



First Nations Health Authority
Health through wellness



PHARMACY FEE SUPPLEMENT

For Clients of the First Nations
Health Authority

October 2019



Version History

Version	Modified/ Effective Date	Description
Pharmacy Fee Supplement Version 1	September 2019	Publication of Medical Equipment and Supply PINs for FNHA clients
Pharmacy Fee Supplement Version 2	September 2019	Publication of Drug Formularies and Medical Equipment and Supply Claiming Criteria for FNHA clients
Pharmacy Fee Supplement Version 3	September 2019	<p>Updated Publication of Medical Equipment and Supply PINs for FNHA clients</p> <ul style="list-style-type: none"> Updated Introduction section: <ul style="list-style-type: none"> Added in pre-determinations and itemized receipts to Claiming Guidelines. Added Claiming Criteria section, updated text. Added in a Rental Rules subsection. Made corresponding changes to the rental benefits. Added in a Repair Rules subsection. Made corresponding changes to the repair benefits. Added asterisks to service code descriptions to indicate when a claim will only be paid up to the posted rule. Updated headings to match the client and provider web experience (e.g. "General – Vision" to "Vision Assistance Aids"). The Incontinence section has been reorganized to have similar items grouped together and the Rules have been updated. The Rules listed in the Ostomy section have been updated. The Group 2 - Wound Care Claiming Criteria has been updated. Tracheostomy supplies were added to the pharmacy fee supplement as they are eligible to be dispensed by pharmacies. Updated Rules posted throughout the document to correct prices, limits, and frequencies. Made corrections to Claiming Criteria, Provider Claiming Criteria, and Client Claiming Criteria throughout the document.
Pharmacy Fee Supplement Version 4	September 2019	<ul style="list-style-type: none"> Transfer Bench/Board PIN was corrected to 17000302. Updated Service Descriptions throughout the document to provide clarity. Updated each section to sort alphabetically by Service Descriptions. Updated Special Authority section to include sub-sections on the processes both within and outside of British Columbia. Updated Yukon dispensing fee limit. Updated Rules for 17000048, 17000333, 17000116. Updated Provider Claiming Criteria for Group 1 – Wound Care. Updated Claiming Criteria for 17000042, 17000006. Updated Service Descriptions for 17000116, 17000229, 17000327, 37000025, 37000026, 37000027.
Pharmacy Fee Supplement Version 4.1	October 2019	<ul style="list-style-type: none"> Updated Service Descriptions for 37000025, 17000348, 17000222. Updated Rule for Service Descriptions: 17000348, 17000059, 12000008, 12000009. Updated Provider and Client Claiming Criteria for Service Descriptions: 37000020, 17000333. Updated Claiming Criteria for Service Descriptions: 19000009, 18000089, 17000333. Updated Special Authority section header and text.

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Introduction

This Fee Supplement contains products and services the First Nations Health Authority (FNHA) provides as eligible benefits for their clients that Pacific Blue Cross (PBC) administers on their behalf.



Please note: This Fee Supplement will be updated when changes, additions or deletions are made to the contained list of products and services.

All claiming procedures are outlined in the Pharmacy Reference Guide. For benefits that require pre-determinations as outlined in the tables below, Pacific Blue Cross will accept paper pre-determinations submitted by mail or fax (for FNHA clients only: 604.677.0277). Incomplete forms will be rejected and must be resubmitted.

Claiming Guidelines

Pre-Determinations

- For expensive medical supplies or equipment, it is recommended that claim-payment validation is received prior to purchasing.
- Pre-determinations are a simple way to check if the medical supply or equipment will be covered, and how much it will be reimbursed for.
- Pre-determinations may require specific claiming criteria to be included with the quote.
- Regardless of whether a pre-determination is submitted prior to a claim, all claims will be considered using the same claiming criteria requirements.

Provider Claims by Paper

Submit a completed PBC Provider claim form for FNHA clients, ensuring expense itemization. Attach any additional required documentation as outlined in the table below to the claim. All records of the purchase must be retained and are subject to review.

Provider Electronic Claims

For eligible electronic claims, all records of the purchase must be retained and are subject to review. Retain any additional required documentation as outlined in the table below.

Client Claims by Paper

Submit a completed PBC claim form for FNHA clients with the attached official itemized receipt showing the expense was paid in full. Attach any additional required documentation as outlined in the table below to your claim.

Client Electronic Claims

For eligible electronic claims, retain a copy of the official itemized receipt showing the expense was paid in full. Retain any additional required documentation as outlined in the table below.

Itemized Receipts

Pacific Blue Cross' standards for itemized receipts follow the standards outlined by CLHIA in the Service and Supply Provider Receipt Best Practices for Group Benefit Reimbursement. Suggested fields include:

- | | |
|--|-----------------------------------|
| • Receipt date | • Type of service/supply provided |
| • Date of service/supply | • Quantity provided |
| • Services Billed by Monthly Fee | • Length of treatment |
| • Government plan payment | • Charge amount |
| • Other payment | • Taxes (as applicable) |
| • Provider name | • Receipt number |
| • Provider address | • Method of payment |
| • Provider phone number | |
| • Provider professional identification, designation or credentials | |
| • Patient name | |

Any time a physician is indicated in the Provider Claiming Requirements, nurse practitioners are eligible practitioners, unless otherwise indicated.

Calendar Years

Time periods listed in the fee supplement are calendar years unless otherwise indicated.

Claiming Criteria

The tables below outline Claiming Criteria requirements. The detailed requirements are summarized by three indicators 1) Yes, 2) No, and 3) History on File.

"Yes" indicates the need to submit all supporting documentation at time of claim.

- All claims submitted will pend for adjudication
 - Service descriptions can be marked with an asterisk
 - This indicates that "claims submitted will only be considered up to the posted rule" OR,
 - Service descriptions are not marked with an asterisk
 - This indicates that claims can be considered above the posted rule

"No" indicates that no documentation must be submitted at point of claim but must be retained for claim verification.

- Some claims submitted will auto adjudicate.
 - Service descriptions can be marked with an asterisk
 - This indicates that "claims submitted will only be considered up to the posted rule" OR
 - Service descriptions are not marked with an asterisk
 - Claims submitted at or below the posted rule OR
- Some claims submitted will require manual submission
 - Service descriptions that are not marked with an asterisk
 - Claims submitted is in excess of the posted rule

"History" indicates that some claims may process without claiming criteria submitted at each claim if the appropriate medical history is already on the client's file.

- Some claims submitted will auto adjudicate
 - The appropriate medical history is already on the client's file.
 - Service descriptions marked with an asterisk
 - Claims submitted at or below the posted rule OR
 - Service descriptions that are not marked with an asterisk
 - Claims submitted at or below the posted rule
- Some claims submitted will require manual submission
 - The appropriate medical history is not already on the client's file and/or,
 - Service descriptions are not marked with an asterisk
 - Claims submitted is in excess of the posted rule

Calendar Years

Time periods listed in the fee supplement are calendar years unless otherwise indicated.

Rental Rules

- Rentals are used to support short term or acute conditions
- To support rental adjudication, Providers must submit the following:
 - Medical documentation as outlined in the claiming criteria
 - Price of the per-month rental
 - A quote with the cost for buying the equivalent equipment or supply
 - Prognosis and/or duration of the rental being requested

Rule Title	Description
Rental Rule A	To support clients with immediate rental needs, clients are eligible for one month of rental expenses prior to submitting any required supporting documentation as outlined in the provider claiming criteria.
Rental Rule B	Rentals and Purchase will both accumulate to the purchase price.
Rental Rule C	Rentals will accumulate to the posted price in the Rule column.
Rental Rule D	To support clients with immediate rental needs, clients are eligible for one month of rental expenses prior to submitting any required supporting documentation as outlined in the provider claiming criteria. Rentals may only accumulate to the period of time defined in the benefit.

Repair Rules

- Repairs will never be approved for rentals, only purchase.
- Repairs should always be used to prolong the replacement timeline of a medical supply or equipment
- Repairs are not covered if they qualify for warranty coverage.
- Repairs will only be considered when we deem the cost of repair to be more economical than the cost of replacement or the repair substantially extends the useful life of the item.
- To support repair requests, Providers must have the following:
 - Description of the medical equipment or supply requiring repair
 - The date of purchase of the original medical equipment or supply (or the age of the item)
 - Type of repair being performed
 - Itemization of repair.
 - The cost of the repair
 - A quote with the cost of buying the equivalent medical equipment or supply

Repair Rule A	Under the posted price in the Fee Supplement require the retention of the documentation to supporting the repair request. This documentation must be made available in the event of the audit. Over the posted price in the Fee Supplement require the above documentation to be submitted to support the repair request.
Repair Rule B	All documentation must be submitted to support the repair request.

Table Legend - PINS

Table Legend	
PIN will no longer be used.	Grey
Product Description Changed	Orange
New Assigned Pins	Yellow

Medical Supplies & Equipment

Bathing & Toileting Aids

Current PINs	Service Description <i>*Indicates claims submitted will only be considered up to the posted rule.</i>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000300	Bath Chair - purchase		\$90 each. Limit 1 every 5 years.	H	<p>If PBC has history on file, no additional documentation required.</p> <p>If no history on file, pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including: medical note from physician indicating diagnosis, prognosis and medical necessity, detailed quote of product.</p>	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> bath chair 	17000001				
	<ul style="list-style-type: none"> bath seat - pediatric 	17000023				
17000003	Bath Chair Lift - battery powered - purchase		\$1,175 each. Limit 1 every 4 years.	Y	<p>Pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis and medical necessity, detailed quote of product.</p>	Same as provider criteria and submit detailed receipt of purchase.
17000004	Bath Chair Lift - battery powered – bariatric - purchase		Limit 1 every 4 years.	Y	<p>Pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis and medical necessity, detailed quote of product.</p>	Same as Provider criteria and submit detailed receipt of purchase.

Current PINs	Service Description <i>*Indicates claims submitted will only be considered up to the posted rule.</i>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000005	Bath Chair Lift - rental		Rental Rule A	Y	See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000006	Bath Chair Lift - repairs		\$200 every 4 years. Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000002	Bath Chair Lift Battery		\$250 each. Limit 1 every year.	H	If PBC has history on file, no additional documentation required. If no history on file, pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: Medical note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17000007	Bathing & Toileting Aids - repairs		\$50 per year. Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000008	Bedpan		\$22.08 each. Limit 1 every 3 years.	N	Provider to retain record of the purchase being provided to the client.	Client to submit detailed receipt of purchase.
17000301	Commode - purchase		\$1,600 every 5 years.	H	If PBC has history on file, no additional documentation required. If no history on file, pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: medical note from physician indicating diagnosis, prognosis and medical necessity,	Same as Provider criteria and submit detailed receipt of purchase.
	• commode – standard - purchase	17000009				
	• commode – wheeled - purchase	17000011				
	• commode - shower chair	17000018				

Current PINs	Service Description <i>*Indicates claims submitted will only be considered up to the posted rule.</i>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
					detailed quote of product.	
17000010	Commode - rental		Rental Rule A	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000015	Inspection Mirror – for bathing & toileting		\$67.69 per lifetime.	Y	Pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17000012	Raised Toilet Seat - standard		\$68 each. Limit 1 every 3 years.	H	Same as 17000301	Same as 17000301
17000013	Raised Toilet Seat - with arms		\$114.59 each. Limit 1 every 3 years.	H	Same as 17000301	Same as 17000301
17000017	Toilet Safety Frame		\$53.40 each. Limit 1 every 5 years.	H	If PBC has history on file, no additional documentation required. If no history on file, pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: medical note from physician indicating diagnosis, prognosis and medical necessity, detailed quote of product	Same as Provider criteria and submit detailed receipt of purchase.
17000019	Toilet Tissue Aid		1 every 5 years.	N	Provider to retain record of the purchase being provided to the Client	Client to submit detailed receipt of purchase.

Current PINs	Service Description <i>*Indicates claims submitted will only be considered up to the posted rule.</i>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000302	Transfer Bench/Board		\$150 every 5 years.	H	If PBC has history on file, no additional documentation required.	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> tub transfer - bench 	17000020			If no history on file, pre-determination required.	
	<ul style="list-style-type: none"> tub transfer - board 	17000021			All medical documentation for this expense needs to be submitted to PBC for review, including: Medical note from physician indicating diagnosis and medical necessity, detailed quote of product.	
	<ul style="list-style-type: none"> transfer board 	17000056				
17000016	Tub Mat - non-slip		\$30 each. Limit 1 every 2 years.	N	Provider to retain record of the purchase being provided to the Client	Client to submit detailed receipt of purchase.
17000022	Urinal		1 every 3 years.	Y	Pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis and medical necessity, detailed quote of product	Same as Provider criteria and submit detailed receipt of purchase.

Blood Pressure Monitor

Current PINs	Service Description <i>*Indicates claims submitted will only be considered up to the posted rule.</i>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000042	Blood Pressure Monitor - electronic		\$100 each. Limit 1 per 5 years.	N	Provider must retain the prescription/written recommendation and a record of the purchase being provided to the client. Claims in excess of the limit must be submitted for review.	Same as Provider criteria and submit detailed receipt of purchase.

Cushioning & Protectors

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000024	Elbow Protector		\$31.58 each. Limit 1 every 5 years.	N	Provider to retain record of the purchase being provided to the Client	Client to submit detailed receipt of purchase.
17000025	Heel Protector (1 pair)		\$33.82 each. Limit 1 per year.	N	Same as 17000024	Same as 17000024
17000026	Invalid Ring		\$26.53 each. Limit 1 every 3 years.	N	Same as 17000024	Same as 17000024
17000027	Leg Lifter		\$23.67 each. Limit 1 every 5 years.	N	Same as 17000024	Same as 17000024
17000028	Positioning Wedge		\$87 each. Limit 1 every 3 years.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17000029	Quad Knee Separator		1 every 3 years	Y	Same as 17000028	Same as 17000028

Dressing Aids

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000030	Button Hook		\$20.00 per year.	Y	Pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: medical note from physician indicating diagnosis, prognosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000031	Dressing Hook		\$24.94 each. Limit 1 every 5 years.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
17000033	Reacher		\$30.39 each. Limit 1 every 5 years.	N	Same as 17000031	Same as 17000031
17000032	Shoe Horn – long handled		\$12.03 each. Limit 1 every 5 years.	N	Same as 17000031	Same as 17000031
17000034	Sock & Stocking Aid		\$63.44 each. Limit 1 every 5 years.	N	Same as 17000031	Same as 17000031

Feeding Pump, Supplies & Feeding Aids

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
37000001	Built-Up Padded Handle or Universal Cuff		\$33.30 each. Limit 1 every 5 years.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
37000002	Enteral Feeding Button		\$278.56 each. Limit 3 per year.	H	<p>If PBC has history on file, no additional documentation required.</p> <p>If no history on file, pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including: Medical note from physician indicating diagnosis, prognosis and medical necessity, detailed quote of product.</p>	Same as Provider criteria and submit detailed receipt of purchase.
37000017	Extension Set		\$43.13 each. Limit 12 per year.	H	Same as 37000002	Same as 37000002

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
37000018	Feeding Button Decompression Tube		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
37000007	Feeding Pump - purchase		Limit 1 every 5 years.	Y	Pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: Medical note from physician indicating diagnosis, prognosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
37000006	Feeding Pump - rental		Rental Rule A	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
37000004	Feeding Pump - repairs		\$50 per year. Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
37000019	Feeding Pump Backpack		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis and medical	Same as Provider criteria and submit detailed receipt of purchase.

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
					necessity, detailed quote of product.	
37000005	Feeding Pump Bag		\$9.97 each. Limit 250 per year.	H	Same as 37000002	Same as 37000002
37000008	Feeding Pump IV Pole		\$176.67 per lifetime.	H	Same as 37000002	Same as 37000002
37000003	Feeding Supplies – enteral Eligible Products Include: <ul style="list-style-type: none"> • adaptors • plugs 		\$26.82 each. Limit 12 per year.	H	Same as 37000002	Same as 37000002
37000009	Food Guard		\$22.69 each. Limit 1 every 5 years.	N	Same as 37000001	Same as 37000001
37000015	Gastric Catheters & Tubes		\$239.17 each. Limit 12 per year.	H	Same as 37000002	Same as 37000002
37000012	Gravity Feeding Bag		\$8.04 each. Limit 250 per year.	H	Same as 37000002	Same as 37000002
37000013	Gravity Feeding Rigid Container		Limit 24 per year.	H	Same as 37000002	Same as 37000002
37000010	Gravity Feeding Set - with bag		\$13.78 each. Limit 250 per year.	H	Same as 37000002	Same as 37000002
37000011	Gravity Feeding Set - without bag		\$8.45 each. Limit 250 per year.	H	Same as 37000002	Same as 37000002
17000038	Luer Lock Syringe - for feeding pump - disposable (3CC)		\$0.47 each. Luer Lock Syringes have a combined limit of 52 per year.	H	Same as 37000002	Same as 37000002
17000039	Luer Lock Syringe - for feeding pump - disposable (5CC)		\$0.76 each. Luer Lock Syringes have a combined limit of 52 per year.	H	Same as 37000002	Same as 37000002
17000040	Luer Lock Syringe - for feeding pump - disposable (10CC)		\$0.49 each. Luer Lock Syringes have a combined limit of 52 per year.	H	Same as 37000002	Same as 37000002
17000041	Luer Lock Syringe - for feeding pump - disposable (20CC)		\$0.99 each. Luer Lock Syringes have a combined limit of 52 per year.	H	Same as 37000002	Same as 37000002
37000016	Nasogastric Tube		\$31.75 each. Limit 24 per year.	H	Same as 37000002	Same as 37000002
37000014	Non-Stick Mat		\$20.84 each. Limit 1 every 5 years.	N	Same as 37000001	Same as 37000001
17000035	Specialized Utensil - fork or spork		\$19.31 each. Limit 1 every 5 years.	N	Same as 37000001	Same as 37000001

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000036	Specialized Utensil - knife		\$26.60 each. Limit 1 every 5 years.	N	Same as 37000001	Same as 37000001
17000037	Specialized Utensil - spoon		\$18.82 each. Limit 1 every 5 years.	N	Same as 37000001	Same as 37000001

Gender Affirming Products

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17600002	Bra Inserts (pair)		Limit 1 every 2 years.	Y	Pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: Medical note from physician indicating necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17600001	Brassiere - for bra inserts		Limit 2 every 2 years.	Y	Same as 17600002	Same as 17600002
17600007	Gender Affirming Products - shipping/delivery		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17600003	Lower Body Garment - gaff		Limit 2 per year.	Y	Same as 17600002	Same as 17600002
17600004	Packer - phallus		Limit 1 per year.	Y	Same as 17600002	Same as 17600002
17600005	Packer - securement		Limit 1 per year.	Y	Same as 17600002	Same as 17600002
17600006	Packer - with Stand to Pee (STP) device		Limit 1 per year.	Y	Same as 17600002	Same as 17600002
17600008	Stand to Pee (STP) Device		Limit 1 per year.	Y	Same as 17600002	Same as 17600002
17600009	Upper Body Garment - binder		Limit 2 per year.	Y	Same as 17600002	Same as 17600002
17600010	Vaginal Dilator - kit		Limit 1 every 5 years.	Y	Same as 17600002	Same as 17600002
17600011	Vaginal Dilator - single		Limit 1 every 5 years.	Y	Same as 17600002	Same as 17600002

Grab Bars

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000307	Grab Bar – purchase <i>Excluding Installation</i>		\$750 per lifetime.	H	<p>If PBC has history on file, no additional documentation required.</p> <p>If no history on file, pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including: Medical note from physician indicating diagnosis and medical necessity, detailed quote of product Installation is not an eligible benefit.</p>	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> floor to ceiling pole 	17000052				
	<ul style="list-style-type: none"> grab bar - for tub - non-permanent 	17000014				
	<ul style="list-style-type: none"> grab bar - bed 	17000053				
	<ul style="list-style-type: none"> trapeze 	17000057				
17000308	Grab Bar - rental		Rental Rule A	Y	<p>Pre-determination required.</p> <p>See Rental Rules section for details.</p>	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> grab bar - for bed - rental 	17000054				
	<ul style="list-style-type: none"> trapeze - rental 	17000058				
	<ul style="list-style-type: none"> trapeze bar & floor stand - bariatric 	19000010				

Hospital Beds

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000304	Hospital Bed – electric - purchase		\$2,600 each. Limit 1 every 10 years.	Y	Pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis, prognosis and medical necessity including length of time the equipment is required, detailed quote of product which must include head and leg elevating capability as well as hi-low bed base height adjustment.	Same as provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> hospital bed – electric - with rails, 	19000001				
	<ul style="list-style-type: none"> hospital bed - electric - with rails – bariatric, 	19000002				
	<ul style="list-style-type: none"> hospital bed - electric – pediatric. 	19000003				
19000012	Hospital Bed – electric - rental		Rental Rule A	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
19000011	Hospital Bed – electric - repairs		\$200 every 5 years. Repair Rule B	H	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000351	Hospital Bed – manual - purchase		\$1,885 each. Limit 1 every 10 years.	Y	Same as 17000304	Same as 17000304
17000352	Hospital Bed – manual - rental		Rental Rule A	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000353	Hospital Bed - manual - repairs		\$200 every 5 years. Repair Rule B	H	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
19000013	Hospital Bed & Mattress – electric - delivery/shipping		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.
17000305	Mattress – for hospital bed		Included in 17000351 or 17000304 limits.	Y	Pre-determination required.	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> mattress – for hospital bed - bariatric 	19000005			All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis, prognosis and medical necessity including length of time the equipment is required, detailed quote of product which must include head and leg elevating capability as well as hi-low bed base height adjustment.	
	<ul style="list-style-type: none"> mattress - for hospital bed - standard. 	19000004				
17000303	Mattress – for hospital bed - pressure relief		\$3,500 each. Limit 1 every 10 years.	Y	Pre-determination required.	Same as Provider criteria and submit detailed receipt of purchase.

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> pressure relief mattress – for hospital bed - bariatric 	19000007			All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis, prognosis and medical necessity including length of time the equipment is required, detailed quote of product.	
	<ul style="list-style-type: none"> pressure relief mattress - for hospital bed - standard. 	19000006				
19000009	Overbed Table - purchase		\$150 every 10 years.	Y	Same as 17000303	Same as 17000303
19000014	Overbed Table - rental		Rental Rule A	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000306	Overlay - powered/non-powered		\$150 every 10 years.	Y	Same as 17000303	Same as 17000303
	<ul style="list-style-type: none"> non-powered overlay, 	18000093				
	<ul style="list-style-type: none"> powered overlay. 	19000008				

Incontinence Supplies

Preamble

Clients requiring incontinence supplies in Group 1 can receive access to the supplies without Pre-Determination up to the posted rule. Providers and Clients must retain the prescription/written recommendation and a record of the purchase being provided to the client.

Clients requiring Group 1 supplies in excess of the rules can submit a pre-determination for additional coverage. All documentation supporting this expense will be reviewed, including a note from physician, indicating diagnosis, prognosis and detailed quote of products required.

Group 1 Supplies

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000105	Diapers - pull-ups – adult (small or medium)		\$200 every 3 months <i>See preamble for clients requiring incontinence supplies in excess of these limits.</i>	N	Provider must retain the prescription/written recommendation and a record of the purchase being provided to the client.	Same as Provider criteria and submit detailed receipt of purchase.
17000106	Diapers - pull-ups – adult (large or X-large)					
17000107	Diapers - pull-ups – adult (3X-large or 4X-large)					
17000108	Diapers - tabs – adult (small or medium)					
17000109	Diapers - tabs – adult (large or X-large)					
17000110	Diapers - tabs – adult (3X-large or 4X-large)					
17000113	Diapers - pull-ups – child (junior size 4 and up) <i>Must be age 3 or above</i>		\$150 every 3 months. <i>See preamble for clients requiring incontinence supplies in excess of these limits.</i>	N	Provider must retain the prescription/written recommendation and a record of the purchase being provided to the client.	Same as provider criteria and submit detailed receipt of purchase.
17000122	Diapers - pull-ups – child (youth or X-small adult) <i>Must be age 3 or above</i>					
17000112	Diapers - tabs – child <i>Must be age 3 or above</i>					
17000121	Diapers - tabs – child (youth or X-small adult) <i>Must be age 3 or above</i>					
17000111	Incontinence Liners - disposable		\$100 every 3 months. <i>See preamble for clients requiring incontinence supplies in excess of these limits.</i>	N	Provider to retain record of the purchase being provided to the Client.	Same as provider criteria and submit detailed receipt of purchase.

Other Incontinence Supplies

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000117	Anal Plug		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17000114	Panty Brief – mesh – reusable <i>Must be age 3 or above</i>		\$3.43 each. Limit 9 every 3 months.	N	Provider to retain record of the purchase being provided to the Client.	Same as Provider criteria and submit detailed receipt of purchase.
17000115	Underpad - disposable (23"x36") <i>Must be age 3 or above</i>		\$0.50 each. Limit 150 every 3 months.	N	Same as 17000114	Same as 17000114
17000116	Underpad - washable (36"x54") <i>Must be age 3 or above</i>		\$20.28 each. Limit 6 every year.	N	Provider to retain record of the purchase being provided to the Client.	Same as provider criteria and submit detailed receipt of purchase.
17000120	Uresta Continence Care - kit		Same as 17000117	Y	Same as 17000117	Same as 17000117

Lifts & Transfer Equipment/Supplies/Repairs

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
37000021	Hydraulic Lift - manual		Limit 1 every 10 years.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
37000020	Hydraulic Lift - powered		Limit 1 every 10 years.	Y	Same as 37000021	Same as 37000021
17000309	Hydraulic Lift - recycled		Limit 1 every 10 years.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> hydraulic lift – recycled - powered, 	37000022				
	<ul style="list-style-type: none"> hydraulic lift – recycled - standard 	37000023				
17000059	Hydraulic Lift – repairs <i>Installation costs are not eligible under this service code</i>		\$200 every 10 years Repair Rule B	H	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
37000024	Sling/Hammock - for hydraulic lift		Limit 2 every 2 years.	N	Provider to retain record of the purchase being provided to the Client	Client to submit detailed receipt of purchase.
17000055	Transfer Belt		Limit 1 per year.	N	Provider to retain record of the purchase being provided to the Client	Client to submit detailed receipt of purchase.

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000238	Transfer Disc		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Pre- determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.

Ostomy/Catheter and Supplies

First Nations Health Authority provides supplementary ostomy coverage, beyond that provided by PharmaCare's Plan W Formulary. This additional coverage is outlined in the table below:

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000082	*Adaptor/connector/clamp		\$30.21 each.	N	Provider must retain the prescription/written recommendation and a record of the purchase being provided to the client.	Same as provider criteria and submit detailed receipt of purchase.
17000093	*Catheter – external - male - disposable		\$5.66 each. Limit 90 every 3 months.	N		
17000094	*Catheter - external - male - reusable		\$32.95 each.	N		
17000095	*Catheter - indwelling		\$32.20 each. Limit 4 every 3 months.	N		
17000096	*Catheter - intermittent -disposable		\$1.70 each. Combined intermittent catheter limit 360 every 3 months.	N		
17000097	*Catheter - intermittent - reusable		\$3.07 each. Combined intermittent catheter limit 360 every 3 months.	N		
17000098	*Catheter - irrigation		\$15.02 each.	N		
17000084	*Catheter Plug		\$19.79 each.	N		
17000092	*Catheter Supplies - extension tubing		\$3.80 each. Limit 52 per year.	N		
17000085	*Catheter Tray - catheterization		\$7.46 each.	N		
17000086	*Catheter Tray - irrigation		\$9.79 each.	N		
17000088	*Drainage Leg Bag - reusable		\$70.94 each. Limit 4 per year.	N		
17000087	*Drainage Night Bag - disposable		\$9.49 each. Limit 52 per year.	N		
17000046	*Irrigation Solution (large bottle)		\$2.41 each.	N		
17000101	*Irrigation Syringe - funnel tip (60CC)	17000047	\$7.79 each. Limit 52 per year.	N		
17000090	*Leg Bag - with tubing - disposable		\$14.12 each. Limit 52 per year.	N		
17000089	*Leg Bag - without tubing - disposable		\$16.73 each. Limit 52 per year.	N		
17000091	*Leg Strap - for drainage bags		\$18.76 each. Limit 52 per year.	N		
17000102	*Lubricating Jelly - packet – single use (3g)		\$0.11 per packet. Limit 400 packets every 3 months.	N		
17000103	*Lubricating Jelly - tube (114 g)		\$3.57 per tube.	N		

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
			Limit 12 every 3 months.			
17000104	*Night Bottle - reusable		\$42.16 each. Limit 4 per year.	N	Provider must retain the prescription/written recommendation and a record of the purchase being provided to the client.	Same as provider criteria and submit detailed receipt of purchase.
17000100	*Pessary		\$120 each. Limit 1 every 6 months.	N		
17000083	*Tape/Adhesive		\$30.04 each.	N		

Other General Supplies/Fees

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000045	Gloves - latex/vinyl (100 per box)		\$11.90 per box. Limit 12 boxes per year.	N	Provider to retain record of the purchase being provided to the Client	Client to submit detailed receipt of purchase.
17000051	Medical Supplies & Equipment - recycled		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.
17000196	Medical Supplies & Equipment - restocking fee		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.
17000049	MedicAlert® Bracelet - standard		\$50 per lifetime membership fee, \$49 (plus shipping,	Y	Pre-determination required.	Same as Provider criteria and submit

Current PINs	Service Description *Indicates claims submitted will only be considered up to the posted rule.	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
			handling, and taxes) for certain bracelet choices. 1 per lifetime.		All medical documentation for this expense needs to be submitted to PBC for review, including medical note from physician indicating diagnosis, detailed quote of product.	detailed receipt of purchase.

Prenatal/Maternity

Current PINs	Service Description *Indicates claims submitted will only be considered up to the posted rule.	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000310	Breast Pump – electric - purchase		One per birth event.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Client to submit detailed receipt of purchase.
	• breast pump - electric	17000197				
	• breast pump – electric - HP	17000198				
17000044	Breast Pump - electric - rental		One per birth event. Rental Rule D	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000043	Breast Pump – manual - purchase		One per birth event.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
17000048	Maternity Belt		One per pregnancy.	N	Same as 17000043	Same as 17000043
17000050	Nipple Shield		\$15 each. Limit 6 units every 3 months: maximum coverage 6 months	N	Same as 17000043	Same as 17000043

Vision Assistance Aids

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
28100001	Coloured Filter		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Pre-determination required.	Same as Provider criteria and submit detailed receipt of purchase.
28100002	Face Cradle					
28100003	Illuminated Magnifier - handle					
28100004	Illuminated Magnifier - head					
28100005	Magnifier					
28100006	Microscope					
28100007	Telescope/Monocular					
28100008	White Cane					
28100009	White Cane - tip		Limit 3 per year.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.

Walking Aids

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000315	Cane		\$150 every 2 years.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	• cane - aluminum adjustable - quad	17000060				
	• cane - single	17000061				
17000336	Cane - accessories/repairs Eligible Products Include: <ul style="list-style-type: none"> cane - tip cane - tip - ice pick 		\$40 every 2 years. Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000317	Crutch(es) - accessories/repairs		\$40 every 2 years. Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
	• crutch, hand grips	17000074				
	• crutch - pads	17000075				
	• crutch – tip - ice pick	17000076				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> crutch – tip - rubber 	17000077				
17000316	Crutch(es) – purchase or rental		\$300 every 2 years for purchase. Rental Rule B	N	Provider to retain record of the purchase being provided to the Client. Rental information must include rental to and from dates. See Rental Rules section for details.	Client to submit detailed receipt of purchase. If item is a rental, must indicate to and from dates.
	<ul style="list-style-type: none"> crutches - axillary – purchase - pair 	17000062				
	<ul style="list-style-type: none"> crutches - axillary – rental - pair 	17000063				
	<ul style="list-style-type: none"> crutches – specialized – purchase - pair - forearm 	17000064				
18000090	Mobility Aids - delivery/shipping		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.
17000313	Walker - accessories		\$450 every 2 years.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	<ul style="list-style-type: none"> walker - glide brakes 	17000078				
	<ul style="list-style-type: none"> walker – skis (set of 2) 	17000079				
	<ul style="list-style-type: none"> walker - wheels 	17000081				
17000311	Walker - purchase		\$700 every 5 years.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	<ul style="list-style-type: none"> walker – standard – purchase, 	17000065				
	<ul style="list-style-type: none"> walker - purchase - 2-wheel, 	17000068				
	<ul style="list-style-type: none"> walker – purchase - 4-wheel, 	17000069				
	<ul style="list-style-type: none"> walker – purchase – bariatric - 4-wheel. 	17000070				
17000314	Walker - recycled		Limit 1 every 5 years.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating medical necessity, detailed quote of service.	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> walker – standard - recycled 	17000067				
	<ul style="list-style-type: none"> walker - wheeled - recycled 	17000071				
17000312	Walker - rental		Rental Rule A	Y		Same as Provider criteria and submit

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> walker – standard - rental 	17000066			Pre-determination required.	detailed receipt of purchase.
	<ul style="list-style-type: none"> walker - wheeled - rental 	17000072			See Rental Rules section for details.	
17000073	Walker - repairs		\$100 every 5 years Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
17000080	Walker – tray/pouch		Included in 17000313 limits.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.

Wheelchairs

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
18000001	Wheelchair – electric - purchase		\$7,000 every 5 years.	Y	<p>Pre-Determination Required.</p> <p>Please provide note from attending doctor or nurse practitioner indicating diagnosis, prognosis, length of time equipment is required, and circumstances necessitating use of a wheelchair; a mobility assessment from an occupational therapist or physiotherapist; mobility assessment must include medical necessity for each component of the wheelchair.</p>	Same as Provider criteria and submit detailed receipt of purchase.
	• Wheelchair – electric – purchase,					
	• wheelchair arm rest - fixed support - multi component,	18000025				
	• wheelchair arm rest - fixed support - multi components – hardware,	18000027				
	• wheelchair - arm rest - fixed support - multi components – pads,	18000026				
	• wheelchair - arm rest - fixed support - one piece,	18000022				
	• wheelchair - arm rest - fixed support - one piece – hardware,	18000024				
	• wheelchair - arm rest - fixed support - one piece – pads,	18000023				
	• wheelchair - arm rest – movable,	18000028				
	• wheelchair - axle plate,	18000029				
	• wheelchair - back support – cover -adult,	18000011				
	• wheelchair - back support cover, child	18000010				
	• wheelchair - back support – adult,	18000009				
	• Wheelchair - back support – child,	18000008				
	• wheelchair – brakes,	18000031				
	• wheelchair - calf board – adult,	18000033				
	• wheelchair - calf board – child,	18000032				
	• wheelchair – castor,	18000034				
	• wheelchair - castor fork,	18000035				
	• wheelchair - castor housing,	18000036				
	• wheelchair - castor housing - dust cover,	18000037				
	• wheelchair - castor plate,	18000038				
	• wheelchair - crossbrace	18000039				
	• wheelchair - cushion interfacing mounting – complex,	18000057				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting strap - children only, 	18000053				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting strap - simple seat, 	18000054				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting – simple, 	18000056				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting - simple back, 	18000055				
	<ul style="list-style-type: none"> wheelchair - elevating leg rest/foot rest, 	18000040				
	<ul style="list-style-type: none"> wheelchair - elevating tray – adult, 	18000082				
	<ul style="list-style-type: none"> wheelchair - elevating tray – child, 	18000081				
	<ul style="list-style-type: none"> wheelchair - foot box – adult, 	18000045				
	<ul style="list-style-type: none"> wheelchair - foot box – child, 	18000044				
	<ul style="list-style-type: none"> wheelchair - foot pocket – adult, 	18000047				
	<ul style="list-style-type: none"> wheelchair - foot pocket – child, 	18000046				
	<ul style="list-style-type: none"> wheelchair - foot rest, 	18000043				
	<ul style="list-style-type: none"> wheelchair – footplate, 	18000041				
	<ul style="list-style-type: none"> wheelchair - footplate extension, 	18000042				
	<ul style="list-style-type: none"> wheelchair - front rigging, 	18000048				
	<ul style="list-style-type: none"> wheelchair - growable frame, 	18000049				
	<ul style="list-style-type: none"> wheelchair – handrim, 	18000050				
	<ul style="list-style-type: none"> wheelchair - headrest, 	18000051				
	<ul style="list-style-type: none"> wheelchair - heel loop, 	18000052				
	<ul style="list-style-type: none"> wheelchair - neck rest - with headrest – adjustable - adult, 	18000061				
	<ul style="list-style-type: none"> wheelchair - neck rest - with headrest – adjustable - child, 	18000060				
	<ul style="list-style-type: none"> wheelchair - neck rest – adjustable - adult, 	18000059				
	<ul style="list-style-type: none"> wheelchair - neck rest – adjustable - child, 	18000058				
	<ul style="list-style-type: none"> wheelchair – parts – miscellaneous - electric wheelchair, 	18000103				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	• wheelchair – pommel - adult,	18000063				
	• wheelchair – pommel - child,	18000062				
	• wheelchair – pommel – removable - adult,	18000065				
	• wheelchair – pommel – removable - child,	18000064				
	• wheelchair – positioning - ankle,	18000066				
	• wheelchair – positioning - butterfly,	18000067				
	• wheelchair – positioning - calf,	18000068				
	• wheelchair – positioning - chest,	18000069				
	• wheelchair – positioning - complex,	18000070				
	• wheelchair – positioning - pads,	18000071				
	• wheelchair – positioning - pelvic belt - adult,	18000073				
	• wheelchair – positioning - pelvic belt - child,	18000072				
	• Wheelchair - push handle - backrest tube,	18000074				
	• wheelchair - push to lock - wheel locks,	18000075				
	• wheelchair - quick-release axle pin,	18000076				
	• wheelchair - rear wheel hub,	18000077				
	• wheelchair - sling/rigid,	18000078				
	• wheelchair - spokes,	18000079				
	• wheelchair - standard tray - adult,	18000084				
	• wheelchair - standard tray - child,	18000083				
	• wheelchair - tilting tray - adult,	18000086				
	• wheelchair - tilting tray = child,	18000085				
	• wheelchair - tires,	18000080				
	• wheelchair - wheel lock,	18000087				
	• wheelchair - custom seat and back - one system,	18000101				
	• wheelchair - amputation board,	1800002 1				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> wheelchair - cushion and protectors, 	18000092				
	<ul style="list-style-type: none"> cover for wheelchair seat - child, 	18000012				
	<ul style="list-style-type: none"> cover for wheelchair seat - adult, 	18000013				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – one - child, 	18000014				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – pair - child, 	18000015				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – one - adult, 	18000016				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – pair - adult, 	18000017				
	<ul style="list-style-type: none"> wheelchair – seat - adult, 	18000018				
	<ul style="list-style-type: none"> wheelchair – seat - child, 	18000019				
	<ul style="list-style-type: none"> wheelchair - cushion molded seat, 	18000104				
	<ul style="list-style-type: none"> wheelchair - power recline for power wheelchair, 	18000100				
	<ul style="list-style-type: none"> wheelchair - power tilt for power wheelchair. 	18000099				
18000004	Wheelchair – electric - recycled - purchase		Same as 18000001	Y	Same as 18000001	Same as 18000001
18000002	Wheelchair - electric - rental		\$250 per year. Rental Rule C	Y	Pre-determination required. See Rental Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
18000089	Wheelchair – electric - repairs		\$200 every 5 years. Repair Rule A	N	See Repair Rules section for details.	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> wheelchair - back & seat cushions – repairs 					
	<ul style="list-style-type: none"> wheelchair – electric - batteries 	18000030				
18000006	Wheelchair – manual - purchase		\$5,000 every 5 years.	Y	Pre-Determination Required. Please provide note from attending doctor or nurse practitioner indicating diagnosis, prognosis, length of time equipment is required, and circumstances	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> wheelchair – manual - purchase 					
	<ul style="list-style-type: none"> wheelchair - arm rest - fixed support - multi component, 	18000025				
	<ul style="list-style-type: none"> wheelchair - arm rest - fixed support - multi components - hardware, 	18000027				
	<ul style="list-style-type: none"> wheelchair - arm rest - fixed support - multi components - pads, 	18000026				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> wheelchair - arm rest - fixed support - one piece, 	18000022			necessitating use of a wheelchair; a mobility assessment from an occupational therapist or physiotherapist; mobility assessment must include medical necessity for each component of the wheelchair.	
	<ul style="list-style-type: none"> wheelchair - arm rest - fixed support - one piece - hardware, 	18000024				
	<ul style="list-style-type: none"> Wheelchair - arm rest - fixed support - one piece - pads, 	18000023				
	<ul style="list-style-type: none"> wheelchair - arm rest - movable, 	18000028				
	<ul style="list-style-type: none"> wheelchair - axle plate, 	18000029				
	<ul style="list-style-type: none"> wheelchair - back support cover - adult, 	18000011				
	<ul style="list-style-type: none"> wheelchair - back support cover - child, 	18000010				
	<ul style="list-style-type: none"> wheelchair - back support - adult, 	18000009				
	<ul style="list-style-type: none"> wheelchair - back support - child, 	18000008				
	<ul style="list-style-type: none"> wheelchair - brakes, 	18000031				
	<ul style="list-style-type: none"> wheelchair - calf board - adult, 	18000033				
	<ul style="list-style-type: none"> wheelchair - calf board - child, 	18000032				
	<ul style="list-style-type: none"> wheelchair - castor, 	18000034				
	<ul style="list-style-type: none"> wheelchair - castor fork, 	18000035				
	<ul style="list-style-type: none"> wheelchair - castor housing, 	18000036				
	<ul style="list-style-type: none"> wheelchair - castor housing - dust cover, 	18000037				
	<ul style="list-style-type: none"> wheelchair - castor plate, 	18000038				
	<ul style="list-style-type: none"> wheelchair - crossbrace, 	18000039				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing mounting - complex, 	18000057				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting strap - children only, 	18000053				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting strap - simple seat, 	18000054				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting - simple, 	18000056				
	<ul style="list-style-type: none"> wheelchair - cushion interfacing/mounting - simple back, 	18000055				
	<ul style="list-style-type: none"> wheelchair - elevating leg rest/foot rest, 	18000040				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	• wheelchair - elevating tray - adult,	18000082				
	• wheelchair - elevating tray - child,	18000081				
	• wheelchair - foot box - adult,	18000045				
	• wheelchair - foot box - child,	18000044				
	• wheelchair - foot pocket - adult,	18000047				
	• wheelchair - foot pocket - child,	18000046				
	• wheelchair - foot rest,	18000043				
	• wheelchair - footplate,	18000041				
	• wheelchair - footplate - extension,	18000042				
	• wheelchair - front rigging,	18000048				
	• wheelchair - growable frame,	18000049				
	• wheelchair - handrim,	18000050				
	• wheelchair - headrest,	18000051				
	• wheelchair - heel loop,	18000052				
	• wheelchair - neck rest with headrest – adjustable - adult,	18000061				
	• wheelchair - neck rest with headrest – adjustable - child,	18000060				
	• wheelchair - neck rest – adjustable - adult,	18000059				
	• wheelchair - neck rest – adjustable - child,	18000058				
	• wheelchair – parts – miscellaneous - manual wheelchair,	18000102				
	• wheelchair – pommel - adult,	18000063				
	• wheelchair – pommel - child,	18000062				
	• wheelchair – pommel – removable - adult,	18000065				
	• wheelchair – pommel – removable - child,	18000064				
	• wheelchair – positioning - ankle,	18000066				
	• wheelchair – positioning - butterfly,	18000067				
	• wheelchair – positioning - calf,	18000068				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> wheelchair – positioning - chest, 	18000069				
	<ul style="list-style-type: none"> wheelchair – positioning - complex, 	18000070				
	<ul style="list-style-type: none"> wheelchair – positioning - pads, 	18000071				
	<ul style="list-style-type: none"> wheelchair – positioning - pelvic belt - adult, 	18000073				
	<ul style="list-style-type: none"> wheelchair – positioning - pelvic belt - child, 	18000072				
	<ul style="list-style-type: none"> wheelchair - push handle - backrest tube, 	18000074				
	<ul style="list-style-type: none"> wheelchair - push to lock wheel locks, 	18000075				
	<ul style="list-style-type: none"> wheelchair - quick-release axle pin, 	18000076				
	<ul style="list-style-type: none"> wheelchair - rear wheel hub, 	18000077				
	<ul style="list-style-type: none"> wheelchair - sling/rigid, 	18000078				
	<ul style="list-style-type: none"> wheelchair - spokes, 	18000079				
	<ul style="list-style-type: none"> wheelchair - standard tray - adult, 	18000084				
	<ul style="list-style-type: none"> wheelchair - standard tray - child, 	18000083				
	<ul style="list-style-type: none"> wheelchair - tilting tray - adult, 	18000086				
	<ul style="list-style-type: none"> wheelchair - tilting tray - child, 	18000085				
	<ul style="list-style-type: none"> wheelchair - tires, 	18000080				
	<ul style="list-style-type: none"> wheelchair - wheel lock, 	18000087				
	<ul style="list-style-type: none"> wheelchair - custom seat and back - one system, 	18000101				
	<ul style="list-style-type: none"> wheelchair - geriatric, 	18000095				
	<ul style="list-style-type: none"> wheelchair - manual recline for manual wheelchair, 	18000097				
	<ul style="list-style-type: none"> wheelchair - manual tilt for manual wheelchair, 	18000096				
	<ul style="list-style-type: none"> wheelchair - amputation board, 	18000021				
	<ul style="list-style-type: none"> wheelchair - medical stroller, 	18000094				
	<ul style="list-style-type: none"> wheelchair - cushion and protectors, 	18000092				
	<ul style="list-style-type: none"> cover for wheelchair seat - child, 	18000012				
	<ul style="list-style-type: none"> cover for wheelchair seat - adult, 	18000013				

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer - one, child, 	18000014				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – pair - child, 	18000015				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – one - adult, 	18000016				
	<ul style="list-style-type: none"> wheelchair - pelvic stabilizer – pair - adult, 	18000017				
	<ul style="list-style-type: none"> wheelchair – seat - adult, 	18000018				
	<ul style="list-style-type: none"> wheelchair – seat - child, 	18000019				
	<ul style="list-style-type: none"> wheelchair - cushion - molded seat, 	18000104				
	<ul style="list-style-type: none"> wheelchair - power tilt for manual wheelchair. 	18000098				
18000003	Wheelchair – manual – recycled - purchase		Same as 18000006	Y	Same as 18000006	Same as 18000006
18000007	Wheelchair – manual - rental		\$250 per year. Rental Rule C	Y	Pre-determination required. See Rental Rules section for details	Same as Provider criteria and submit detailed receipt of purchase.
18000088	Wheelchair – manual - repairs		\$200 every 5 years. Repair Rule A	N	See Repair Rules section for details	Same as Provider criteria and submit detailed receipt of purchase.
	<ul style="list-style-type: none"> Wheelchair - cushions - back & seat - repairs 	18000020				
18000080	<p>Wheelchair Tires</p> <p>If Clients require additional tires beyond the benefits outlined in:</p> <ul style="list-style-type: none"> 18000001 18000006 		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	H	<p>If PBC has history on file, no additional documentation required.</p> <p>If no history on file, pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: medical note from physician indicating diagnosis and medical necessity, detailed quote of product.</p>	Same as Provider criteria and submit detailed receipt of purchase.

Wound Care

Preamble

Supplies to support the management of wounds are provided as part of the First Nations Health Benefits Program. Wound care supplies are categorized according to the function of the eligible product. Each category of wound care supply is listed in one of two groups (**Group 1** or **Group 2**). The wound care benefit is designed to reduce any point-of-service access barriers while fully supporting the management of advanced wound care needs.

Clients can accumulate up to \$30.00/year of supplies in the categories associated with **Group 1** wound care. Clients **do not** need to submit a prescription or prior authorization to access this \$30-dollar benefit accumulation. If a Client requires more than \$30.00/year of **Group 1** supplies, the Client can complete a the [FNHA Wound Care Assessment Form](#) and submit to Pacific Blue Cross for review.

Clients requiring access to supply categories in **Group 2** can receive up to 20 items or an accumulated total of \$200 (**note**: \$200 accumulation includes claims for **Group 1** supplies) every 6 months. **Group 2** items must have a prescription from a physician or nurse practitioner. Providers **do not** need to submit this prescription to Pacific Blue Cross; the Provider must retain this prescription on file according to the practices outlined in the applicable Provider Reference Guide.

Clients requiring additional wound care beyond limits set for **Group 1** and **Group 2** can complete the [FNHA Wound Care Assessment Form](#) and submit to Pacific Blue Cross for review.

The [FNHA Wound Care Assessment Form](#) is required to support Clients with advanced wound care needs. Pacific Blue Cross will provide the client with additional dollars for wound care supplies to appropriately meet the wound care plan. Pacific Blue Cross requires the client submit monthly updated [FNHA Wound Care Assessment Form](#) unless otherwise indicated on the pre-determination.

Group 1 Wound Care

Current PINs	Service Description	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000321	Adhesive		Accumulated claims up to \$30 per year. <i>See preamble for clients requiring wound care supplies in excess of these limits.</i>	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	• adhesive suture strips	17000123				
	• adhesive tape – hypoallergenic,	17000124				
	• adhesive tape - non-hypoallergenic.	17000125				
17000128	Bandage - elastic					
17000136	Dressing - composite					
17000324	Dressing - miscellaneous items					
	• cotton tip applicators – sterile,	17000195				
	• sterile saline - pour bottle,	17000191				
	• wound packing strips.	17000190				
17000322	Dressing - non-adherent - impregnated & non-impregnated					
	• non-adherent dressing – impregnated – other,	17000170				

Current PINs	Service Description	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> non-adherent dressing – impregnated - petrolatum (7cm x 7.5cm), 	17000171	<p>Accumulated claims up to \$30 per year.</p> <p>See preamble for clients requiring wound care supplies in excess of these limits.</p>	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	<ul style="list-style-type: none"> non-adherent dressing - impregnated, petrolatum (10cm x 10cm), 	17000172				
	<ul style="list-style-type: none"> non-adherent dressing – impregnated – petrolatum (7.5cm x 20cm, 3 strips), 	17000173				
	<ul style="list-style-type: none"> non-adherent dressing – impregnated – chlorhex (5cm x 5cm), 	17000174				
	<ul style="list-style-type: none"> non-adherent dressing – impregnated – chlorhex (10cm x 10cm), 	17000175				
	<ul style="list-style-type: none"> non-adherent dressing - non-impregnated, 	17000176				
	<ul style="list-style-type: none"> non-adherent dressing - non-impregnated (6cm x 7cm), 	17000177				
	<ul style="list-style-type: none"> non-adherent dressing - non-impregnated (9cm x 10cm). 	17000178				
17000319	Dressing - transparent					
	<ul style="list-style-type: none"> transparent dressing – adhesive (6cm x 7cm), 	17000184				
	<ul style="list-style-type: none"> transparent dressing - adhesive (10cm x 12cm), 	17000185				
	<ul style="list-style-type: none"> transparent film dressing – adhesive - other, 	17000186				
	<ul style="list-style-type: none"> transparent film dressing – spray-on. 	17000187				
17000130	Dressing - tubular net					
	Eye Dressing					
17000323	<ul style="list-style-type: none"> eye pad, 	17000188				
	<ul style="list-style-type: none"> eye shield. 	17000189				
17000127	Gauze - conforming bandage					
17000320	Gauze - non-sterile					
	<ul style="list-style-type: none"> gauze – non-sterile (5cm x 5 cm/2in x 2in), 	17000151				

Current PINs	Service Description	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> gauze – non-sterile (7.5cm X 7.5cm/3in x 3in), 	17000152	Accumulated claims up to \$30 per year.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	<ul style="list-style-type: none"> gauze – non-sterile (10cm x 10 cm/4in x 4in), 	17000153				
	<ul style="list-style-type: none"> gauze – non-sterile (6cm x 8cm/2.36in x 3.15in). 	17000154				
17000318	Gauze - sterile		See preamble for clients requiring wound care supplies in excess of these limits.	N	Provider to retain record of the purchase being provided to the Client.	Client to submit detailed receipt of purchase.
	<ul style="list-style-type: none"> gauze – sterile (5cm x 5cm/2in x 2in), 	17000155				
	<ul style="list-style-type: none"> gauze – sterile (7.5cm x 7.5cm/3in X 3in), 	17000156				
	<ul style="list-style-type: none"> gauze – sterile (10cm x 10 cm/4in x 4in), 	17000157				
	<ul style="list-style-type: none"> gauze - sterile - abdominal-pad. 	17000158				

Group 2 Wound Care

Current PINs	Service Description	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000327	Alginate/Hydrofibre		Up to 20 items or an accumulated total of \$200 (\$ includes Group 1) every 6 months. <i>See preamble for clients requiring wound care supplies in excess of these limits.</i>	N	Items must have a prescription, no prior authorization required. Provider to retain record of the purchase of the item. Wound care assessment/care plan would be required in order to review for renewal.	Itemized paid in full receipt from the medical supplier.
	<ul style="list-style-type: none"> alginate/hydrofibre dressing – other, 	17000131				
	<ul style="list-style-type: none"> alginate/hydrofibre dressing (5cm x 5cm), 	17000132				
	<ul style="list-style-type: none"> alginate/hydrofibre dressing (10cm x 10 cm). 	17000133				
17000129	Bandage - impregnated venous ulcer					
17000331	Charcoal					
	<ul style="list-style-type: none"> charcoal dressing – other, 	17000134				
	<ul style="list-style-type: none"> charcoal dressing (10cm x 10cm). 	17000135				
17000330	Gel & Hydrogel					
	<ul style="list-style-type: none"> gel/hydrogel dressing – other, 	17000159				
	<ul style="list-style-type: none"> gel/hydrogel dressing (8g), 	17000160				
	<ul style="list-style-type: none"> gel/hydrogel dressing (15g), 	17000161				
	<ul style="list-style-type: none"> gel/hydrogel dressing (25g). 	17000162				
17000328	Hydrocolloid					
	<ul style="list-style-type: none"> hydrocolloid dressing – other, 	17000164				
	<ul style="list-style-type: none"> hydrocolloid dressing - standard (10cm x 10cm), 	17000165				
	<ul style="list-style-type: none"> hydrocolloid dressing - extra thin (10cm x 10cm), 	17000166				
17000332	Dressing – silicone, bio-active & dressing trays					
	<ul style="list-style-type: none"> dressing - bio-active 	17000194				
	<ul style="list-style-type: none"> dressing - silicone exception 	17000193				
	<ul style="list-style-type: none"> dressing - wound tray exception 	17000192				
17000326	Silver Dressings					
	<ul style="list-style-type: none"> silver dressing – other, 	17000179				
	<ul style="list-style-type: none"> silver alginate dressing (10cm x 10cm), 	17000180				
	<ul style="list-style-type: none"> silver alginate ribbon (1cm x 45.7cm), 	17000181				

Current PINs	Service Description	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> silver alginate ribbon (1.9cm x 54.7cm), 	17000182				
	<ul style="list-style-type: none"> silver alginate ribbon (2.5cm x 30.5cm). 	17000183				
17000325	Foam - medicated & non-medicated		<p>Up to 20 items or an accumulated total of \$200 (\$ includes Group 1) every 6 months.</p> <p>See preamble for clients requiring wound care supplies in excess of these limits.</p>	N	<p>Items must have a prescription, no prior authorization required.</p> <p>Provider to retain record of the purchase of the item.</p> <p>Wound care assessment/care plan would be required in order to review for renewal.</p>	Itemized paid in full receipt from the medical supplier.
	<ul style="list-style-type: none"> foam dressing - medicated/non-medicated – other, 	17000137				
	<ul style="list-style-type: none"> foam - non-adhesive dressing (5cm x 5cm), 	17000138				
	<ul style="list-style-type: none"> foam - non-adhesive dressing (10cm x 10cm), 	17000139				
	<ul style="list-style-type: none"> foam - adhesive dressing (7.5cm x 7.5cm), 	17000149				
	<ul style="list-style-type: none"> foam - adhesive dressing (12.5cm x 12.5cm). 	17000150				
17000163	Honey Dressing					
17000329	Iodine					
	<ul style="list-style-type: none"> iodine dressing – other, 	17000167				
	<ul style="list-style-type: none"> iodine gel - ointment (10g tube), 	17000168				
	<ul style="list-style-type: none"> iodine dressing (5g, 4cm x 6cm). 	17000169				
17000126	Montgomery ties (set)					

Limb and Body Orthotics



Please note: Off the shelf braces are soft braces that may include an aspect of custom fitting (i.e. wrist supports). Custom fitted and custom-made braces must be rigid.

In order to be considered rigid, a brace must provide rigid (non-flexible), or semi-rigid support from hard plastic or metal construction or components (including stays as a support feature).

Head-Torso-Spine Orthoses

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000221	Abdominal Support - off the shelf		\$64 each. Limit 1 per year.	N	Provider to retain record of the purchase being provided to the client, must indicate itemization by the affected area.	Client to submit detailed receipt of purchase indicating affected area.
17000222	Cervical Brace – off the shelf		\$25 each. Limit 1 per year			
17000223	Helmet - off the shelf		\$65 each. Limit 1 per year.			
17000224	Hernia Truss - off the shelf		\$62 each. Limit 1 per year.			
17000225	Lumbosacral Spinal Brace - off the shelf		\$66 each. Limit 1 per year.			
17000226	Pelvic Belt - off the shelf		\$69 each. Limit 1 per year.			
17000227	Thoracolumbarsacral Brace - off the shelf		\$61 each. Limit 1 per year.			

Upper Limb Orthoses - Left

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000207	Elbow Brace - off the shelf - left		\$45 each. Limit 1 per year.	N	Provider to retain record of the purchase being provided to the Client, must indicate itemization by the affected area.	Client to submit detailed receipt of purchase indicating affected area.
17000215	Shoulder Brace - off the shelf - left		\$45 each. Limit 1 per year.			
17000213	Shoulder Elbow Brace - off the shelf - left		\$45 each. Limit 1 per year.			
17000211	Splint - finger - single digit - off the shelf - left <i>Must specify digit</i>		\$45 each. Limit 1 per year.			
17000209	Splint - fingers - multiple digits - off the shelf - left <i>Must specify digits</i>		\$45 each. Limit 1 per year.			
17000219	Wrist Hand Brace - off the shelf - left		\$45 each. Limit 1 per year.			
17000217	Wrist Hand Finger Brace - off the shelf - left		\$45 each. Limit 1 per year.			

Upper Limb Orthoses - Right

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000208	Elbow Brace - off the shelf - right		\$45 each. Limit 1 per year.	N	Provider to retain record of the purchase being provided to the Client, must indicate itemization by the affected area.	Client to submit detailed receipt of purchase indicating affected area.
17000216	Shoulder Brace - off the shelf - right		\$45 each. Limit 1 per year.			
17000214	Shoulder Elbow Brace - off the shelf - right		\$45 each. Limit 1 per year.			
17000212	Splint - finger - single digit - off the shelf - right <i>Must specify digit</i>		\$45 each. Limit 1 per year.			
17000210	Splint - fingers - multiple digits - off the shelf - right <i>Must specify digits</i>		\$45 each. Limit 1 per year.			
17000220	Wrist Hand Brace - off the shelf - right		\$45 each. Limit 1 per year.			
17000218	Wrist Hand Finger Brace - off the shelf - right		\$45 each. Limit 1 per year.			

Lower Limb Orthoses - Left

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000199	Ankle Brace - off the shelf - left		\$69 each Limit 1 per year.	N	Provider to retain record of the purchase being provided to the Client, must indicate itemization by the affected area.	Client to submit detailed receipt of purchase indicating affected area.
17000201	Ankle Foot Brace - off the shelf - left		\$69 each. Limit 1 per year.			
17000205	Hip Orthosis - off the shelf - left		\$69 each. Limit 1 per year.			
17000203	Knee Brace - off the shelf - left		\$69 each. Limit 1 per year.			

Lower Limb Orthoses - Right

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000200	Ankle Brace - off the shelf - right		\$69 each. Limit 1 per year.	N	Provider to retain record of the purchase being provided to the Client, must indicate itemization by the affected area.	Client to submit detailed receipt of purchase indicating affected area.
17000202	Ankle Foot Brace - off the shelf - right		\$69 each. Limit 1 per year.			
17000206	Hip Orthosis - off the shelf - right		\$69 each. Limit 1 per year.			
17000204	Knee Brace - off the shelf - right		\$69 each. Limit 1 per year.			

Lower Limb Orthoses - Other

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000237	Cast Eligible Products Include: <ul style="list-style-type: none"> aircast offloading walking boot 		\$173.92 each. Limit 1 per year.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician, indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17000231	Diabetic Walking Boot - offloading		\$181.07 each. Limit 1 per year.	Y	Same as 17000237	Same as 17000237
17000232	Diabetic Walking Boot Foot Bed Liner - custom		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Same as 17000237	Same as 17000237

Orthotic Supplies

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000229	Brace – liner sock		\$47.38 each. Limit 6 per year.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including: note from physician, physiotherapist or chiropractor indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
17000228	Knee Brace - undersleeve		\$47.93 each. Limit 2 per year.	Y	Same as 17000229	Same as 17000229
17000230	Textile Sleeve		Limit 2 per year.	Y	Same as 17000229	Same as 17000229

Pressure/Compression Garments, Bandages & Accessories

Pressure/Compression Garments

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
37000025	Lymphedema Pump – accessories Eligible Products Include: <ul style="list-style-type: none"> sequential pump accessories – boots, sequential pump accessories – sleeves. 		\$500 each. Limit 1 every 10 years.	H	If PBC has history on file, no additional documentation required. If no history on file, pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including: medical note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
37000026	Lymphedema Pump – purchase		\$7,300 every 10 years.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase.
37000027	Lymphedema Pump – rental		Rental Rule A	Y	Pre-determination required. See Rental Rules section for details	Same as Provider criteria and submit detailed receipt of purchase.
23000006	Pressure/Compression Bandage – hi-sustained & accessories (35mmHg) Eligible Products Include: <ul style="list-style-type: none"> hi-sustained compression bandage – reusable (35mmHg): <ul style="list-style-type: none"> left right hi-sustained compression bandage - single use (35mmHg): <ul style="list-style-type: none"> left right padding single use for reusable hi-sustained compression bandage stockinette – reusable - for reusable hi-sustained 		Limit 12 per year. Requirements beyond this frequency can be pre-determined.	Y	Pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating diagnosis and medical necessity, detailed quote including compression ratio, of product.	Same as Provider criteria and submit detailed receipt of purchase.

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	compression bandage (35mmHg): o left o right.					
23000004	Pressure/Compression Garment - accessories Eligible Products Include: <ul style="list-style-type: none"> • elbow lining – full - left, • elbow lining – full - right • elbow lining - inner aspect - left • elbow lining - inner aspect - right • lining variation • pocket for padding or splint 		\$150 each. Limit 4 per year.	N	Provider to retain detailed record, including compression ratio and type of garment, of the purchase being provided to the client.	Submit detailed receipt of purchase, including compression ratio and type of garment.
17000335	Pressure/Compression Garment – for burn scars		Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis and medical necessity, detailed quote of product.	Same as Provider Criteria.
23000003	Pressure/Compression Garment – for hypertrophic scars Eligible Products Include: <ul style="list-style-type: none"> • hypertrophic scar - chin strap, • hypertrophic scar - chin strap - modified - extended behind the ears, • hypertrophic scar - ear flap -attached to mask or modified chin strap, • hypertrophic scar - eye flap attached to mask, • hypertrophic scar - face mask, • hypertrophic scar - face mask - open face, • hypertrophic scar - head band, • hypertrophic scar - lining variation, • hypertrophic scar - lip covering attached to mask or chin strap, • hypertrophic scar - nose covering in mask, • hypertrophic scar - other garment (provide name of item), • hypertrophic scar - pocket for padding or splint, 		\$150 each. Limit 4 per year.	N	Same as 23000004	Same as 23000004

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> • hypertrophic scar - trachea opening, • hypertrophic scar – anklet - left, • hypertrophic scar – anklet - right, • hypertrophic scar/below knee without foot - left, • hypertrophic scar/below knee without foot - right, • hypertrophic scar/below knee with foot - left, • hypertrophic scar/below knee with foot - right, • hypertrophic scar - chap style - one leg, • hypertrophic scar - chap style - two legs. 					
23000002	<p>*Pressure/Compression Garment – for parts of body (under 20mmHg)</p> <p>Eligible Products Include:</p> <ul style="list-style-type: none"> • arm sleeve and gauntlet - with enclosed extended thumb – left, • arm sleeve and gauntlet - with enclosed extended thumb - right, • arm sleeve/gauntlet/shoulder flap - with enclosed extended thumb - left, • arm sleeve/gauntlet/shoulder flap - with enclosed extended thumb - right, • arm sleeve - wrist to axilla - left, • arm sleeve - wrist to axilla - right, • arm sleeve - with attached gauntlet - left, • arm sleeve - with attached gauntlet - right, • arm sleeve - with attached shoulder flap - left, • arm sleeve - with attached shoulder flap - right, • arm sleeve - with gauntlet and shoulder flap - left, • arm sleeve - with gauntlet and shoulder flap - right, • arm stump to axilla - left, • arm stump to axilla - right, • arm stump with shoulder flap - left, • arm stump with shoulder flap - right, • elbow band - left, 		\$150 each. Limit 4 per year.	N	Same as 23000004	Same as 23000004

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> • elbow band - right, • foot glove - left, • foot glove - right, • half sleeve - elbow to axilla - left, • half sleeve - elbow to axilla - right, • half sleeve - wrist to elbow - left, • half sleeve - wrist to elbow - right • half sleeve and gauntlet - with enclosed extended thumb - left, • half sleeve and gauntlet - with enclosed extended thumb - right, • half sleeve - with gauntlet metacarpals to elbow - left, • half sleeve - with gauntlet metacarpals to elbow - right, • half sleeve - with shoulder flap - left, • half sleeve - with shoulder flap - right, • reinforced palm on glove or gauntlet - left, • reinforced palm on glove or gauntlet - right, • shoulder flap – adjustable - left, • shoulder flap – adjustable - right. 					
23000001	<p>*Pressure/Compression Garment – for parts of body (20 - 30mmHg)</p> <p>Eligible Products Include:</p> <ul style="list-style-type: none"> • compression sleeve (20 – 30mmHg), • compression stocking - hose (20 - 30 mmHg, pair), • compression stocking - knee (20 - 30 mmHg, pair), • compression stocking - thigh (20 - 30 mmHg, pair). 		\$150 each. Limit 4 per year.	N	Provider to retain detailed record, including compression ratio and type of garment, of the purchase being provided to the Client.	Submit detailed receipt of purchase, including compression ratio and type of garment.
17000334	<p>*Pressure/Compression Garment – for parts of body (30mmHg and up)</p> <p>Eligible Products Include:</p> <ul style="list-style-type: none"> • compression sleeve (30 – 40 mmHg, 40mmHg+), • compression stocking - hose: 		\$150 each. Limit 4 per year.	N	Same as 23000004	Same as 23000004

Current PINs	Service Description *Indicates claims submitted will only be considered up to the posted rule.	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	<ul style="list-style-type: none"> o (30 – 40 mmHg), o (40 mmHg+, pair), • compression stocking - knee: <ul style="list-style-type: none"> o (30 – 40 mmHg), o (40 mmHg+, pair), • compression stocking - thigh: <ul style="list-style-type: none"> o (30 – 40 mmHg), o (40 mmHg+, pair). 					
23000005	<p>Pressure/Compression Garment – full or partial body</p> <p>Eligible Products Include:</p> <ul style="list-style-type: none"> • vest - with sleeve, • vest - without sleeve, • zipper, • 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. 		Limit 8 per year.	Y	<p>Pre-determination required.</p> <p>All documentation for this expense needs to be submitted to PBC for review, including note from physician indicating diagnosis and medical necessity, detailed quote including compression ratio, of product.</p>	Same as Provider criteria and submit detailed receipt of purchase.

Prosthetics

Prosthetic Limb Supplies

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
12000008	Prosthetic Glove – standard - left		\$600 each. Limit 2 per year.	H	If PBC has history on file, no additional documentation required. If no history on file, pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including: note from physician, physiotherapist or chiropractor indicating diagnosis, medical necessity and description of affected area, detailed quote of product.	Same as Provider criteria and submit detailed receipt of purchase. Client to submit detailed receipt of purchase indicating affected area.
12000009	Prosthetic Glove - standard - right		\$600 each. Limit 2 per year.			
12000014	Prosthetic Stump Shrinker - left		\$64.70 each. Limit 4 per year.			
12000015	Prosthetic Stump Shrinker - right		\$64.70 each. Limit 4 per year.			
12000012	Stump Sock Filler – cotton - left		\$22.96 each. Limit 12 per year.			
12000013	Stump Sock Filler - cotton - right		\$22.96 each. Limit 12 per year.			
12000010	Stump Sock – gel - left		\$200 annually.			
12000011	Stump Sock – gel - right		\$200 annually.			
12000016	Stump Sock - regular - left		\$39.59 each. Limit 12 per year.			
12000017	Stump Sock – regular - right		\$39.59 each. Limit 12 per year.			

Audiology

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000333	Hearing Aid Batteries		\$60 every 4 months.	N	Provider to retain a copy of the Rx from a recognized audiologist, specialist, or the physician on file.	Same as Provider criteria.
	<ul style="list-style-type: none"> Hearing aid batteries - left 	27000041				
	<ul style="list-style-type: none"> Hearing aid batteries - right 	27000042				

Respiratory Breathing

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000345	Brush - for tracheostomy care	1, 10	Limit 6 units per year.	H	<p>If PBC has history of tracheotomy on file, no additional documentation required.</p> <p>If no history on file, pre-determination required.</p> <p>All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis, prognosis and medical necessity, detailed quote of product</p>	Same as provider criteria and submit detailed receipt of purchase.
17000337	Distilled Water - for tracheostomy care	1,9,10	\$5.23 each (4L containers). Limit 55 units per year.	H	Same as 17000345	Same as 17000345
17000346	Drain Sponge - for tracheostomy care	1, 10	Limit 800 units per year.	H	Same as 17000345	Same as 17000345
17000344	Heat Moisture Exchanger - for ventilator	1, 10	Limit 200 units per year.	Y	<p>Pre-determination required.</p> <p>All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis, prognosis and medical necessity, detailed quote of product</p>	Same as provider criteria and submit detailed receipt of purchase.
17000338	Hydrogen Peroxide - for tracheostomy care	1,10	Limit 72 bottles per year.	H	Same as 17000345	Same as 17000345

Current PINs	Service Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
17000347	Mask - for tracheostomy care	1, 10	\$8.32 each. Limit 24 units per year.	H	Same as 17000345	Same as 17000345
17000339	Pipe Cleaner - for tracheostomy care	1, 10	240 per year.	H	Same as 17000345	Same as 17000345
17000340	Suction Catheter - disposable	1, 10	\$0.88 each. Limit 2,000 per year.	H	Same as 17000345	Same as 17000345
17000341	Suction Pump Machine - purchase	1, 10	\$500 every 5 years.	H	Same as 17000345	Same as 17000345
17000350	Suction Pump Machine - rental	1, 10	Rental Rule A	Y	Pre-determination required. See Rental Rules section for details	Same as Provider criteria and submit detailed receipt of purchase.
17000348	Ties - for tracheostomy care (box of 12)	1, 10	\$44.12 each. Limit 2 boxes per year.	H	Same as 17000345	Same as 17000345
17000349	Tube - for tracheostomy care	1, 10	\$40.55 each. Limit 24 per year.	H	Same as 17000345	Same as 17000345
17000342	Tubing & Collection Bottle	1, 10	Combined \$150 per year with 17091.	H	If PBC has history on file, no additional documentation required. If no history on file, pre-determination required. All documentation for this expense needs to be submitted to PBC for review, including: note from physician, indicating diagnosis, prognosis and medical necessity, detailed quote of product.	Same as provider criteria and submit detailed receipt of purchase.
17000343	Yankeur-Tonsil Suction	1, 10	Combined \$150 per year with 17090.	H	Same as 17000342	Same as 17000342

Additional PINs to be Retired

Delete PINs as Medical Supply and Equipment benefit; All Plan W Ostomy PINs outlined below will be eligible and billed according to the Plan W Formulary.

Current PINs	Service Description	Retired PINs	Rule	Claiming Criteria (Y/N/H)	Provider Claiming Criteria	Client Claiming Criteria
	Ostomy moldable ring seals	12000004				
	Ostomy belt	12000018				
	Filters	12000019				
	Protective skin wipes/spray	12000021				
	Ostomy barrier powder	12000022				
	Skin barrier, wafer	12000023				
	Skin barrier, paste	12000024				
	Ostomy irrigation sleeves	12000025				
	Plastic faceplate	12000026				
	Irrigation stoma cone	12000027				
	Ostomy flange, flat	12000029				
	Ostomy flange, convex	12000030				
	Convex inserts	12000031				
	Ostomy irrigation kit	12000033				
	Ostomy, two-piece urostomy pouch	12000001				
	Ostomy, one-piece urostomy pouch, flat	12000032				
	Ostomy, one-piece urostomy pouch, convex	12000034				
	Colo/ileo pouch, 1 piece, closed, flat	12000035				
	Colo/ileo pouch, 1 piece, closed, convex	12000036				
	Colo/ileo pouch, 2 piece, closed	12000037				
	Colo/ileo pouch, 1 piece, drain, flat	12000038				
	Colo/ileo pouch, 1 piece, drain, convex	12000039				
	Colo/ileo pouch, 2 piece, drainable	12000040				
	Absorbent flakes/capsules	12000002				
	Mucus dispersant	12000005				
	Odor control (inside pouch only)	12000006				
	Pouch cover	12000007				
	Adhesive removers	12000020				
	Adapt/connector/clamp	12000028				

PharmaCare Plan W (Wellness) Formulary

In the event an FNHA client is not currently enrolled in PharmaCare, PBC will administer claims for products listed on PharmaCare Plan W. The current Plan W formulary can be found at:

<https://PharmaCareformularysearch.gov.bc.ca/>

The BC PharmaCare formulary search website is a tool you can use to see if a medication is covered under Plan W.



Please note: FNHA provides this coverage only for individuals who are not enrolled in PharmaCare. Plan W products (Drugs and Medical Supplies and Equipment) will be ineligible to submit to PBC for the majority of FNHA clients.

To get information on drug coverage, you can call our Health Benefits Support line at 1-855-550-5454 or email healthbenefits@fnha.ca.

FNHA Supplementary Formulary

All First Nations Health Authority clients are eligible for the following items listed on the Supplementary Formulary. The Supplementary Formulary was previously referred to as the NIHB Residual Formulary.

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
ANTIHISTAMINES	CETIRIZINE 20MG TAB	REACTINE	01900978
	CETIRIZINE 20MG TAB	PMS-CETIRIZINE	02315963
	CETIRIZINE 20MG TAB	MAR-CETIRIZINE	02427141
	CETIRIZINE 20MG TAB	PRIVA-CETIRIZINE	02427192
	CETIRIZINE 20MG TAB	APO-CETIRIZINE	02453363
	CETIRIZINE 20MG TAB	JAMP-CETIRIZINE	02466171
ANXIOLYTIC-ANTIHISTAMINES	HYDROXYZINE 10MG CAP	APO-HYDROXYZINE	00646059
	HYDROXYZINE 25MG CAP	APO-HYDROXYZINE	00646024
	HYDROXYZINE 25MG CAP	TEVA-HYDROXYZINE	00738832
	HYDROXYZINE 50MG CAP	APO-HYDROXYZINE	00646016
	HYDROXYZINE 50MG CAP	TEVA-HYDROXYZINE	00738840
	HYDROXYZINE 10MG/5ML SYRUP	ATARAX SYRUP	00024694
	HYDROXYZINE 10MG/5ML SYRUP	PMS-HYDROXYZINE	00741817
EYE DROPS	LODOXAMIDE TROMETHAMINE 0.1% OP SOL	ALOMIDE	00893560
	NEDOCROMIL SODIUM 2% OP SOL	ALOCRIAL	02241407
	OLOPATADINE HCL 0.2% OP SOL	APO-OLOPATADINE	02402823
	OLOPATADINE HCL 0.2% OP SOL	ACT-OLOPATADINE	02404095
	OLOPATADINE HCL 0.2% OP SOL	SANDOZ OLOPATADINE	02420171
	OLOPATADINE HCL 0.1% OP SOL	APO-OLOPATADINE	02305054
	OLOPATADINE HCL 0.1% OP SOL	SANDOZ OLOPATADINE	02358913
	OLOPATADINE HCL 0.1% OP SOL	ACT-OLOPATADINE	02403986
	OLOPATADINE HCL 0.1% OP SOL	MINT-OLOPATADINE	02422727
	OLOPATADINE HCL 0.1% OP SOL	JAMP-OLOPATADINE	02458411
	GATIFLOXACIN 3MG/ML OP SOL	ZYMAR	02257270
	MOXIFLOXACIN 0.5% OP SOL	VIGAMOX	02252260
	MOXIFLOXACIN 0.5% OP SOL	ACT MOXIFLOXACIN	02404656
	MOXIFLOXACIN 0.5% OP SOL	APO-MOXIFLOXACIN	02406373
	MOXIFLOXACIN 0.5% OP SOL	SANDOZ MOXIFLOXACIN	02411520
	MOXIFLOXACIN 0.5% OP SOL	PMS-MOXIFLOXACIN	02432218
	MOXIFLOXACIN 0.5% OP SOL	JAMP-MOXIFLOXACIN	02472120
	NEPAFENAC 0.1% OP SOL	NEVANAC	02308983
	NEPAFENAC 0.3% OP SOL	ILEVRO	02411393

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
NASAL SPRAYS	LEVOCABASTINE HCL 0.05% NAS SPR	LIVOSTIN	02020017
	IPRATROPIUM BROMIDE 0.03% NAS SPR	ATROVENT	02163705
	IPRATROPIUM BROMIDE 0.06% NAS SPR	ATROVENT	02163713
	IPRATROPIUM BROMIDE 0.03% NAS SPR	PMS-IPRATROPIUM	02239627
	IPRATROPIUM BROMIDE 0.06% NAS SPR	IPRAVENT	02246084
	FLUTICASONE PROPIONATE 50MCG NAS SPR	FLONASE	02213672
	FLUTICASONE PROPIONATE 50MCG NAS SPR	FLONASE ALLERGY	02248307
	FLUTICASONE PROPIONATE 50MCG NAS SPR	APO-FLUTICASONE	02294745
	FLUTICASONE PROPIONATE 50MCG NAS SPR	RATIO-FLUTICASONE	02296071
	FLUTICASONE PROPIONATE 50MCG NAS SPR	TEVA-FLUTICASONE	02453738
	TRIAMCINOLONE 55MCG NAS SPR	NASACORT AQ	02213834
	TRIAMCINOLONE 55MCG NAS SPR	NASACORT ALLERGY 24H	02417510
	TRIAMCINOLONE 55MCG NAS SPR	APO-TRIAMCINOLONE AQ	02437635
MOUTHWASHES AND GARGLES	CHLORHEXIDINE 0.12% ORAL RINSE	PERIDEX ORAL RINSE	02237452
	CHLORHEXIDINE 0.12% ORAL RINSE	PERICHLOR ORAL RINSE	02240433
	CHLORHEXIDINE 0.12% ORAL RINSE	G.U.M. PAROEX ORAL RINSE	02384272
	CHLORHEXIDINE 0.12% ORAL RINSE	ORO-CLENSE	02209055
	CHLORHEXIDINE 0.12% ORAL RINSE	CHLORHEXIDINE ORAL RINSE	02462842
	CHLORHEXIDINE 0.12% ORAL RINSE	PERIOGARD TREATMENT	02467534
CONTRACEPTIVES AND HORMONES	ETHINYL ESTRADIOL-ETONOGESTREL 2.5/11.4MG VAGINAL RING	NUVARING VAGINAL RING	02253186
	ETHINYL ESTRADIOL-LEVONORGESTREL EXTENDED CYCLE TAB	SEASONALE	02296659
	ETHINYL ESTRADIOL-LEVONORGESTREL EXTENDED CYCLE TAB	INDAYO	02398869
	ETHINYL ESTRADIOL-LEVONORGESTREL EXTENDED CYCLE TAB	SEASONIQUE	02346176
	ETHINYL ESTRADIOL-NORETHINDRONE 1MG/10MCG TAB	LOLO	02417456
	ETHINYL ESTRADIOL-NORELGESTROMIN 0.6/6MG PATCH	EVRA PATCH	02248297
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	DIANE-35	02233542
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	CYESTRA-35	02290308
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	TEVA-CYPROTERONE/ ETHIN ESTRADIOL	02309556
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	RAN-CYPROTERONE/ ETHIN ESTRADIOL	02425017
	CYPROTERONE-ETHINYL ESTRADIOL 2MG/35MCG TAB	CLEO-35	02436736
	ESTRADIOL 10MCG VAGINAL TAB	VAGIFEM	02325462
	ESTRADIOL 2MG VAGINAL RING	ESTRING VAGINAL RING	02168898

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
	ESTRADIOL-LEVONORGESTREL 4.4/1.39MG PATCH	CLIMARA PRO PATCH	02250616
	ESTRONE 0.1% VAGINAL CREAM	ESTRAGYN	00727369
TOPICAL ANTIBACTERIALS	BENZOYL PEROXIDE-ERYTHROMYCIN 5/3% GEL	BENZAMYCIN GEL	02225271
	CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	DALACIN T	00582301
	CLINDAMYCIN-BENZOYL PEROXIDE 1/3% GEL	CLINDOXYL ADV GEL	02382822
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	CLINDOXYL GEL	02243158
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	BENZAclin TOPICAL GEL	02248472
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	TARO CLINDAMYCIN-BENZOYL PEROXIDE GEL	02440180
	CLINDAMYCIN-BENZOYL PEROXIDE 1/5% GEL	TARO-BENZOYL PEROXIDE CLINDAMYCIN GEL KIT	02464519
	MUPIROCIN 2% CREAM	BACTROBAN	02239757
	MUPIROCIN 2% OINTMENT	BACTROBAN	01916947
	MUPIROCIN 2% OINTMENT	TARO-MUPIROCIN	02279983
TOPICAL ANTIFUNGALS	BETAMETHASONE-CLOTRIMAZOLE 0.05%/1% CREAM	LOTRIDERM	00611174
	CLOTRIMAZOLE 1% CREAM	CANESTEN EXTERNAL	02239432
	CLOTRIMAZOLE 1% CREAM	CLOTRIMADERM	00812382
	CLOTRIMAZOLE 1% CREAM	CANESTEN TOPICAL	02150867
	KETOCONAZOLE 2% CREAM	KETODERM	02245662
	NYSTATIN 25000U/G VAGINAL CREAM	NYADERM VAGINAL CREAM	00716901
	TERBINAFINE HCL 1% CREAM	LAMISIL	02031094
VITAMIN D	CHOLECALCIFEROL 10,000 U CAP	EURO-D	02253178
	CHOLECALCIFEROL 10,000 U CAP	VITAMIN D	02417995
	CHOLECALCIFEROL 10,000 U CAP	JAMP-VITAMIN D SOFTGEL	02449099
	CHOLECALCIFEROL 10,000 U TAB	D-TABS	00821772
	CHOLECALCIFEROL 10,000 U TAB	JAMP-VITAMIN D	02379007
	CHOLECALCIFEROL 10,000 U TAB	VIDEXTRA VITAMIN D	02417685
OPIATE ANTAGONISTS	NALOXONE HCL 0.4MG/ML INJ	NALOXONE 0.4MG/ML INJ	02148706
	NALOXONE HCL 0.4MG/ML INJ	NALOXONE 0.4MG/ML INJ	02393034
	NALOXONE HCL 0.4MG/ML INJ	S.O.S. NALOXONE HYDROCHLORIDE	02453258
	NALOXONE HCL 4MG NASAL SPRAY	NARCAN NASAL SPRAY 4MG/0.1ML	02458187
	NALOXONE KIT 2 VIALS/AMPS	NALOXONE KIT 2 VIALS/AMPS	09991460
	NALOXONE KIT 3 VIALS/AMPS	NALOXONE KIT 3VIALS/AMPS	09991488
	NALOXONE KIT NASAL SPRAY	NALOXONE NASAL SPRAY KIT	09991475
SHARPS CONTAINERS	BD SHARPS CONTAINER 1.4L	SHARPS CONTAINER	99401026
	SHARPS NESTABLE YLW LRG 22.7L	SHARPS CONTAINER	99401033
	BD SHARPS CONTAINER 3.1L	SHARPS CONTAINER	99401027

Nicotine Replacement Therapy

FNHA clients with coverage under BC PharmaCare Plan W can access 12 weeks of Nicotine Replacement Therapy per calendar year through the provincial program. These clients are eligible for an additional 24 weeks of Nicotine Replacement Therapy, per calendar year, through the FNHA Supplementary Formulary.

FNHA clients not currently enrolled in PharmaCare are eligible for a total of 24 weeks of Nicotine Replacement Therapy per calendar year through the Supplementary Formulary.

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
NICOTINE REPLACEMENT THERAPY	NICOTINE 7 MG PATCH	HABITROL 7MG PATCH	01943057
	NICOTINE 7 MG PATCH	NICODERM 7 MG	02093111
	NICOTINE 7 MG PATCH	NICOTINE TRANSDERMAL 7MG	02241227
	NICOTINE 7 MG PATCH	NICOTINE TRANSDERMAL 7MG	80044393
	NICOTINE 14MG PATCH	HABITROL 14MG PATCH	01943065
	NICOTINE 14MG PATCH	NICODERM 14 MG	02093138
	NICOTINE 14MG PATCH	NICOTINE TRANSDERMAL 14MG	02241226
	NICOTINE 14MG PATCH	NICOTINE TRANSDERMAL 14MG	80044392
	NICOTINE 21 MG PATCH	HABITROL 21MG PATCH	01943073
	NICOTINE 21 MG PATCH	NICODERM 21MG	02093146
	NICOTINE 21 MG PATCH	NICOTINE TRANSDERMAL 21MG	80014250
	NICOTINE 21 MG PATCH	NICOTINE TRANSDERMAL 21MG	80044389
	NICOTINE 1MG LOZENGE	THRIVE 1MG LOZENGE	80007461
	NICOTINE 2MG LOZENGE	THRIVE 2MG LOZENGE	80007464
	NICOTINE 2MG GUM	NICORETTE 2MG GUM	02091933
	NICOTINE 2MG GUM	THRIVE 2MG GUM	80000396
	NICOTINE 4MG GUM	NICORETTE 4MG GUM	02091941
	NICOTINE 4MG GUM	THRIVE 4MG GUM	80000402
	NICOTINE 10 MG INHALER	NICORETTE INHALER	02241742

Short Acting Insulins

The FNHA Supplementary Formulary also includes coverage of short-acting insulins. Claims for short acting insulins for FNHA clients with coverage under BC PharmaCare Plan W can be submitted to PBC as a secondary payer, to allow for reimbursement above the BC PharmaCare LCA price for these items.

FNHA clients not currently enrolled in PharmaCare are also eligible for coverage of these short acting insulins through the FNHA Supplementary formulary.

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
SHORT ACTING INSULINS	INSULIN ASPART 100U/ML	NOVORAPID PENFILL	02244353
	INSULIN ASPART 100U/ML	NOVORAPID INJECTION	02245397
	INSULIN ASPART 100U/ML	NOVORAPID FLEXTOUCH	02377209
	INSULIN GLULISINE 100U/ML	APIDRA	02279460
	INSULIN GLULISINE 100U/ML	APIDRA	02279479
	INSULIN GLULISINE 100U/ML	APIDRA	02294346
	INSULIN LISPRO 100U/ML	HUMALOG INJECTION	02229704
	INSULIN LISPRO 100U/ML	HUMALOG CARTRIDGE	02229705
	INSULIN LISPRO 100U/ML	HUMALOG KWIKPEN	02403412
	INSULIN LISPRO 100U/ML	HUMALOG	02470152
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 25 CARTRIDGE	02240294
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 50 CARTRIDGE	02240297
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 25 KWIKPEN	02403420
	INSULIN LISPRO-PROTAMINE 100U/ML	HUMALOG MIX 50 KWIKPEN	02403439

Additional Information

Rush Requests

If you require support with an adjustment or have a client that requires immediate attention, please call us at 604-419-2000 for additional support.

Pacific Blue Cross will accept rush faxed pre-determinations submitted at 604.677.0277 for FNHA clients. Incomplete forms will be rejected and must be resubmitted.

Dispensing Fee

Dispensing fee will depend on the province or territory in which the claim was processed. In British Columbia, claims will be paid according to the \$10 PharmaCare established dispensing fee. Non-BC Provincial limits for Alberta (\$12.15) and Yukon (\$16) will apply.

Reversals for Prescription Drugs Not Picked Up

Claim reversals to PBC can only be done within one year of the claim being billed. PBC does not provide restocking fees for prescription drugs that are filled but not picked up.

Pharmacist Non-Prescription Drug Initiation

When therapy is initiated by a pharmacist, pharmacists must ensure to document a hard-copy of the prescription for audit purposes. This includes diabetic supplies, such as blood glucose test strips, and insulins. This documentation must include, at a minimum:

- Date
- Name, address, and date of birth of the patient
- Name, strength, and quantity of drug
- Directions for use
- Pharmacist's name, signature, and license #

This description must have a professional practice requirement in provision for client safety/FNHA monitoring purposes. There is no payment of clinical services fees for pharmacist prescribing of non-prescription drugs.

Compounds

Pharmacies submitting claims for extemporaneous compounds for First Nations people who do not have coverage under the BC PharmaCare will need to use the relevant BC PharmaCare compound PIN when submitting the compound to Pacific Blue Cross.

A full list of BC PharmaCare Compound PINs can be found at <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/PharmaCare/pharmacies/product-identification-numbers/compounded-prescription-pins>

Methadone Reimbursement

- No witnessed ingestion fees.
- Dispensing fees follow BC PharmaCare's frequency of dispensing limits.
- Methadone for addiction – submit using BC PharmaCare pins.
- Methadone for pain – submit using commercial DIN.

Special Authority

BC PharmaCare processes for Special Authority apply to all FNHA clients. This includes Special Authority provided on an exceptional basis. If a FNHA client does not have BC PharmaCare coverage, claims for Limited Coverage Drugs (LCD) requiring Special Authority will be paid by Pacific Blue Cross when the Special Authority approval is in place.

BC PharmaCare Special Authority processes also apply for Out-Of-Province (OOP) claims. Out-Of-Province (OOP) pharmacy Providers may submit a claim for a Limited Coverage Drug (LCD) but are required to confirm BC Special Authority approval and expiry dates prior to submitting subsequent fills.

Special Authority Process

If BC PharmaCare has approved Special Authority for an FNHA client but this information is not indicated in the Pacific Blue Cross file, the claim will refuse with response code **RW – special authorization (SA) required**. In this scenario, pharmacies can use the intervention code **DV – applied to prov. plan and approved** to resubmit the claim to PBC. This will allow for payment at point-of-sale for these FNHA clients for **most** PharmaCare Special Authority drugs.

The pharmacy must follow the procedure below:

1. Verify the PharmaCare Special Authority status with BC PharmaCare
2. If there is no approval in place, advise the FNHA client to consult with their physician or nurse practitioner to apply for PharmaCare Special Authority.
3. Only if PharmaCare Special Authority **is approved**, resubmit the claim with intervention code DV, which must be preceded by the appropriate DA or DB intervention code.
 - a. If the claim adjudicates, indicate the use of the intervention code on the prescription hardcopy for audit purposes
 - b. If the claim still rejects, advise the member to contact FNHA to confirm the PharmaCare Special Authority approval for the drug being claimed.

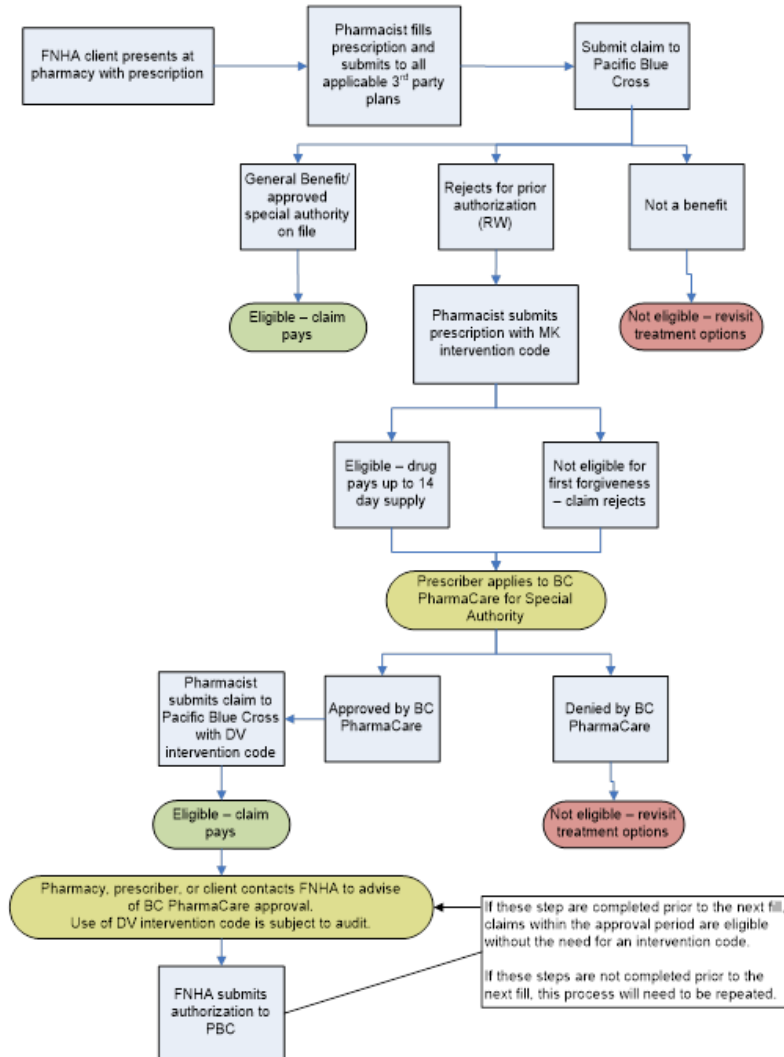
It is important to note that use of the DV intervention code is subject to audit. Pacific Blue Cross is aware that some software will retain previous intervention codes used when refilling a prescription. **Each transaction where the DV code is used requires confirmation that PharmaCare Special Authority approval is still valid for that prescription.**

To further assist the FNHA client and enable simpler future claim submissions, the pharmacy may contact FNHA directly at 1-855-550-5454, press 2 (other enquiries) and then select 4 (pharmacy) to provide the details on the PharmaCare Special Authority status. Once recorded on the member's file, the use of the DV intervention code is no longer necessary for the duration the PharmaCare Special Authority approval is indicated as effective.

Special Authority Process Outside of British Columbia

Emergency coverage for first fill of drug requiring special authorization:

When submitting a claim for an FNHA client that rejects with the response code **RW = special authorization (SA) required**, FNHA will allow an emergency fill of up to 14-day supply to allow time for the prescriber to apply to BC PharmaCare for special authority. To utilize this emergency fill, the pharmacist can resubmit the claim with the intervention code **MK = good faith emergency coverage established**. If the drug is eligible for an emergency fill, the claim will be accepted and adjudicate to a maximum of a 14-day supply.



Alberta Payment of Clinical Service Fees

- No payment in BC.
- For parallel Plan W clients: Alberta pharmacists with additional prescribing authority are able to claim for assessment for prescribing at initial access or to manage ongoing therapy, when an eligible schedule 1 drug is prescribed.
 - Submit using PIN 81116
 - Enter \$0 for drug cost and mark-up
 - Enter clinical service fee in dispensing fee field
 - Maximum fee paid for these services = \$25

Out-of-Country Expenses

Out-of-Country expenses are not eligible for reimbursement.



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