



First Nations Health Authority  
Health through wellness



# PHARMACY FEE SUPPLEMENT

For Clients of the First Nations  
Health Authority

November 2024



## 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"> <li>Updated Introduction section: <ul style="list-style-type: none"> <li>Added in pre-determinations and itemized receipts to Claiming Guidelines.</li> <li>Added Claiming Criteria section, updated text.</li> </ul> </li> <li>Added in a Rental Rules subsection. Made corresponding changes to the rental benefits.</li> <li>Added in a Repair Rules subsection. Made corresponding changes to the repair benefits.</li> <li>Added asterisks to service code descriptions to indicate when a claim will only be paid up to the posted rule.</li> <li>Updated headings to match the client and provider web experience (e.g. "General – Vision" to "Vision Assistance Aids").</li> <li>The Incontinence section has been reorganized to have similar items grouped together and the Rules have been updated.</li> <li>The Rules listed in the Ostomy section have been updated.</li> <li>The Group 2 - Wound Care Claiming Criteria has been updated.</li> <li>Tracheostomy supplies were added to the pharmacy fee supplement as they are eligible to be dispensed by pharmacies.</li> <li>Updated Rules posted throughout the document to correct prices, limits, and frequencies.</li> <li>Made corrections to Claiming Criteria, Provider Claiming Criteria, and Client Claiming Criteria throughout the document.</li> </ul>
Pharmacy Fee Supplement Version 4	September 2019	<ul style="list-style-type: none"> <li>Transfer Bench/Board PIN was corrected to 17000302.</li> <li>Updated Service Descriptions throughout the document to provide clarity.</li> <li>Updated each section to sort alphabetically by Service Descriptions.</li> <li>Updated Special Authority section to include sub-sections on the processes both within and outside of British Columbia.</li> <li>Updated Yukon dispensing fee limit.</li> <li>Updated Rules for 17000048, 17000333, 17000116.</li> <li>Updated Provider Claiming Criteria for Group 1 – Wound Care.</li> <li>Updated Claiming Criteria for 17000042, 17000006.</li> <li>Updated Service Descriptions for 17000116, 17000229, 17000327, 37000025, 37000026, 37000027.</li> </ul>
Pharmacy Fee Supplement Version 4.1	October 2019	<ul style="list-style-type: none"> <li>Updated Service Descriptions for 37000025, 17000348, 17000222.</li> <li>Updated Rule for Service Descriptions: 17000348, 17000059, 12000008, 12000009.</li> <li>Updated Provider and Client Claiming Criteria for Service Descriptions: 37000020, 17000333.</li> <li>Updated Claiming Criteria for Service Descriptions: 19000009, 18000089, 17000333.</li> <li>Updated Special Authority section header and text.</li> </ul>
Pharmacy Fee Supplement Version 4.2	December 2019	<ul style="list-style-type: none"> <li>Updated Group 2 Wound Care section to remove 20 item limits.</li> </ul>
Pharmacy Fee Supplement Version 5	February 2020	<ul style="list-style-type: none"> <li>Extensive updates to the format of the tables including removing Retired PINs column, amalgamating Provider and Client Claiming Criteria columns into one Criteria column, and adding a Prescriber column.</li> <li>Addition of TCR and MSP PINs and instructions.</li> </ul>

		<ul style="list-style-type: none"> <li>• Addition of Shingrix® vaccine coverage.</li> <li>• Updates to the Wound Care section.</li> <li>• Addition of new benefits.</li> <li>• Updates have been made to the description, claiming criteria, and criteria of many PINs.</li> </ul>
		<ul style="list-style-type: none"> <li>• Updates have been made to the Shingrix® vaccine section.</li> </ul>
		<ul style="list-style-type: none"> <li>• Updates have been made to the Supplemental Formulary section.</li> </ul>
		<ul style="list-style-type: none"> <li>• Corrections have been made to the TCR &amp; MSP PINs.</li> </ul>
Pharmacy Fee Supplement Version 5.1	September 2020	<ul style="list-style-type: none"> <li>• Updates have been made to the Supplemental Formulary section.</li> </ul>
Pharmacy Fee Supplement Version 5.2	February 2021	<ul style="list-style-type: none"> <li>• Updates have been made to the Supplemental Formulary section, the Shingrix® vaccine section, and a Naloxone section has been created.</li> </ul>
Pharmacy Fee Supplement Version 5.3	May 2021	<ul style="list-style-type: none"> <li>• Updates have been made to the Supplemental Formulary section.</li> </ul>
Pharmacy Fee Supplement Version 5.4	July 2021	<ul style="list-style-type: none"> <li>• Addition of Air Compressor/Nebulizer in the Breathing section.</li> </ul>
Pharmacy Fee Supplement Version 5.5	November 2021	<ul style="list-style-type: none"> <li>• Updates to Naloxone Formulary section.</li> <li>• Updates to Benefit and Claiming Criteria for Breast Pumps- Electric - 17000310</li> </ul>
Pharmacy Fee Supplement Version 6	May 2022	<ul style="list-style-type: none"> <li>• Updated have been to Supplemental Formulary under the "Mouthwash and Gargles" section</li> <li>• Additions made Contraceptives and Hormones Category</li> <li>• Changes made to Anxiolytic-Antihistamines Category</li> <li>• Removal of Short Acting Insulin section</li> </ul>
Pharmacy Fee Supplement Version 7	April 2023	<ul style="list-style-type: none"> <li>• Update to Shingrix® Section</li> <li>• Update to Nicotine Replacement Therapy Section</li> </ul>
Pharmacy Fee Supplement Version 7.1	April 2023	<ul style="list-style-type: none"> <li>• Update to the Supplementary Formulary under the "Contraceptives and Hormones" section</li> <li>• Addition of Infant Formula Section</li> </ul>
Pharmacy Fee Supplement Version 8	September 2023	<ul style="list-style-type: none"> <li>• Update to Shingrix® Section</li> </ul>
Pharmacy Fee Supplement Version 9	October 2023	<ul style="list-style-type: none"> <li>• Update to Antihistamines Section</li> </ul>
Pharmacy Fee Supplement Version 10	January 2024	<ul style="list-style-type: none"> <li>• Update to Antihistamines Section</li> </ul>
Pharmacy Fee Supplement Version 11	May 2024	<ul style="list-style-type: none"> <li>• Update to Supplementary Formulary Section</li> </ul>
Pharmacy Fee Supplement Version 12	August 2024	<ul style="list-style-type: none"> <li>• Update to Incontinence and Wound care Section</li> </ul>
Pharmacy Fee Supplement Version 13	November 2024	<ul style="list-style-type: none"> <li>• Update to Naloxone Formulary Section</li> </ul>

## 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.

## Allowable Prescribers

Each benefit has a corresponding list of allowable prescribers. The following acronyms are used throughout this Fee Supplement to outline which professionals are allowable prescribers for an item/service.

Please ensure that the item/service you are providing has been prescribed/recommended by the allowable prescriber. Keep all supporting documentation on file in the event of an audit.

Acronym	Prescriber Type
MD	Physician (including GPs and Specialists)
NP	Nurse Practitioner
OT	Occupational Therapist
PT	Physiotherapist
RN	Registered Nurse
RM	Registered Midwife
PSY	Psychologist
SLP	Speech Language Pathologist

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

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
- Please note that requests over the cost or frequency limit can be submitted for review.

## 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.

## Service Fees

**Transitional Coverage Request Service Fee** permits a one-time fill per drug per patient, if appropriate. This fee only extends transitional coverage for MS&E items that are urgent and eligible for coverage. Please see FNHA [Transitional Coverage Request Form](#).

**MSP Enrolment Service Fee** allows time for FNHA to transition clients into the Plan W Coverage. FNHA encourages pharmacy providers to transition FNHA clients into Plan W. Plan W coverage will ensure that clients have the most comprehensive benefit plan coverage available.

The following PINS will show on your payment statement:

36420005 – TCR payment

36420006 – MSP enrollment payment

## Medical Supplies & Equipment Bathing & Toileting Aids

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000300	Bath Chair – purchase  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>bath chair</li> <li>bath seat - pediatric</li> </ul>	\$90 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000003	Bath Chair Lift - battery powered - purchase	\$1,175 each. Limit 1 every 4 years.	Y	MD; NP; OT; PT	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000004	Bath Chair Lift - battery powered – bariatric - purchase	Limit 1 every 4 years.	Y	MD; NP; OT; PT	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000005	Bath Chair Lift - rental	<a href="#">Rental Rule A</a>	Y	MD; NP; OT; PT	See <a href="#">Rental Rules</a> section for details.
17000006	Bath Chair Lift - repairs	\$200 every 4 years. <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details.
17000002	Bath Chair Lift Battery	\$250 each. Limit 1 per year.	H	MD; NP	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

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
					to PBC for review, including: a prescription/recommendation indicating diagnosis and medical necessity and a detailed quote or record of purchase of the product.
17000007	Bathing & Toileting Aids - repairs	\$50 per year. <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details.
17000008	Bedpan	\$22.08 each. Limit 1 every 3 years.	N	MD; NP; OT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000301	Commode – purchase  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• commode – standard - purchase</li> <li>• commode – wheeled - purchase</li> <li>• commode - shower chair</li> </ul>	\$1,600 every 5 years.	N	MD; NP; OT; PT; RN	Same as 17000300
17000010	Commode - rental	<a href="#">Rental Rule A</a>	Y	MD; NP; OT; PT; RN	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.
17000015	Inspection Mirror – for bathing & toileting	\$67.69 per lifetime.	Y	MD; NP; OT; PT; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000012	Raised Toilet Seat - standard	\$68 each. Limit 1 every 3 years.	N	MD; NP; OT; PT; RN	Same as 17000300
17000013	Raised Toilet Seat - with arms	\$114.59 each. Limit 1 every 3 years.	N	MD; NP; OT; PT; RN	Same as 17000300
17000017	Toilet Safety Frame	\$53.40 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000019	Toilet Tissue Aid	1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.



PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000302	Transfer Bench/Board  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>tub transfer - bench</li> <li>tub transfer - board</li> <li>transfer board</li> </ul>	\$150 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000016	Tub Mat - non-slip	\$30 each. Limit 1 every 2 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000022	Urinal	1 every 3 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.

## Blood Pressure Monitor

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000042	Blood Pressure Monitor - electronic	\$100 each. Limit 1 per 5 years.	N	MD; NP; RN; RM	Retain a copy of the prescription/recommendation and the record of purchase on file.

## Cushioning & Protectors

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Rule Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000024	Elbow Protector	\$31.58 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000025	Heel Protector (1 pair)	\$33.82 each. Limit 1 per year.	N	MD; NP; OT; PT; RN	
17000026	Invalid Ring	\$26.53 each. Limit 1 every 3 years.	N	MD; NP; OT; PT; RN; RM	
17000027	Leg Lifter	\$23.67 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	
17000028	Positioning Wedge	\$87 each. Limit 1 every 3 years.	Y	MD; NP; OT; PT; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000029	Quad Knee Separator	1 every 3 years.	N	MD; NP; OT; PT	Retain a copy of the prescription/recommendation and the record of purchase on file.

## Dressing Aids

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000030	Button Hook	1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000031	Dressing Hook	\$24.94 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	
17000033	Reacher	\$30.39 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	
17000032	Shoe Horn – long handled	\$12.03 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	
17000034	Sock & Stocking Aid	\$63.44 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	

## Feeding Pump, Supplies & Feeding Aids

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
37000001	Built-Up Padded Handle or Universal Cuff	\$33.30 each. Limit 1 every 5 years.	N	MD; NP; OT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000002	Enteral Feeding Button	\$278.56 each. Limit 3 per year.	H	MD; NP	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: a prescription/recommendation indicating diagnosis and medical necessity and a detailed quote or record of purchase of the product.
37000017	Extension Set	\$43.13 each. Limit 12 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
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	MD; NP	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
37000007	Feeding Pump - purchase	Limit 1 every 5 years.	Y	MD; NP; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
37000006	Feeding Pump - rental	<a href="#">Rental Rule A</a>	Y	MD; NP; RN	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.
37000004	Feeding Pump - repairs	\$50 per year. <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details.
37000019	Feeding Pump Backpack	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	MD; NP; OT; PT; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
					medical necessity, as well as a detailed quote of product.
37000005	Feeding Pump Bag	\$9.97 each. Limit 250 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000008	Feeding Pump IV Pole	\$176.67 per lifetime.	H	MD; NP; RN	Same as 37000002
37000003	Feeding Supplies – enteral  <b>Eligible Products Include:</b> <ul style="list-style-type: none"><li>• adaptors</li><li>• plugs</li></ul>	\$26.82 each. Limit 12 per year.	N	MD; NP	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000009	Food Guard	\$22.69 each. Limit 1 every 5 years.	N	MD; NP; OT; RN	Same as 37000001
37000015	Gastric Catheters & Tubes	\$239.17 each. Limit 12 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000012	Gravity Feeding Bag	\$8.04 each. Limit 250 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000013	Gravity Feeding Rigid Container	Limit 24 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000010	Gravity Feeding Set - with bag	\$13.78 each. Limit 250 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000011	Gravity Feeding Set - without bag	\$8.45 each. Limit 250 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000038	Luer Lock Syringe - for feeding pump - disposable (3CC)	\$0.47 each. Luer Lock Syringes have a combined limit of 52 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000039	Luer Lock Syringe - for feeding pump - disposable (5CC)	\$0.76 each. Luer Lock Syringes have a combined limit of 52 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000040	Luer Lock Syringe - for feeding pump - disposable (10CC)	\$0.49 each. Luer Lock Syringes have a combined limit of 52 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000041	Luer Lock Syringe - for feeding pump - disposable (20CC)	\$0.99 each. Luer Lock Syringes have a combined limit of 52 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000016	Nasogastric Tube	\$31.75 each. Limit 24 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
37000014	Non-Stick Mat	\$20.84 each. Limit 1 every 5 years.	N	MD; NP; OT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000035	Specialized Utensil - fork or spork	\$19.31 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000036	Specialized Utensil - knife	\$26.60 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000037	Specialized Utensil - spoon	\$18.82 each. Limit 1 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.



## Infant Formula

FNHA provides infant formula coverage for select products when medically necessary. Criteria for infant formula coverage for those < 1 year of age (corrected gestational age for prematurity) includes:

- contraindications for breastfeeding in accordance with Health Canada and World Health Organization guidance: HIV, active tuberculosis and herpetic lesions on breast.
- prematurity or low birth weight
- failure to thrive or growth faltering
- cow milk protein allergy
- other medical conditions not listed

Please note that infant formula **will not be approved** for the following conditions: colic, constipation, fussiness, gas, prevention of allergies, sleeping problems, spitting up, or as a supplement to breastfeeding or replacement of breastfeeding.

## Submitting Requests for Infant Formula Coverage

Infant formula requests are processed by First Nations Health Benefits:

- Prescriber must complete the [FNHA Infant Formula Request Form](#) and fax it to First Nations Health Benefits at fax: 1-888-299-9222 for review.
- Please allow five (5) working days to process a request.
- Decision will be sent to prescriber and pharmacy.

Should you have any questions or concerns regarding a case, please call FNHA Health Benefits at 1-855-550-5454.

## Infant Formula Claims Procedures

For pharmacists processing infant formula claims for eligible clients:

- Use the corresponding item number for the approved infant formula from the table below.

<u>Category</u>	<u>Brand Name</u>	<u>DIN/Item Number</u>
Infant Formula	ALIMENTUM 237ML	95900001
	ALIMENTUM 945 ML	899224
	ALIMENTUM PDR 400G	95900047
	ENFAMIL A+ CONCENTRATE 385ML	95900003
	ENFAMIL A+ LACTOSE FREE	99004201
	ENFAMIL A+ POWDER 663G (includes Gentlease)	95900164
	ENFAMIL A+ READY TO FEED 237ML (includes Gentlease)	95900007
	ENFAMIL ENFACARE A+ NURSETTES 59ML	95900152
	ENFAMIL ENFACARE A+ POWDER 363G	95900009
	GOODSTART OMEGA 3 & 6	9991315
	NEOCATE INFANT FORMULA 400G	95900025
	NUTRAMIGEN A+ LGG POWDER 561G	95900027
	PURAMINO A+ PDR 400G	95900035
	SIMILAC ADVANCE NEOSURE POWDER 363G	95900036
	SIMILAC GO & GROW	95900042

## Gender Affirming Products

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17600002	Bra Inserts (pair)	Limit 1 every 2 years.	N	MD; NP; PSY	Retain a copy of the prescription/recommendation and the record of purchase on file.
17600001	Brassiere - for bra inserts	Limit 2 every 2 years.	N	MD; NP; PSY	
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.	N	Not Required	Retain a copy of the record of purchase on file.
17600003	Lower Body Garment - gaff	Limit 2 per year.	N	MD; NP; PSY	Retain a copy of the prescription/recommendation and the record of purchase on file.
17600004	Packer - phallus	Limit 1 per year.	N	MD; NP; PSY	
17600005	Packer - securement	Limit 1 per year.	N	MD; NP; PSY	
17600006	Packer - with Stand to Pee (STP) device	Limit 1 per year.	N	MD; NP; PSY	
17600008	Stand to Pee (STP) Device	Limit 1 per year.	N	MD; NP; PSY	
17600009	Upper Body Garment - binder	Limit 2 per year.	N	MD; NP; PSY	
17600010	Vaginal Dilator - kit	Limit 1 every 5 years.	N	MD; NP; PSY	
17600011	Vaginal Dilator - single	Limit 1 every 5 years.	N	MD; NP; PSY	

## Grab Bars

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000307	Grab Bar – purchase <i>Excluding Installation</i>  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• floor to ceiling pole</li> <li>• grab bar - for tub - non-permanent</li> <li>• grab bar - bed</li> <li>• trapeze</li> </ul>	\$750 per lifetime.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000308	Grab Bar – rental  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• grab bar - for bed - rental</li> <li>• trapeze - rental</li> <li>• trapeze bar &amp; floor stand - bariatric</li> </ul>	<a href="#">Rental Rule A</a>	Y	MD; NP; OT; PT; RN	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.

## Hospital Beds

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000304	Hospital Bed – electric – purchase  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>hospital bed – electric - with rails,</li> <li>hospital bed - electric - with rails – bariatric,</li> <li>hospital bed - electric – pediatric.</li> </ul>	\$2,600 each. Limit 1 every 10 years.	Y	MD; NP	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.
19000012	Hospital Bed – electric - rental	<a href="#">Rental Rule A</a>	Y	MD; NP	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.
19000011	Hospital Bed – electric - repairs	\$200 every 5 years. Repair Rule B	H	Not Required	See <a href="#">Repair Rules</a> section for details.
17000351	Hospital Bed – manual - purchase	\$1,885 each. Limit 1 every 10 years.	Y	MD; NP	Same as 17000304
17000352	Hospital Bed – manual - rental	<a href="#">Rental Rule A</a>	Y	MD; NP	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.
17000353	Hospital Bed - manual - repairs	\$200 every 5 years. <a href="#">Repair Rule B</a>	H	Not Required	See <a href="#">Repair Rules</a> section for details.
19000013	Hospital Bed & Mattress - delivery/shipping	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Not Required	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the medical necessity as well as a detailed quote of product.

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000305	Mattress – for hospital bed  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• mattress – for hospital bed - bariatric</li> <li>• mattress - for hospital bed - standard.</li> </ul>	Included in 17000351 or 17000304 limits.	Y	MD; NP	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.
17000303	Mattress – for hospital bed - pressure relief  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• pressure relief mattress – for hospital bed - bariatric</li> <li>• pressure relief mattress - for hospital bed - standard.</li> </ul>	\$3,500 each. Limit 1 every 10 years.	Y	MD; NP	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity including length of time the equipment is required, as well as a detailed quote of product.
19000009	Overbed Table - purchase	\$150 every 10 years.	Y	MD; NP; OT; PT; RN	Same as 17000303
19000014	Overbed Table - rental	<a href="#">Rental Rule A</a>	Y	MD; NP; OT; PT; RN	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.
17000306	Overlay - powered/non-powered  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• non-powered overlay,</li> <li>• powered overlay.</li> </ul>	\$150 every 10 years.	Y	MD; NP	Same as 17000303



# 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 the prescription/written recommendation that indicates the diagnosis, prognosis and detailed quote of products required.

## Group 1 Supplies

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000105	Diapers - pull-ups – adult (small or medium)	\$305.31 every 3 months  <i>See preamble for clients requiring incontinence supplies in excess of these limits.</i>	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000106	Diapers - pull-ups – adult (large or X-large)			MD; NP; RN	
17000107	Diapers - pull-ups – adult (2X-large, 3X-large, or 4X-large)			MD; NP; RN	
17000108	Diapers - tabs – adult (small or medium)			MD; NP; RN	
17000109	Diapers - tabs – adult (large or X-large)			MD; NP; RN	
17000110	Diapers - tabs – adult (2X-large, 3X-large, or 4X-large)			MD; NP; RN	
17000113	Diapers - pull-ups – child (junior size 4 and up) <i>Must be age 3 or above</i>	\$227.29 every 3 months.  <i>See preamble for clients requiring incontinence supplies in excess of these limits.</i>	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000122	Diapers - pull-ups – child (youth or X-small adult) <i>Must be age 3 or above</i>			MD; NP; RN	
17000112	Diapers - tabs – child <i>Must be age 3 or above</i>			MD; NP; RN	
17000121	Diapers - tabs – child (youth or X-small adult) <i>Must be age 3 or above</i>			MD; NP; RN	
17000111	Incontinence Liners - disposable	\$124.93 every 3 months.  <i>See preamble for clients requiring incontinence supplies in excess of these limits.</i>	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.

## Other Incontinence Supplies

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000117	Anal Plug	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	MD; NP; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000114	Panty Brief – mesh – reusable <i>Must be age 3 or above</i>	\$3.84 each. Limit 9 every 3 months.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000115	Underpad - disposable (23"x36") <i>Must be age 3 or above</i>	\$0.58 each. Limit 150 every 3 months.	N	MD; NP; RN	
17000116	Underpad - washable (36"x54") <i>Must be age 3 or above</i>	\$22.52 each. Limit 6 every year.	N	MD; NP; RN	
17000120	Uresta Continence Care - kit	Same as 17000117	Y	MD; NP; RN	Same as 17000117

## Lifts & Transfer Equipment/Supplies/Repairs

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
37000021	Hydraulic Lift - manual	Limit 1 every 10 years.	Y	MD; NP; OT; PT	Pre-determination required.
37000020	Hydraulic Lift - powered	Limit 1 every 10 years.	Y	MD; NP; OT; PT	
17000309	Hydraulic Lift – recycled <b>Eligible Products Include:</b> <ul style="list-style-type: none"><li>hydraulic lift – recycled - powered,</li><li>hydraulic lift – recycled - standard</li></ul>	Limit 1 every 10 years.	Y	MD; NP; OT; PT	All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000059	Hydraulic Lift – repairs <i>Installation costs are not eligible under this service code</i>	\$200 every 10 years <a href="#">Repair Rule B</a>	H	Not Required	See <a href="#">Repair Rules</a> section for details.
37000024	Sling/Hammock - for hydraulic lift	Limit 2 every 2 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000055	Transfer Belt	Limit 1 per year.	N	MD; NP; OT; PT; RN	
17000238	Transfer Disc	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	MD; NP; OT; PT; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.

## 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:

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000082	*Catheter - adaptor /connector/closure	Limit 12 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000093	*Catheter – external - male - disposable	\$5.66 each. Limit 90 every 3 months.	N	MD; NP; RN	
17000094	*Catheter - external - male - reusable	\$32.95 each.	N	MD; NP; RN	
17000095	*Catheter - indwelling	\$32.20 each. Limit 4 every 3 months.	N	MD; NP; RN	
17000096	*Catheter - intermittent - disposable	\$1.70 each. Combined intermittent catheter limit 360 every 3 months.	N	MD; NP; RN	
17000097	*Catheter - intermittent - reusable	\$3.07 each. Combined intermittent catheter limit 360 every 3 months.	N	MD; NP; RN	
17000098	*Catheter - irrigation	\$15.02 each.	N	MD; NP; RN	
17000084	*Catheter Plug	\$19.79 each.	N	MD; NP; RN	
17000092	*Catheter Supplies - extension tubing	\$3.80 each. Limit 52 per year.	N	MD; NP; RN	
17000085	*Catheter Tray - catheterization	\$7.46 each.	N	MD; NP; RN	
17000086	*Catheter Tray - irrigation	\$9.79 each.	N	MD; NP; RN	
17000088	*Drainage Leg Bag - reusable	\$70.94 each. Limit 4 per year.	N	MD; NP; RN	
17000087	*Drainage Night Bag - disposable	\$9.49 each. Limit 52 per year.	N	MD; NP; RN	
17000046	*Irrigation Solution	\$2.41 each.	N	MD; NP; RN; RM	
17000101	*Irrigation Syringe	\$7.79 each. Limit 52 per year.	N	MD; NP; RN; RM	
17000090	*Leg Bag - with tubing - disposable	\$14.12 each. Limit 52 per year.	N	MD; NP; RN	Retain a copy of the prescription/recommendation
17000089	*Leg Bag - without tubing -disposable	\$16.73 each. Limit 52 per year.	N	MD; NP; RN	
17000091	*Leg Strap - for drainage bags	\$18.76 each. Limit 52 per year.	N	MD; NP; RN	

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000102	*Lubricating Jelly - packet – single use (3g)	\$0.11 per packet. Limit 400 packets every 3 months.	N	MD; NP; RN	and the record of purchase on file.
17000103	*Lubricating Jelly - tube (114 g)	\$3.57 per tube. Limit 12 every 3 months.	N	MD; NP; RN	
17000104	*Night Bottle - reusable	\$42.16 each. Limit 4 per year.	N	MD; NP; RN	
12000042	*Ostomy – catheters	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	N	MD; NP; RN	
12000043	*Ostomy – deodorants		N	MD; NP; RN	
12000041	*Ostomy – drains		N	MD; NP; RN	
12000044	*Ostomy – eligible accessories  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• belt – ostomy</li> <li>• convex inserts</li> <li>• filters</li> <li>• flange – convex</li> <li>• flange – flat</li> <li>• gel lubricant</li> <li>• irrigation kit</li> <li>• moldable ring seals</li> <li>• ostomy barrier powder</li> <li>• ostomy irrigation sleeves</li> <li>• plastic faceplate</li> <li>• protective skin wipes/spray</li> <li>• skin barrier - paste</li> <li>• skin barrier – wafer</li> <li>• stoma cone for irrigation</li> </ul>		N	MD; NP; RN	
12000002	*Ostomy – miscellaneous non-standard items  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• absorbent flakes/capsules</li> <li>• adhesive removers</li> <li>• mucus dispersant</li> <li>• odor control product concentrate – for inside pouch only</li> <li>• pouch cover</li> </ul>		N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
12000001	*Ostomy – pouches/bags  <b>Eligible Products Include:</b>		N	MD; NP; RN	



PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• one-piece colostomy/ileostomy pouch - closed - convex,</li> <li>• one-piece colostomy/ileostomy pouch - closed - flat,</li> <li>• one-piece colostomy/ileostomy pouch - drainable - convex,</li> <li>• one-piece colostomy/ileostomy pouch - drainable - flat,</li> <li>• one-piece urostomy pouch, convex,</li> <li>• one-piece urostomy pouch, flat,</li> <li>• two-piece colostomy/ileostomy pouch - closed,</li> <li>• two-piece colostomy/ileostomy pouch - drainable,</li> <li>• two-piece urostomy pouch</li> </ul>				
17000100	*Pessary	\$120 each. Limit 1 every 6 months.	N	MD; NP	
17000083	*Tape/Adhesive	\$30.04 each.	N	MD; NP; RN	

## Other General Supplies/Fees

### MedicAlert® Bracelet

Clients have coverage for MedicAlert® Bracelet – standard at a \$50 lifetime membership. The client needs to complete the [MedicAlert® form](#) with a MD, NP, or RN completing one of the sections.

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000045	Gloves - latex/vinyl (100 per box)	\$21.87 per box. Limit 12 boxes per year.	N	MD; NP; RN; RM	Retain a copy of the prescription/recommendation and the record of purchase on file.
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	MD; NP; OT; PT	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
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	Not Required	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the medical necessity as well as a detailed quote of product.

## Prenatal/Maternity

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000310	Breast Pump – electric - purchase	\$300 per birth event.	Y	MD; NP; RN; RM	<p>Claims up to \$300 per birth event can be filled without requiring pre-determination. Retain a copy of the prescription/recommendation and record of purchase on file.</p> <p>For claims over \$300 per year, pre-determination required. All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of the product.</p>
17000044	Breast Pump - electric - rental	One per birth event. <a href="#">Rental Rule D</a>	Y	MD; NP; RN; RM	<p>Pre-determination required.</p> <p>See <a href="#">Rental Rules</a> section for details.</p>
17000043	Breast Pump – manual - purchase	One per birth event.	N	MD; NP; RN; RM	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000048	Maternity Belt	One per pregnancy.	N	MD; NP; PT; RN; RM	Same as 17000043
17000050	Nipple Shield	\$15 each. Limit 6 units every 3 months: maximum coverage 6 months	N	MD; NP; RN; RM	Same as 17000043

## Vision Assistance Aids

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
28100001	Coloured Filter	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	Y	Optometrist	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
28100002	Face Cradle			Optometrist	
28100003	Illuminated Magnifier - handle			MD; NP; OT; Optometrist	
28100004	Illuminated Magnifier - head			MD; NP; OT; Optometrist	
28100005	Magnifier			MD; NP; OT; Optometrist	
28100006	Microscope			Optometrist	
28100007	Telescope/Monocular			Optometrist	
28100008	White Cane			MD; NP; Optometrist	
28100009	White Cane - tip	Limit 3 per year.	Y	MD; NP; Optometrist	

## Walking Aids

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000315	*Cane  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>cane - aluminum adjustable - quad</li> <li>cane - single</li> </ul>	\$100 every 10 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000336	Cane - accessories/repairs  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>cane - tip</li> <li>cane - tip - ice pick</li> </ul>	\$40 every 2 years. <a href="#">Repair Rule A</a>	N	MD; NP; OT; PT; RN	See <a href="#">Repair Rules</a> section for details.
17000317	Crutch(es) - accessories/repairs  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>crutch, hand grips</li> <li>crutch - pads</li> <li>crutch - tip - ice pick</li> <li>crutch - tip - rubber</li> </ul>	\$40 every 2 years. <a href="#">Repair Rule A</a>	N	MD; NP; OT; PT; RN	See <a href="#">Repair Rules</a> section for details.
17000316	Crutch(es) – purchase or rental  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>crutches - axillary – purchase - pair</li> <li>crutches - axillary – rental - pair</li> <li>crutches – specialized – purchase - pair - forearm</li> </ul>	\$300 every 2 years for purchase. <a href="#">Rental Rule B</a>	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file. Rental information must include rental to and from dates.  See <a href="#">Rental Rules</a> section for details.
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	Not Required	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the medical necessity as well as a detailed quote of product.
17000313	Walker – accessories  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>walker - glide brakes</li> <li>walker – skis (set of 2)</li> <li>walker - wheels</li> </ul>	\$450 every 2 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000311	Walker – purchase  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>walker – standard – purchase,</li> <li>walker - purchase - 2-wheel,</li> <li>walker – purchase - 4-wheel,</li> <li>walker – purchase – bariatric - 4-wheel.</li> </ul> <i>Please Note: Knee caddies are not an eligible benefit.</i>	\$700 every 5 years.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000314	Walker – recycled  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>walker – standard - recycled</li> <li>walker - wheeled - recycled</li> </ul>	Limit 1 every 5 years.	Y	MD; NP; OT; PT; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000312	Walker – rental  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>walker – standard - rental</li> <li>walker - wheeled - rental</li> </ul>	<a href="#">Rental Rule A</a>	Y	MD; NP; OT; PT; RN	Pre-determination required.  See <a href="#">Rental Rules</a> section for details.
17000073	Walker - repairs	\$100 every 5 years <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details.
17000080	Walker – tray/pouch	Included in 17000313 limits.	N	MD; NP; OT; PT; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.

## Wheelchairs

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
18000001	<p>Wheelchair – electric – purchase</p> <p><b>Eligible Products Include:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair – electric – purchase,</li> <li>• wheelchair arm rest - fixed support - multi component,</li> <li>• wheelchair arm rest - fixed support - multi components – hardware,</li> <li>• wheelchair - arm rest - fixed support - multi components – pads,</li> <li>• wheelchair - arm rest - fixed support - one piece,</li> <li>• wheelchair - arm rest - fixed support - one piece – hardware,</li> <li>• wheelchair - arm rest - fixed support - one piece – pads,</li> <li>• wheelchair - arm rest – movable,</li> <li>• wheelchair - axle plate,</li> <li>• wheelchair - back support – cover - adult,</li> <li>• wheelchair - back support cover, child</li> <li>• wheelchair - back support – adult,</li> <li>• Wheelchair - back support – child,</li> <li>• wheelchair – brakes,</li> <li>• wheelchair - calf board – adult,</li> </ul>	\$7,000 every 5 years.	Y	MD; NP; OT; PT	<p>Pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis, prognosis, length of time equipment is required, circumstances necessitating the use of a wheelchair, and medical necessity, as well as a detailed quote of product.</p> <p>Also include a mobility assessment that must outline the medical necessity for each component of the wheelchair.</p>

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• wheelchair - calf board – child,</li> <li>• wheelchair – castor,</li> <li>• wheelchair - castor fork,</li> <li>• wheelchair - castor housing,</li> <li>• wheelchair - castor housing - dust cover,</li> <li>• wheelchair - castor plate,</li> <li>• wheelchair – crossbrace,</li> <li>• wheelchair - cushion interfacing mounting – complex,</li> <li>• wheelchair - cushion interfacing/mounting strap - children only,</li> <li>• wheelchair - cushion interfacing/mounting strap - simple seat,</li> <li>• wheelchair - cushion interfacing/mounting – simple,</li> <li>• wheelchair - cushion interfacing/mounting - simple back,</li> <li>• wheelchair - elevating leg rest/foot rest,</li> <li>• wheelchair - elevating tray – adult,</li> <li>• wheelchair - elevating tray – child,</li> <li>• wheelchair - foot box – adult,</li> <li>• wheelchair - foot box – child,</li> <li>• wheelchair - foot pocket – adult,</li> <li>• wheelchair - foot pocket – child,</li> </ul>				



PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• wheelchair - foot rest,</li> <li>• wheelchair – footplate,</li> <li>• wheelchair - footplate extension,</li> <li>• wheelchair - front rigging,</li> <li>• wheelchair - growable frame,</li> <li>• wheelchair – handrim,</li> <li>• wheelchair - headrest,</li> <li>• wheelchair - heel loop,</li> <li>• wheelchair - neck rest - with headrest – adjustable - adult,</li> <li>• wheelchair - neck rest - with headrest – adjustable - child,</li> <li>• wheelchair - neck rest – adjustable - adult,</li> <li>• wheelchair - neck rest – adjustable - child,</li> <li>• wheelchair – parts – miscellaneous - electric wheelchair,</li> <li>• wheelchair – pommel - adult,</li> <li>• wheelchair – pommel - child,</li> <li>• wheelchair – pommel – removable - adult,</li> <li>• wheelchair – pommel – removable - child,</li> <li>• wheelchair – positioning - ankle,</li> <li>• wheelchair – positioning - butterfly,</li> <li>• wheelchair – positioning - calf,</li> <li>• wheelchair – positioning - chest,</li> </ul>				

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• wheelchair – positioning - complex,</li> <li>• wheelchair – positioning - pads,</li> <li>• wheelchair – positioning - pelvic belt - adult,</li> <li>• wheelchair – positioning - pelvic belt - child,</li> <li>• Wheelchair - push handle - backrest tube,</li> <li>• wheelchair - push to lock - wheel locks,</li> <li>• wheelchair - quick-release axle pin,</li> <li>• wheelchair - rear wheel hub,</li> <li>• wheelchair - sling/rigid,</li> <li>• wheelchair - spokes,</li> <li>• wheelchair - standard tray - adult,</li> <li>• wheelchair - standard tray - child,</li> <li>• wheelchair - tilting tray - adult,</li> <li>• wheelchair - tilting tray = child,</li> <li>• wheelchair - tires,</li> <li>• wheelchair - wheel lock,</li> <li>• wheelchair - custom seat and back - one system,</li> <li>• wheelchair - amputation board,</li> <li>• wheelchair - cushion and protectors,</li> <li>• cover for wheelchair seat - child,</li> <li>• cover for wheelchair seat - adult,</li> </ul>				

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>wheelchair - pelvic stabilizer – pair - child,</li> <li>wheelchair - pelvic stabilizer – one - adult,</li> <li>wheelchair - pelvic stabilizer – pair - adult,</li> <li>wheelchair – seat - adult,</li> <li>wheelchair – seat - child,</li> <li>wheelchair - cushion molded seat,</li> <li>wheelchair - power recline for power wheelchair,</li> <li>wheelchair - power tilt for power wheelchair.</li> </ul>				
18000004	Wheelchair – electric - recycled - purchase	Same as 18000001	Y	MD; NP; OT; PT	Same as 18000001
18000002	Wheelchair - electric - rental	\$250 per year. <a href="#">Rental Rule C</a>	Y	MD; NP; OT; PT	Pre-determination required. See <a href="#">Rental Rules</a> section for details.
18000089	Wheelchair – electric – repairs  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>wheelchair - back &amp; seat cushions – repairs</li> <li>wheelchair – electric - batteries</li> </ul>	\$200 every 5 years. <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details.
18000006	Wheelchair – manual – purchase  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>wheelchair – manual - purchase</li> <li>wheelchair - arm rest - fixed support - multi component,</li> <li>wheelchair - arm rest - fixed support - multi components - hardware,</li> <li>wheelchair - arm rest - fixed support - multi</li> </ul>	\$5,000 every 5 years.	Y	MD; NP; OT; PT	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis, prognosis, length of time equipment is required, circumstances necessitating the use of a wheelchair, and medical necessity, as well as a detailed quote of product.  Also include a mobility assessment that must outline the medical necessity for each component of the wheelchair.

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>components - pads,</li> <li>• wheelchair - arm rest - fixed support - one piece,</li> <li>• wheelchair - arm rest - fixed support - one piece - hardware,</li> <li>• Wheelchair - arm rest - fixed support - one piece - pads,</li> <li>• wheelchair - arm rest - movable,</li> <li>• wheelchair - axle plate,</li> <li>• wheelchair - back support cover - adult,</li> <li>• wheelchair - back support cover - child,</li> <li>• wheelchair - back support - adult,</li> <li>• wheelchair - back support - child,</li> <li>• wheelchair - brakes,</li> <li>• wheelchair - calf board - adult,</li> <li>• wheelchair - calf board - child,</li> <li>• wheelchair - castor,</li> <li>• wheelchair - castor fork,</li> <li>• wheelchair - castor housing,</li> <li>• wheelchair - castor housing - dust cover,</li> <li>• wheelchair - castor plate,</li> <li>• wheelchair - crossbrace,</li> <li>• wheelchair - cushion interfacing mounting - complex,</li> <li>• wheelchair - cushion interfacing/mounting strap - children only,</li> <li>• wheelchair - cushion</li> </ul>				

PIN	Description *Indicates claims submitted will only be considered up to the posted rule.	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	interfacing/mounting strap - simple seat, • wheelchair - cushion interfacing/mounting - simple, • wheelchair - cushion interfacing/mounting - simple back, • wheelchair - elevating leg rest/foot rest, • wheelchair - elevating tray - adult, • wheelchair - elevating tray - child, • wheelchair - foot box - adult, • wheelchair - foot box - child, • wheelchair - foot pocket - adult, • wheelchair - foot pocket - child, • wheelchair - foot rest, • wheelchair - footplate, • wheelchair - footplate - extension, • wheelchair - front rigging, • wheelchair - growable frame, • wheelchair - handrim, • wheelchair - headrest, • wheelchair - heel loop, • wheelchair - neck rest with headrest – adjustable - adult, • wheelchair - neck rest with headrest – adjustable - child, • wheelchair - neck rest – adjustable - adult, • wheelchair - neck rest – adjustable - child,				

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• wheelchair – parts – miscellaneous - manual wheelchair,</li> <li>• wheelchair – pommel - adult,</li> <li>• wheelchair – pommel - child,</li> <li>• wheelchair – pommel – removable - adult,</li> <li>• wheelchair – pommel – removable - child,</li> <li>• wheelchair – positioning - ankle,</li> <li>• wheelchair – positioning - butterfly,</li> <li>• wheelchair – positioning - calf,</li> <li>• wheelchair – positioning - chest,</li> <li>• wheelchair – positioning - complex,</li> <li>• wheelchair – positioning - pads,</li> <li>• wheelchair – positioning - pelvic belt - adult,</li> <li>• wheelchair – positioning - pelvic belt - child,</li> <li>• wheelchair - push handle - backrest tube,</li> <li>• wheelchair - push to lock wheel locks,</li> <li>• wheelchair - quick-release axle pin,</li> <li>• wheelchair - rear wheel hub,</li> <li>• wheelchair - sling/rigid,</li> <li>• wheelchair - spokes,</li> <li>• wheelchair - standard tray - adult,</li> <li>• wheelchair - standard tray - child,</li> <li>• wheelchair - tilting tray - adult,</li> </ul>				

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• wheelchair - tilting tray - child,</li> <li>• wheelchair - tires,</li> <li>• wheelchair - wheel lock,</li> <li>• wheelchair - custom seat and back - one system,</li> <li>• wheelchair - geriatric,</li> <li>• wheelchair - manual recline for manual wheelchair,</li> <li>• wheelchair - manual tilt for manual wheelchair,</li> <li>• wheelchair - amputation board,</li> <li>• wheelchair - medical stroller,</li> <li>• wheelchair - cushion and protectors,</li> <li>• cover for wheelchair seat - child,</li> <li>• cover for wheelchair seat - adult,</li> <li>• wheelchair - pelvic stabilizer - one, child,</li> <li>• wheelchair - pelvic stabilizer – pair - child,</li> <li>• wheelchair - pelvic stabilizer – one - adult,</li> <li>• wheelchair - pelvic stabilizer – pair - adult,</li> <li>• wheelchair – seat - adult,</li> <li>• wheelchair – seat - child,</li> <li>• wheelchair - cushion - molded seat,</li> <li>• wheelchair - power tilt for manual wheelchair.</li> </ul>				
18000003	Wheelchair – manual – recycled - purchase	Same as 18000006	Y	MD; NP; OT; PT	Same as 18000006

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
18000007	Wheelchair – manual - rental	\$250 per year. <a href="#">Rental Rule C</a>	Y	MD; NP; OT; PT	Pre-determination required.  See <a href="#">Rental Rules</a> section for details
18000088	Wheelchair – manual – repairs  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>Wheelchair - cushions - back &amp; seat - repairs</li> </ul>	\$200 every 5 years. <a href="#">Repair Rule A</a>	N	Not Required	See <a href="#">Repair Rules</a> section for details
18000080	Wheelchair Tires  If Clients require additional tires beyond the benefits outlined in: <ul style="list-style-type: none"> <li>18000001</li> <li>18000006</li> </ul>	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply.	H	MD; NP; OT; PT	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: a prescription/recommendation indicating diagnosis and medical necessity and a detailed quote or record of purchase of the product.



## 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 per year of supplies, without a prescription, in the categories associated with **Group 1** wound care. **Group 1** items above \$30 per year must have a prescription/recommendation from a physician, nurse practitioner, or registered nurse. Providers do not need to submit the prescription, a predetermination, or a Wound Care Assessment Form to Pacific Blue Cross; the Provider must retain the prescription on file according to the practices outlined in the applicable Provider Reference Guide.

Clients can accumulate up to \$200 per year of supplies in the categories associated with **Group 2** wound care, with a prescription/recommendation from a physician, nurse practitioner, or registered nurse. 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.

For clients requiring additional wound care above \$200 for **Group 2**, providers should submit the [FNHA Wound Care Assessment Form](#), a pre-determination, and a copy of the prescription/recommendation to Pacific Blue Cross for review. Pacific Blue Cross requires the Client submit monthly updated [FNHA Wound Care Assessment Form](#) unless otherwise indicated on the pre-determination.

[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.

### Group 1 Wound Care

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000321	Adhesive  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• adhesive suture strips</li> <li>• adhesive tape – hypoallergenic,</li> <li>• adhesive tape - non-hypoallergenic.</li> </ul>	Claims up to \$30 per year can be filled without requiring a prescription or another practitioners' recommendation.	N	MD; NP; RN	Claims up to \$30 per year can be filled without requiring a prescription or another practitioners' recommendation.
17000128	Bandage - elastic			MD; NP; RN	
17000136	Dressing - composite			MD; NP; RN	
17000324	Dressing - miscellaneous items  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• cotton tip applicators – sterile,</li> <li>• sterile saline - pour bottle,</li> <li>• wound packing strips.</li> </ul>	For claims over \$30 per year, retain a copy of the prescription/recommendation and the record of purchase on file.		MD; NP; RN	For claims over \$30 per year, retain a copy of the prescription/recommendation and the record of purchase on file.

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000322	Dressing - non-adherent - impregnated & non-impregnated  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• non-adherent dressing – impregnated – other,</li> <li>• non-adherent dressing – impregnated - petrolatum (7cm x 7.5cm),</li> <li>• non-adherent dressing - impregnated, petrolatum (10cm x 10cm),</li> <li>• non-adherent dressing – impregnated – petrolatum (7.5cm x 20cm, 3 strips),</li> <li>• non-adherent dressing – impregnated – chlorhex (5cm x 5cm),</li> <li>• non-adherent dressing – impregnated – chlorhex (10cm x 10cm),</li> <li>• non-adherent dressing - non-impregnated,</li> <li>• non-adherent dressing - non-impregnated (6cm x 7cm),</li> <li>• non-adherent dressing - non-impregnated (9cm x 10cm).</li> </ul>	Claims up to \$30 per year can be filled without requiring a prescription or another practitioners' recommendation.  For claims over \$30 per year, retain a copy of the prescription/recommendation and the record of purchase on file.	N	MD; NP; RN	Claims up to \$30 per year can be filled without requiring a prescription or another practitioners' recommendation.  For claims over \$30 per year, retain a copy of the prescription/recommendation and the record of purchase on file.
17000319	<b>Dressing – transparent</b>  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• transparent dressing – adhesive (6cm x 7cm),</li> <li>• transparent dressing - adhesive (10cm x 12cm),</li> <li>• transparent film dressing – adhesive - other,</li> </ul>			MD; NP; RN	

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>transparent film dressing – spray-on.</li> </ul>	<p>Claims up to \$30 per year can be filled without requiring a prescription or another practitioners' recommendation.</p> <p>For claims over \$30 per year, retain a copy of the prescription/recommendation and the record of purchase on file.</p>	N		<p>Claims up to \$30 per year can be filled without requiring a prescription or another practitioners' recommendation.</p> <p>For claims over \$30 per year, retain a copy of the prescription/recommendation and the record of purchase on file.</p>
17000130	Dressing - tubular net			MD; NP; RN	
17000323	Eye Dressing <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>eye pad,</li> <li>eye shield.</li> </ul>			MD; NP; RN	
17000127	Gauze - conforming bandage			MD; NP; RN	
17000320	Gauze - non-sterile <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>gauze – non-sterile (5cm x 5 cm/2in x 2in),</li> <li>gauze – non-sterile (7.5cm X 7.5cm/3in x 3in),</li> <li>gauze – non-sterile (10cm x 10 cm/4in x 4in),</li> <li>gauze – non-sterile (6cm x 8cm/2.36in x 3.15in).</li> </ul>			MD; NP; RN	
17000318	Gauze – sterile <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>gauze – sterile (5cm x 5cm/2in x 2in),</li> <li>gauze – sterile (7.5cm x 7.5cm/3in X 3in),</li> <li>gauze – sterile (10cm x 10 cm/4in x 4in),</li> <li>gauze - sterile - abdominal-pad.</li> </ul>			MD; NP; RN	

## Group 2 Wound Care

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000327	Alginate/Hydrofibre  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>alginate/hydrofibre dressing – other,</li> <li>alginate/hydrofibre dressing (5cm x 5cm),</li> <li>alginate/hydrofibre dressing (10cm x 10 cm).</li> </ul>	<p>Up to an accumulated total of \$271.68 per year.</p> <p>See <a href="#">preamble</a> for clients requiring wound care supplies in excess of these limits.</p>	N	MD; NP; RN	<p>Items must have a prescription/recommendation, for up to \$200 per year no prior authorization required.</p> <p>Over \$200 per year, submit a pre-determination, an <a href="#">FNHA Wound Care Assessment Form</a>, and a copy of the prescription/recommendation. If approved, the <a href="#">FNHA Wound Care Assessment Form</a> must be submitted monthly.</p>
17000129	<b>Bandage - impregnated venous ulcer</b>			MD; NP; RN	
17000331	Dressing – charcoal  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>charcoal dressing – other,</li> <li>charcoal dressing (10cm x 10cm).</li> </ul>			MD; NP; RN	
17000330	Dressing - gel & hydrogel  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>gel/hydrogel dressing – other,</li> <li>gel/hydrogel dressing (8g),</li> <li>gel/hydrogel dressing (15g),</li> <li>gel/hydrogel dressing (25g).</li> </ul>			MD; NP; RN	
17000328	<b>Dressing – hydrocolloid</b>  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>hydrocolloid dressing – other,</li> <li>hydrocolloid dressing - standard (10cm x 10cm),</li> <li>hydrocolloid dressing - extra thin (10cm x 10cm),</li> </ul>			MD; NP; RN	

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000332	Dressing – silicone, bio-active & dressing trays  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>dressing - bio-active</li> <li>dressing - silicone exception</li> <li>dressing - wound tray exception</li> </ul>	Up to an accumulated total of \$271.68 per year.  <i>See <a href="#">preamble</a> for clients requiring wound care supplies in excess of these limits.</i>	N	MD; NP; RN	Items must have a prescription/recommendation, for up to \$200 per year no prior authorization required.  Over \$200 per year, submit a pre-determination, an <a href="#">FNHA Wound Care Assessment Form</a> , and a copy of the prescription/recommendation. If approved, the <a href="#">FNHA Wound Care Assessment Form</a> must be submitted monthly.
17000326	Dressing – silver  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>silver dressing – other,</li> <li>silver alginate dressing (10cm x 10cm),</li> <li>silver alginate ribbon (1cm x 45.7cm),</li> <li>silver alginate ribbon (1.9cm x 54.7cm),</li> <li>silver alginate ribbon (2.5cm x 30.5cm).</li> </ul>			MD; NP; RN	
17000325	Foam - medicated & non-medicated  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>foam dressing - medicated/non-medicated – other,</li> <li>foam - non-adhesive dressing (5cm x 5cm),</li> <li>foam - non-adhesive dressing (10cm x 10cm),</li> <li>foam - adhesive dressing (7.5cm x 7.5cm),</li> <li>foam - adhesive dressing (12.5cm x 12.5cm).</li> </ul>			MD; NP; RN	
17000163	<b>Honey Dressing</b>			MD; NP; RN	

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000329	<b>Iodine Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• iodine dressing – other,</li> <li>• iodine gel - ointment (10g tube),</li> <li>• iodine dressing (5g, 4cm x 6cm).</li> </ul>	Up to an accumulated total of \$200 per year.  <i>See <a href="#">preamble</a> for clients requiring wound care supplies in excess of these limits.</i>	N	MD; NP; RN	Items must have a prescription/recommendation, for up to \$200 per year no prior authorization required.  Over \$200 per year, submit a pre-determination, an <a href="#">FNHA Wound Care Assessment Form</a> , and a copy of the prescription/recommendation. If approved, the <a href="#">FNHA Wound Care Assessment Form</a> must be submitted monthly.
17000126	Montgomery ties (set)			MD; NP; RN	

## 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

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000221	Abdominal Support - off the shelf	\$64 each. Limit 1 per year.	N	MD; NP; PT; RN; OT	Retain a copy of the prescription/recommendation and the record of purchase on file; must indicate itemization by the affected area.
17000222	Cervical Brace – off the shelf	\$25 each. Limit 1 per year		MD; NP; PT	
17000223	Helmet - off the shelf	\$65 each. Limit 1 per year.		MD; NP; PT; OT	
17000224	Hernia Truss - off the shelf	\$62 each. Limit 1 per year.		MD; NP	
17000225	Lumbosacral Spinal Brace - off the shelf	\$66 each. Limit 1 per year.		MD; NP; PT	
17000226	Pelvic Belt - off the shelf	\$69 each. Limit 1 per year.		MD; NP; PT	
17000227	Thoracolumbarsacral Brace - off the shelf	\$61 each. Limit 1 per year.		MD; NP; PT	

## Upper Limb Orthoses - Left

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000207	Elbow Brace - off the shelf - left	\$45 each. Limit 1 per year.	N	MD; NP; PT	Retain a copy of the prescription/recommendation and the record of purchase on file; must indicate itemization by the affected area.
17000215	Shoulder Brace - off the shelf - left	\$45 each. Limit 1 per year.		MD; NP; PT	
17000213	Shoulder Elbow Brace - off the shelf - left	\$45 each. Limit 1 per year.		MD; NP; PT	
17000211	Splint - finger - single digit - off the shelf - left <i>Must specify digit</i>	\$45 each. Limit 1 per year.		MD; NP; PT; OT	
17000209	Splint - fingers - multiple digits - off the shelf - left <i>Must specify digits</i>	\$45 each. Limit 1 per year.		MD; NP; PT; OT	
17000219	Wrist Hand Brace - off the shelf - left	\$45 each. Limit 1 per year.		MD; NP; PT; OT	
17000217	Wrist Hand Finger Brace - off the shelf - left	\$45 each. Limit 1 per year.		MD; NP; PT; OT	

## Upper Limb Orthoses - Right

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000208	Elbow Brace - off the shelf - right	\$45 each. Limit 1 per year.	N	MD; NP; PT	Retain a copy of the prescription/recommendation and the record of purchase on file; must indicate itemization by the affected area.
17000216	Shoulder Brace - off the shelf - right	\$45 each. Limit 1 per year.		MD; NP; PT	
17000214	Shoulder Elbow Brace - off the shelf - right	\$45 each. Limit 1 per year.		MD; NP; PT	
17000212	Splint - finger - single digit - off the shelf - right <i>Must specify digit</i>	\$45 each. Limit 1 per year.		MD; NP; PT; OT	
17000210	Splint - fingers - multiple digits - off the shelf - right <i>Must specify digits</i>	\$45 each. Limit 1 per year.		MD; NP; PT; OT	
17000220	Wrist Hand Brace - off the shelf - right	\$45 each. Limit 1 per year.		MD; NP; PT; OT	
17000218	Wrist Hand Finger Brace - off the shelf - right	\$45 each. Limit 1 per year.		MD; NP; PT; OT	

## Lower Limb Orthoses - Left

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000199	Ankle Brace - off the shelf - left	\$69 each Limit 1 per year.	N	MD; NP; PT	Retain a copy of the prescription/recommendation and the record of purchase on file; must indicate itemization by the affected area.
17000201	Ankle Foot Brace - off the shelf - left	\$69 each. Limit 1 per year.		MD; NP; PT	
17000205	Hip Orthosis - off the shelf - left	\$69 each. Limit 1 per year.		MD; NP; PT	
17000203	Knee Brace - off the shelf - left	\$69 each. Limit 1 per year.		MD; NP; PT	



## Lower Limb Orthoses - Right

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000200	Ankle Brace - off the shelf - right	\$69 each. Limit 1 per year.	N	MD; NP; PT	Retain a copy of the prescription/recommendation and the record of purchase on file; must indicate itemization by the affected area.
17000202	Ankle Foot Brace - off the shelf - right	\$69 each. Limit 1 per year.		MD; NP; PT	
17000206	Hip Orthosis - off the shelf - right	\$69 each. Limit 1 per year.		MD; NP; PT	
17000204	Knee Brace - off the shelf - right	\$69 each. Limit 1 per year.		MD; NP; PT	

## Lower Limb Orthoses - Other

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000237	Cast  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• aircast</li> <li>• offloading walking boot</li> </ul>	\$173.92 each. Limit 1 per year.	N	MD; NP; PT	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000231	Diabetic Walking Boot - offloading	\$181.07 each. Limit 1 per year.	Y	MD; NP; PT	Pre-determination required.
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	MD; NP; PT	All documentation for this expense needs to be submitted to PBC for review, including: a prescription/recommendation indicating diagnosis and medical necessity and a detailed quote or record of purchase of the product.

## Orthotic Supplies

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000229	Brace – liner sock	\$47.38 each. Limit 6 per year.	Y	MD; NP	Pre-determination required.
17000228	Knee Brace - undersleeve	\$47.93 each. Limit 2 per year.	Y	MD; NP; PT	All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
17000230	Textile Sleeve	Limit 2 per year.	Y	MD; NP	

# Pressure/Compression Garments, Bandages & Accessories

## Pressure/Compression Garments

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
37000025	Lymphedema Pump – accessories  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>sequential pump accessories – boots,</li> <li>sequential pump accessories – sleeves.</li> </ul>	\$500 each. Limit 1 every 10 years.	H	MD; NP	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: a prescription/recommendation indicating diagnosis and medical necessity and a detailed quote or record of purchase of the product.
37000026	Lymphedema Pump – purchase	\$7,300 every 10 years.	Y	MD; NP	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
37000027	Lymphedema Pump – rental	<a href="#">Rental Rule A</a>	Y	MD; NP	Pre-determination required.  See Rental Rules section for details
23000006	Compression Bandage – hi-sustained & accessories (35mmHg)  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>hi-sustained compression bandage – reusable (35mmHg): <ul style="list-style-type: none"> <li>left</li> <li>right</li> </ul> </li> <li>hi-sustained compression bandage - single use (35mmHg): <ul style="list-style-type: none"> <li>left</li> <li>right</li> <li>padding single use for reusable hi-sustained compression bandage</li> </ul> </li> <li>stockinette – reusable - for reusable hi-sustained compression bandage (35mmHg): <ul style="list-style-type: none"> <li>left</li> <li>right.</li> </ul> </li> </ul>	Limit 12 per year.	Y	MD; NP; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote including compression ratio of product.
23000004	Compression Garment - accessories	\$150 each. Limit 4 per year.	N	MD; OT; PT	Retain a copy of the prescription/recommendation

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• elbow lining – full - left,</li> <li>• elbow lining – full - right</li> <li>• elbow lining - inner aspect - left</li> <li>• elbow lining - inner aspect - right</li> <li>• lining variation</li> <li>• pocket for padding or splint</li> </ul>				and detailed record of the purchase including compression ratio and type of garment.
17000335	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	MD; NP; RN	Pre-determination required.  All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.
23000003	Compression Garment – for hypertrophic scars  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>• hypertrophic scar - chin strap,</li> <li>• hypertrophic scar - chin strap - modified - extended behind the ears,</li> <li>• hypertrophic scar - ear flap -attached to mask or modified chin strap,</li> <li>• hypertrophic scar - eye flap attached to mask,</li> <li>• hypertrophic scar - face mask,</li> <li>• hypertrophic scar - face mask - open face,</li> <li>• hypertrophic scar - head band,</li> <li>• hypertrophic scar - lining variation,</li> <li>• hypertrophic scar - lip covering attached to mask or chin strap,</li> <li>• hypertrophic scar - nose covering in mask,</li> <li>• hypertrophic scar - other garment (provide name of item),</li> <li>• hypertrophic scar - pocket for padding or splint,</li> <li>• hypertrophic scar - trachea opening,</li> <li>• hypertrophic scar – anklet - left,</li> <li>• hypertrophic scar – anklet - right,</li> <li>• hypertrophic scar/below knee without foot - left,</li> </ul>	\$150 each. Limit 4 per year.	N	MD; OT; PT	Same as 23000004

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• hypertrophic scar/below knee without foot - right,</li> <li>• hypertrophic scar/below knee with foot - left,</li> <li>• hypertrophic scar/below knee with foot - right,</li> <li>• hypertrophic scar - chap style - one leg,</li> <li>• hypertrophic scar - chap style - two legs.</li> </ul>				
23000002	<p>*Compression Garment – for parts of body (under 20mmHg)</p> <p><b>Eligible Products Include:</b></p> <ul style="list-style-type: none"> <li>• arm sleeve and gauntlet - with enclosed extended thumb – left,</li> <li>• arm sleeve and gauntlet - with enclosed extended thumb - right,</li> <li>• arm sleeve/gauntlet/shoulder flap - with enclosed extended thumb - left,</li> <li>• arm sleeve/gauntlet/shoulder flap - with enclosed extended thumb - right,</li> <li>• arm sleeve - wrist to axilla - left,</li> <li>• arm sleeve - wrist to axilla - right,</li> <li>• arm sleeve - with attached gauntlet - left,</li> <li>• arm sleeve - with attached gauntlet - right,</li> <li>• arm sleeve - with attached shoulder flap - left,</li> <li>• arm sleeve - with attached shoulder flap - right,</li> <li>• arm sleeve - with gauntlet and shoulder flap - left,</li> <li>• arm sleeve - with gauntlet and shoulder flap - right,</li> <li>• arm stump to axilla - left,</li> <li>• arm stump to axilla - right,</li> <li>• arm stump with shoulder flap - left,</li> <li>• arm stump with shoulder flap - right,</li> <li>• elbow band - left,</li> <li>• elbow band - right,</li> <li>• foot glove - left,</li> <li>• foot glove - right,</li> <li>• half sleeve - elbow to axilla - left,</li> </ul>	<p>\$150 each. Limit 4 per year.</p>	N	MD; NP; OT; PT	Same as 23000004

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	<ul style="list-style-type: none"> <li>• half sleeve - elbow to axilla - right,</li> <li>• half sleeve - wrist to elbow - left,</li> <li>• half sleeve - wrist to elbow – right</li> <li>• half sleeve and gauntlet - with enclosed extended thumb - left,</li> <li>• half sleeve and gauntlet - with enclosed extended thumb - right,</li> <li>• half sleeve - with gauntlet metacarpals to elbow - left,</li> <li>• half sleeve - with gauntlet metacarpals to elbow - right,</li> <li>• half sleeve - with shoulder flap - left,</li> <li>• half sleeve - with shoulder flap - right,</li> <li>• reinforced palm on glove or gauntlet - left,</li> <li>• reinforced palm on glove or gauntlet - right,</li> <li>• shoulder flap – adjustable - left,</li> <li>• shoulder flap – adjustable - right.</li> </ul>				
23000001	<p>*Compression Garment – for parts of body (20 - 30mmHg)</p> <p><b>Eligible Products Include:</b></p> <ul style="list-style-type: none"> <li>• compression sleeve (20 – 30mmHg),</li> <li>• compression stocking - hose (20 - 30 mmHg, pair),</li> <li>• compression stocking - knee (20 - 30 mmHg, pair),</li> <li>• compression stocking - thigh (20 - 30 mmHg, pair).</li> </ul>	\$150 each. Limit 4 per year.	N	MD; NP; OT; PT	Retain a copy of the prescription/recommendation and detailed record of the purchase including compression ratio and type of garment.
17000334	<p>*Compression Garment – for parts of body (30mmHg and up)</p> <p><b>Eligible Products Include:</b></p> <ul style="list-style-type: none"> <li>• compression sleeve (30 – 40 mmHg, 40mmHg+),</li> <li>• compression stocking - hose: <ul style="list-style-type: none"> <li>○ (30 – 40 mmHg),</li> <li>○ (40 mmHg+, pair),</li> </ul> </li> <li>• compression stocking - knee: <ul style="list-style-type: none"> <li>○ (30 – 40 mmHg),</li> <li>○ (40 mmHg+, pair),</li> </ul> </li> <li>• compression stocking - thigh: <ul style="list-style-type: none"> <li>○ (30 – 40 mmHg),</li> </ul> </li> </ul>	\$150 each. Limit 4 per year.	N	MD	Same as 23000004

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
	o (40 mmHg+, pair).				
23000005	<p>Compression Garment – full or partial body</p> <p><b>Eligible Products Include:</b></p> <ul style="list-style-type: none"> <li>• vest - with sleeve,</li> <li>• vest - without sleeve,</li> <li>• zipper,</li> <li>• body brief - with sleeves,</li> <li>• body brief - sleeveless,</li> <li>• body suit - with sleeves and legs - to distal measurement above knees,</li> <li>• body suit - sleeveless with legs - to distal measurement above knees.</li> </ul>	Limit 8 per year.	Y	MD; NP; OT; PT	<p>Pre-determination required.</p> <p>All medical documentation for this expense needs to be submitted to PBC for review, including the prescription/recommendation indicating the diagnosis and medical necessity, the compression ratio as well as a detailed quote of product.</p>

## Prosthetics

### Prosthetic Limb Supplies

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
12000008	Prosthetic Glove – standard - left	\$600 each. Limit 2 per year.	H	MD; NP	<p>If PBC has history 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 a prescription/recommendation indicating diagnosis, medical necessity, a description of the affected area, and a detailed quote or record of purchase of the product.</p>
12000009	Prosthetic Glove - standard - right	\$600 each. Limit 2 per year.		MD; NP	
12000014	Prosthetic Stump Shrinker - left	\$64.70 each. Limit 4 per year.		MD; NP	
12000015	Prosthetic Stump Shrinker - right	\$64.70 each. Limit 4 per year.		MD; NP	
12000012	Stump Sock Filler – cotton - left	\$22.96 each. Limit 12 per year.		MD; NP	
12000013	Stump Sock Filler - cotton - right	\$22.96 each. Limit 12 per year.		MD; NP	
12000010	Stump Sock – gel - left	\$200 annually.		MD; NP	
12000011	Stump Sock – gel - right	\$200 annually.		MD; NP	
12000016	Stump Sock - regular - left	\$39.59 each. Limit 12 per year.		MD; NP	
12000017	Stump Sock – regular - right	\$39.59 each. Limit 12 per year.		MD; NP	

## Audiology

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000354	Cochlear Implant Batteries  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>Rechargeable batteries</li> </ul>	\$475 every 3 years.	N	Not Required	Retain a copy of the record of purchase on file.
17000333	Hearing Aid Batteries  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>bone anchored hearing system processor - batteries</li> <li>hearing aid batteries - left</li> <li>hearing aid batteries - right</li> </ul>	\$60 every 4 months.	N	Not Required	

## Respiratory Breathing

PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000345	Brush - for tracheostomy care	Limit 6 units per year.	N	MD; NP; RN; SLP	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000337	Distilled Water - for tracheostomy and breathing supply care	\$5.23 each (4L containers). Limit 55 units per year.	N	MD; NP; RN; SLP	
17000346	Drain Sponge - for tracheostomy care	Limit 800 units per year.	N	MD; NP; RN; SLP	
17000344	Heat Moisture Exchanger - for ventilator	Limit 200 units per year.	N	MD; NP; SLP	
17000338	Hydrogen Peroxide - for tracheostomy care	Limit 72 bottles per year.	N	MD; NP; RN; SLP	
17000347	Mask - for tracheostomy care	\$8.32 each. Limit 24 units per year.	N	MD; NP; RN	
17000339	Pipe Cleaner - for tracheostomy care	240 per year.	N	MD; NP; RN; SLP	If PBC has history of <b>tracheotomy</b> 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 a prescription/recommendation indicating the diagnosis, prognosis, and medical necessity, as well as a detailed quote of product.
17000340	Suction Catheter - disposable	\$0.88 each. Limit 2,000 per year.	H	MD; NP; RN	
17000341	Suction Pump Machine - purchase	\$500 every 5 years.	H	MD; NP	
17000350	Suction Pump Machine - rental	<a href="#">Rental Rule A</a>	Y	MD; NP	Pre-determination required.  See Rental Rules section for details
17000348	Ties - for tracheostomy care (box of 12)	\$44.12 each. Limit 2 boxes per year.	N	MD; NP; RN; SLP	Retain a copy of the prescription/recommendation and the record of purchase on file.
17000349	Tube - for tracheostomy care	\$40.55 each. Limit 24 per year.	H	MD; NP; SLP	Same as 17000340
17000342	Tubing & Collection Bottle	Combined \$150 per year with 17000343.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.



PIN	Description <small>*Indicates claims submitted will only be considered up to the posted rule.</small>	Dollar Max/Frequency Guidelines	Claiming Criteria (Y/N/H)	Prescriber(s)	Criteria
17000343	Yankeur-Tonsil Suction	Combined \$150 per year with 17000342.	N	MD; NP; RN	Retain a copy of the prescription/recommendation and the record of purchase on file.
36420015	Air Compressor/Nebulizer - purchase  <b>Eligible Products Include:</b> <ul style="list-style-type: none"> <li>high humidity compressor,</li> <li>ultrasonic nebulizer,</li> <li>compressor.</li> </ul>	Will be adjudicated on a case by case basis to determine the dollar maximum or frequency limits that apply	Y	MD; NP	Pre-determination required.  All documentation for this expense needs to be submitted to PBC for review, including prescription/recommendation indicating the diagnosis and medical necessity, as well as a detailed quote of product.

## 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 Plan W enrollment or drug coverage available to FNHA clients, call our Health Benefits Support line at 1-855-550-5454 or email [healthbenefits@fnha.ca](mailto: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	APO-CETIRIZINE	02453363
	CETIRIZINE 20MG TAB	JAMP-CETIRIZINE	02466171
	CETIRIZINE 20MG TAB	MINT-CETIRIZINE	02491125
	CETIRIZINE 20MG TAB	NAT-CETIRIZINE	02496488
	CETIRIZINE 20MG TAB	M-CETIRIZINE	02512025
	CETIRIZINE 20MG TAB	CETIRIZINE	02515695
	CETIRIZINE 20MG TAB	JAMP-CETIRIZINE	02517353
	CETIRIZINE 20MG TAB	NRA-CETIRIZINE TABLETS	02530236
	CETIRIZINE 20MG TAB	TEVA-CETIRIZINE	02528681
ANXIOLYTIC- ANTIHISTAMINES	HYDROXYZINE 10MG CAP	HYDROXYZINE	00646059
	HYDROXYZINE 10MG CAP	NOVO-HYDROXYZINE	00738824
	HYDROXYZINE 25MG CAP	HYDROXYZINE	00646024
	HYDROXYZINE 25MG CAP	NOVO-HYDROXYZINE	00738832
	HYDROXYZINE 50MG CAP	HYDROXYZINE	00646016
	HYDROXYZINE 50MG CAP	NOVO-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
	OLOPATADINE HCL 0.2% OP SOL	APO-OLOPATADINE	02402823
	OLOPATADINE HCL 0.2% OP SOL	MINT-OLOPATADINE 0.2%	02508605
	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	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	AG-MOXIFLOXACIN	02484757
	MOXIFLOXACIN 0.5% OP SOL	MOXIFLOXACIN	02529076
	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

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
	NEPAFENAC 0.1% OP SOL	NEVANAC	02308983
	NEPAFENAC 0.3% OP SOL	ILEVRO	02411393
	IPRATROPIUM BROMIDE 0.03% NAS SPR	PMS-IPRATROPIUM	02239627
	IPRATROPIUM BROMIDE 0.06% NAS SPR	IPRAVENT	02246084
	FLUTICASONE PROPIONATE 50MCG NAS SPR	FLONASE ALLERGY	02248307
	FLUTICASONE PROPIONATE 50MCG NAS SPR	APO-FLUTICASONE	02294745
	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	PERICHLOR WITHOUT ALCOHOL	02493160
	CHLORHEXIDINE GLUCONATE 0.12% ORAL RINSE	PERIOGARD ALCOHOL FREE	02405091
CONTRACEPTIVES AND HORMONES*	ETHINYL ESTRADIOL-ETONOGESTREL 2.5/11.4MG VAGINAL RING	NUVARING VAGINAL RING	02253186
	ETHINYL ESTRADIOL-ETONOGESTREL 2.5/11.4MG VAGINAL RING	HALOETTE	02520028
	ETHINYL ESTRADIOL-NORELGESTROMIN 0.6/6MG PATCH	EVRA PATCH	02248297
	ESTRADIOL 10MCG VAGINAL TAB	VAGIFEM	02325462
	ESTRADIOL 2MG VAGINAL RING	ESTRING VAGINAL RING	02168898
	ESTRONE 0.1% VAGINAL CREAM	ESTRAGYN	00727369
TOPICAL ANTIBACTERIALS	BENZOYL PEROXIDE-ERYTHROMYCIN 5/3% GEL	BENZAMYCIN GEL	02225271
	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% OINTMENT	TARO-MUPIROCIN	02279983
TOPICAL ANTIFUNGALS	BETAMETHASONE-CLOTRIMAZOLE 0.05%/1% CREAM	LOTRIDERM	00611174
	BETAMETHASONE-CLOTRIMAZOLE 0.05%/1% CREAM	TARO-CLOTRIMAZOLE BETAMETHASONE	02496410
	CLOTRIMAZOLE 1% CREAM	CANESTEN EXTERNAL	02239432
	CLOTRIMAZOLE 1% CREAM	CLOTRIMADERM	00812382
	CLOTRIMAZOLE 1% CREAM	CANESTEN TOPICAL	02150867

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
	KETOCONAZOLE 2% CREAM	KETODERM	02245662
	NYSTATIN 25000U/G VAGINAL CREAM	NYADERM VAGINAL CREAM	00716901
	TERBINAFFINE 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
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

**\*Please note:** FNHA is updating contraceptive coverage following the launch of BC's free contraception program. Coverage for new starts of contraceptives on the FNHA Pharmacy Fee Supplement will continue to be provided for ethinyl estradiol-etonogestrel 2.5/11.4mg vaginal ring products (DINs 02253186 and 02520028) and the ethinyl estradiol-norelgestromin 0.6/6mg patch (DIN 02248297). For further information, call First Nations Health Benefits support line at 1-855-550-5454 or email [healthbenefits@fnha.ca](mailto:healthbenefits@fnha.ca)

# Naloxone

Naloxone and associated supplies are listed on the supplemental formulary. Please note the following claiming instructions:

- Claims for naloxone should be submitted separately from the kit
- Claims for the drug should be submitted using the appropriate DIN as a regular drug claim
- Claims for supplies associated with Naloxone should be submitted separately from the drug.
  - Use PIN 35420011 'Naloxone kit without drug.'
  - Enter your usual and customary cost for the included supplies in the drug cost field.
  - Enter \$0 in the dispensing fee field.
- Reimbursement for a Naloxone kit without drug is limited to a \$13 reasonable and customary amount.
- Naloxone Nasal Spray: max limit 4 sprays every 30 days.
- Naloxone Kit (no drug): max limit 2 kits every 30 days.

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
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 HCL 4MG NASAL SPRAY	TEVA-NALOXONE NASAL SPRAY	02511568
	NALOXONE KIT WITHOUT DRUG	NALOXONE KIT WITHOUT DRUG	35420011



**Please note:** Additional Naloxone supplies for an individual may be considered on a case-by-case basis. Please contact FNHA, 1-855-550-5454.



**Please note:** These items are only eligible if they are being dispensed for the personal use of the FNHA client. Consider BC CDC THN for requests to provide naloxone to a group; or refer requests for community/group distribution to FNHA, by email: [harmreduction@fnha.ca](mailto:harmreduction@fnha.ca), or by phone: 1-855-550-5454.



**Please note:** Each 'Naloxone kit without drug' provided to a client should contain a hard carrying case, pair of gloves, rescue breathing barrier, an instruction card, and a belt clip/carabiner. To learn more about naloxone kits and the recommended supplies, please refer to the BC CDC THN program.

## Shingrix® Vaccine

FNHA clients 60 years and over are eligible for coverage of a maximum of two doses of the Shingrix® vaccine under the FNHA Supplemental Formulary. Each dose of Shingrix® should be claimed separately at or around the time of administration.

If you are delivering/shipping the dose to a client for a nurse to administer, then please ensure the cold-chain requirements are met. Please contact the client's nurse or health center prior to shipping.

Please see the [Shingrix® Coverage document](#) for further information about the vaccine, coverage criteria, and submitting the claim.

## Shingrix® Claims Procedures

**For pharmacists administering Shingrix® Vaccine to eligible patients:**

1. Submit a claim for the Shingrix® Vaccine
  - Use the commercial DIN
  - Enter your usual and customary drug cost and dispensing fee

Category	Chemical/Strength/Dose	Brand Name	Item/DIN Number
VACCINES	VARICELLA-ZOSTER VIRUS VACCINE	SHINGRIX®	02468425

## Exceptional Requests

Requests for exceptional coverage for clients who do not meet the above criteria are reviewed on a case-by-case basis:

- Provider must complete the [FNHA Shingrix® Exception Request Form](#) and fax: 1-888-299-9222 for review.
- Decision will be sent to submitting provider and the client's pharmacy.

If you have any questions or concerns regarding a case, please call the FNHA Health Benefits at 1-855-550-5454.

## 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
	NICOTINE 2MG GUM	NICORETTE GUM 2MG	80069513
	NICOTINE 4MG GUM	NICORETTE GUM 4MG	80069471
	NICOTINE 2MG LOZENGE	NICORETTE LOZENGE 2MG MINT	80110858
	NICOTINE 4MG LOZENGE	NICORETTE LOZENGE 4MG MINT	80112095
	NICOTINE 21 MG PATCH	NICODERM PATCH Step 1 21MG	80044515
	NICOTINE 14 MG PATCH	NICODERM PATCH Step 2 14MG	80044503
	NICOTINE 7 MG PATCH	NICODERM PATCH Step 3 7MG	80044518

## 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 #

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.

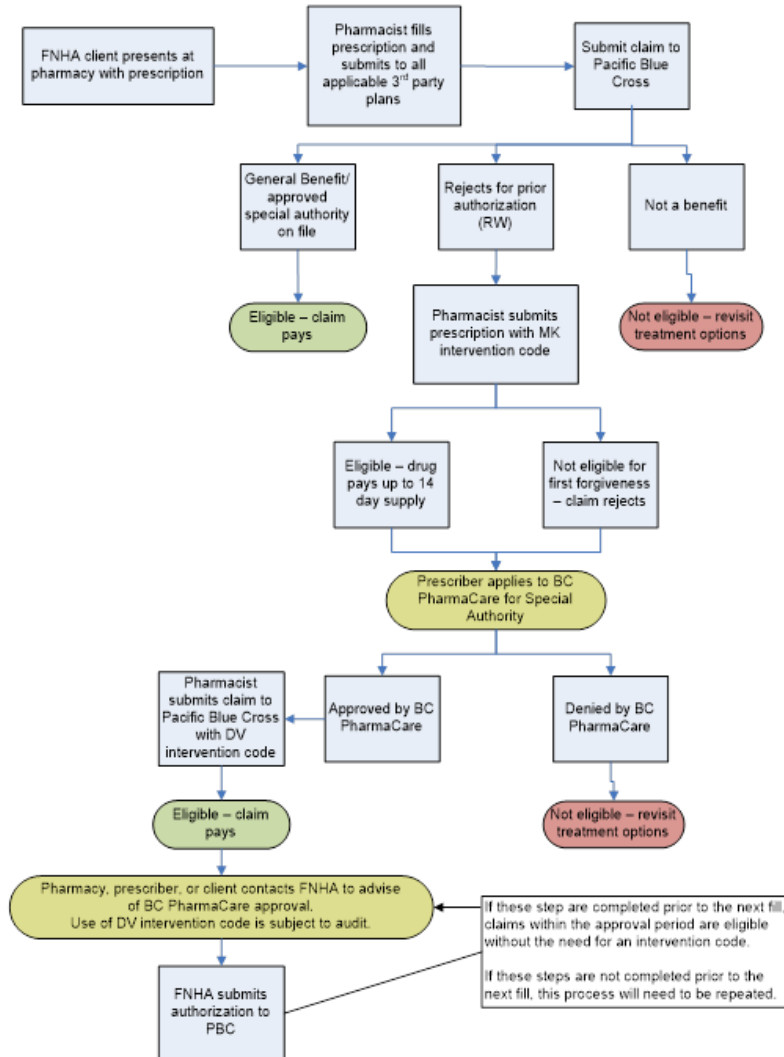
It is important to note that use of the DV intervention code is subject to audit. Pacific Blue Cross is aware that some software will retain previous intervention codes used when refilling a prescription. **Each transaction where the DV code is used requires confirmation that PharmaCare Special Authority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



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## 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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**Burnaby, BC**

