



April 16, 2020

COVID-19 - INFORMATION FOR MS&E PROVIDERS UPDATE

Non-Insured Health Benefits (NIHB) Program: Medical Supplies and Equipment Coverage

This bulletin provides additional information on temporary changes to support client access to benefits during this pandemic.

To expedite client access to benefits, providers are invited to consult the [MS&E Benefit Lists](#) to confirm if prior approval is required. If prior approval is not required, providers may contact Express Scripts Canada (ESC) or the regional office to confirm client eligibility and submit the claim to ESC directly.

If required (i.e. for reasons of medical need, self-isolation, or those in locked down communities), quantity of supplies over the current recommended replacement guidelines may be requested without medical justification. Please include the quantity required per month on the prior approval form. An amount required up to June 30, 2020, may be approved. The prescription currently on file may be used and COVID-19 should be indicated on the prior approval form.

When requesting approval for delivery, please write “COVID-19” on the prior approval form and use the following benefit codes:

Benefit Code	Benefit Name
99401260	Delivery Audiology
99401261	Delivery Limb Body Orthotics
99401262	Delivery Footwear
99401263	Delivery Pressure Devices
99401264	Delivery Prosthetics
99401265	Delivery Respiratory
99401266	Delivery Self Care
99401267	Delivery Low Vision
99401268	Delivery Communication
99401269	Delivery Medical Surgical
99400262	Delivery Oxygen
99400819	Delivery Mobility
99400820	Delivery Incontinence Item



Delivery will be approved on a case by case basis where the current situation impacts client access. For payment, a waybill or signed delivery receipt must be attached to the paper claim.

Please note these modifications are an interim measure and are in place until June 30, 2020. Any continuation of these measures beyond this date will be communicated to providers.

Audiology Benefits

During the COVID-19 pandemic, the following services that can be provided through tele-audiology may be considered for coverage:

- fitting and dispensing (99401224 and 99401225)
- hearing aid performance check and readjustment (99400640 and 99400641).

Providers must indicate in the prior approval request that services will be provided remotely. Services provided through tele-audiology will be reimbursed at the current Program rate.

Before delivering services through tele-audiology, the provider must ensure that the quality of audio and video signals is appropriate for the services being provided. They must also ensure that the communication equipment used has the security measures to protect client confidentiality and that they make the client aware of any privacy risks. Providers must abide by regulatory requirements including privacy and consent regulations.

Providers who can deliver fitting and support through tele-audiology can now ship the hearing device (including hearing aids, bone-anchored hearing systems (BAHS) processor and replacement of cochlear implant (CI) processors, and FM systems) directly to clients who have received approval for coverage. Providers should inform their clients to contact them once the hearing device has been received to obtain the first-fit remotely.

When requesting approval for hearing device delivery, please write "COVID-19" on the prior approval form and use the benefit code 99401260 - Delivery Audiology. Delivery will not be paid separately if various items are being shipped to clients in one delivery.

A follow-up in-office visit for clients should be scheduled when feasible if clients experience fitting issues. There will be no additional reimbursement made by NIHB for this follow-up.

Please note that return privileges to the manufacturer have been extended to 180 days until further notice.



Oxygen Benefits (Update to the March 19, 2020 bulletin)

The NIHB Program is waiving testing requirements (ABG or oximetry) for clients who are applying for 9 months, 1 year and yearly renewal coverage for home supplemental oxygen (e.g. systems such as concentrators, portable cylinders, homefill systems, portable oxygen concentrators, etc.).

Please note that initial requests for supplemental home oxygen will continue to require testing results that will support the need. This testing can either be oximetry or an arterial blood gas (ABG). Approval is for 3 months for an initial request.

NIHB will accept either a written or verbal prescription from a physician or nurse practitioner. Verbal prescriptions must be provided to a respiratory therapist (RRT) or a nurse (RN) only and should include their signature, date and time received. For renewal requests, a previous prescription will be accepted as long as it is valid (i.e. less than 1 year old.)

Provider assessments for renewal of oxygen can be completed by telephone rather than in person. Providers should attempt to contact clients to obtain an update on their condition and the respiratory equipment in the home. Providers can use their assessment forms with a note stating that the assessment was done “by telephone”.

To request a change in equipment or cylinder quantity from the previous coverage period, please include an explanation written by the provider’s RRT or RN.

Respiratory Benefits

According to the [American Academy of Sleep Medicine \(AASM\)](#), if a client infected with COVID-19 uses positive airways pressure (PAP) therapy, this may increase the risk of transmission of COVID-19 to others in the immediate environment. However, the decision to continue or stop PAP therapy should be based on whether the risk-benefit assessment favours continued therapy.

Providers should discuss the risks and benefits of continuing versus discontinuing PAP therapy with their clients. If a decision is made to continue PAP in a client who has confirmed COVID-19 or is suspected of having COVID-19, the provider should advise the client to maintain strict quarantine measures and to consider strategies for protecting household contacts.

The provider should advise their clients about PAP device cleaning. Clients who continue PAP therapy when infected may request additional tubing, filters, and masks.

Self-care Benefits

Until further notice, the purchase of an electric breast pump will be covered instead of a rental. The breast pump provided must be a double electric breast pump.



Price Updates

Please note: Many item prices have been updated in the claims processing system as of April 1, 2020. However, resources have not permitted updating the [Medical Supplies and Equipment Benefit Lists](#) at this time. Before submitting a claim, providers should consult the [Express Scripts Canada website](#) to find updated prices. We apologize for any inconvenience.

Indigenous Services Canada Regional Offices

Prior Approvals/Inquiries MS&E Benefits

Alberta	1 800 232-7301
Atlantic	1 800 565-3294
Manitoba	1 800 665-8507
Northwest Territories/Nunavut	1 888 332-9222
Ontario	1 800 881-3921
Quebec	1 877 483-1575
Saskatchewan	1 866 885-3933
Yukon	1 888 332-9222

Inuit and First Nations non-residents of British Columbia:
Contact Alberta regional office