hemi-pelvectomy or Hip disarticulation, left

Hemi-pelvectomy or Hip disarticulation, right

Knee disarticulation, left

Knee disarticulation, right

Trans femoral, left

Trans femoral, right

Trans tibial, left

Trans tibial, right

Prosthetics - Limbs - Upper Extremity

Elbow disarticulation, left

Elbow disarticulation, right

Fore quarter, left

Fore quarter, right

Partial hand, finger remaining, left

Partial hand, finger remaining, right

Partial hand, thumb remaining, left

Partial hand, thumb remaining, right

Prosthesis Repairs, upper limb

Shoulder disarticulation, left

Shoulder disarticulation, right

Transhumeral above elbow, left

Transhumeral above elbow, right

Transradial below elbow, left

Transradial below elbow, right

Wrist disarticulation, left

Wrist disarticulation, right

Prosthetics Benefit List

Protective wipes

Q

Quad knee separator

R

Reacher

Recycled lift hydraulic, powered

Recycled lift hydraulic

Recycled manual wheelchair

Recycled MS&E items

Recycled specialty wheelchair

Recycled walker

Recycled wheeled walker

Respiratory equipment, Repairs

Respiratory Secretion Clearance

Respiratory Therapy Benefit List

S

Safety frame for toilet

Scleral Shell, left

Scleral Shell, right

Sequential extremity pump, purchase

Sequential extremity pump, rental

Sequential Pump accessories, boots

Sequential Pump accessories, sleeves

Shower-commode chair

Silver dressing

Sling/hammock

Sock/stocking aid (previously quad grip aid)

Socks

Speaking valves

Specialized utensil, spoon

Specialized utensils, fork OR spork

Specialized utensils, knife

Sterile saline, pour bottle

Stoma cone for irrigation

Suction catheters, disposable

Suction machine, purchase

Suction machine, rental

Suspension sleeves

Suspensory belt/sheath

Symmetrical Breast Prothesis, left

Symmetrical Breast Prothesis, right

T

Textile Sleeves

Thoracolumbarsacral, custom

Thoracolumbarsacral, rigid

Thoracolumbarsacral, soft

Tips (ice picks)

Tips (rubber)

Tracheostomy brush

Tracheostomy drain sponge

Tracheostomy Supplies and Equipment

Tracheostomy ties (Roll)

Tracheostomy tubes

Tracheostomy, mask

Transfer Belt

Transfer Board

Transparent film dressings, (adhesive)

Transparent film dressings, (spray-on)

Trapeze, purchase

Trapeze, rental

Tub transfer bench

Tub transfer board

Tubing and collection bottle

Tubular net dressing

U

Undergarments/diapers reusable, child over 2 years of age

Underpads, disposable

Underpads, reusable

Urinal

V

W

Walker glide brakes

Walker repairs

Walker wheels

Walker, standard-purchase

Walker, standard-rental

Walker, wheeled-purchase

Walker, wheeled-rental

Walking Aids - Accessories

Walking Aids

Water traps

Wheelchair Cushions & Parts (Back Support)

Back, complex moulded (foam in place), adult

Back, complex moulded (foam in place), child

Back, flat, adult

Back, flat, child

Back, flat, cover, adult

Back, flat, cover, child

Back, sculptured custom-shaped, adult

Back, sculptured custom-shaped, child

Back, sculptured, cover, adult

Back, sculptured, cover, child

Back, simple moulded (foam in place), adult

Back, simple moulded (foam in place), child

Wheelchair Cushions & Parts (Seats)

Pelvic stabilizer, one, adult

Pelvic stabilizer, one, child

Pelvic stabilizer, pair, adult

Pelvic stabilizer, pair, child

Seat, complex designed, custom cover, adult

Seat, complex designed, custom cover, child

Seat, custom moulded (foam in place), adult only

Seat, custom-shaped, adult

Seat, custom-shaped, child

Seat, flat, adult

Seat, flat, child

Seat, sculptured, adult

Seat, sculptured, child

Wheelchair cushions (back & seat) repairs

Wheelchair Cushions & Parts (Wheelchair Parts)

Arm rest, fixed support, multi component

Arm rest, fixed support, multi components, hardware

Arm rest, fixed support, multi components, pad

Arm rest, fixed support, one piece

Arm rest, fixed support, one piece, hardware

Arm rest, fixed support, one piece, pads

Arm rest,

Axle plate

Back rest, adult

Back rest, child

Calf board, adult

Calf board, child

Castor fork

Castor housing dust cover

Castor housing

Castor plate

Castor

Crossbrace

Elevating legrest/footrest

Foot box, adult

Foot box, child

Foot pocket, adult

Foot pocket, child

Footplate extension

Footplate

Footrest, "L" shaped, adult

Footrest, "L" shaped, child

Footrest, adjustable, adult

Footrest, adjustable, child

Footrest, fixed, adult

Footrest, fixed, child

Frontrigging

Growable Frame

Handrim

Head rest flat, adjustable, adult

Head rest flat, adjustable, child

Head rest, complex designed, adult

Head rest, complex designed, child

Head rest, contoured, adult

Head rest, contoured, child

Heel Loop

Interfacing/mounting, complex

Interfacing/mounting, simple back

Interfacing/mounting, simple seat

Interfacing/mounting, simple

Interfacing/mounting, strap, children only

Neck rest with headrest, adjustable, adult

Neck rest with headrest, adjustable, child

Neck rest, adjustable, adult

Neck rest, adjustable, child

Pommel, fixed, adult

Pommel, fixed, child

Pommel, removable, adult

Pommel, removable, child

Push handle/backrest tube

Push to lock wheel locks

Quick-release axle pin

Rear Wheel Hub

Restraint, ankle

Restraint, butterfly

Restraint, calf

Restraint, chest

Restraint, complex

Restraint, pads

Restraint, pelvic, adult

Restraint, pelvic, child

Seat Sling

Spokes

Tire

Tray, elevating, adult

Tray, elevating, child

Tray, standard, adult

Tray, standard, child

Tray, tilting, adult

Tray, tilting, child

Wheel Lock

Wheelchair Repairs

Wheelchair, Manual, conventional, purchase

Wheelchair, Manual, conventional, rental

Wheelchairs

Winter overshoes (only for clients with custom footwear)

X Y Z

Yankeur-tonsil suction