



NIHB Medical Supplies and Equipment Claims Submission Kit



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1. Introduction

1.1 General Terms

The general terms and conditions governing the relationship between you, the Provider and Express Scripts Canada are set out in the Medical Supplies and Equipment Provider Agreement. This NIHB Medical Supplies and Equipment Claims Submission Kit (also referred to as the “Kit”) contains additional terms, conditions, and procedures for verifying Client eligibility, and in respect of Claims eligibility, submission, adjudication, disputes, payment, reversals, and audit. Providers are bound by, and must follow the terms, conditions, and procedures in the Kit in respect of Claims submitted by them under the Medical Supplies and Equipment Provider Agreement.

1.2 NIHB Medical Supplies and Equipment Claims Submission Kit

The Kit is designed to help Providers understand how Express Scripts Canada’s Health Information and Claims Processing Services (HICPS) system operates. It outlines the role of the Provider, and contains all the information Providers need to submit Claims.

The Kit may be amended at any time by Express Scripts Canada, alone, and any such amendments or updates are posted on the NIHB Claims Services Provider Website at provider.express-scripts.ca and effective immediately unless otherwise stated. A notice regarding updates is provided in accordance with the notice mechanisms listed in [Section 5.2 Provider Agreement Documentation and Updates](#). It is the Providers’ responsibility to have the most current version of this Kit available for reference at all times. It is expected of the Provider to obtain an up to date version of the Kit at the beginning of each Release quarter (February, May, August, and November) of each year. A copy may be downloaded from the NIHB Claims Services Provider Website at www.provider.express-scripts.ca or through a request made to Express Scripts Canada for a paper copy.

Should you have any questions or comments regarding this Kit, contact the Provider Claims Processing Call Centre at 1-888-511-4666.

1.3 Interpretation

In the event that any of the terms and conditions of the Kit is inconsistent with those of the Medical Supplies and Equipment Provider Agreement, the terms and conditions of the Medical Supplies and Equipment Provider Agreement shall prevail to the extent of the conflict or inconsistency.

In the event this Kit does not address a Claims submission or data transmission matter, or in the event of uncertainty as to a term or condition; as the Provider, you may contact Express Scripts Canada to discuss the matter, and Express Scripts Canada will address the issue or provide direction to resolve the matter. However, in the event the parties cannot resolve an uncertainty or disagreement pertaining to the interpretation of this Kit, the parties will refer the matter to Health Canada to provide a direction to the parties pertaining to the matter.

2. Legal Definitions and Glossary Terms

2.1 Legal Definitions

The following terms are used in this Kit as short forms, which the meanings are described below. Refer to the Glossary for a list of terms and phrases, and their program meanings which are relevant for background information for this Kit, and the NIHB Program.

Term	Description
Claim	A Claim for payment submitted by a Provider to Express Scripts Canada for the provision of MS&E services to Clients in accordance with the Medical Supplies and Equipment Provider Agreement and this Kit.
Client	A person who is eligible to receive NIHB Medical Supplies and Equipment (MS&E) Services in accordance with the eligibility criteria in Section 6.1 Client Identification and Eligibility of the Kit.
COB	The Coordination of Benefits (COB) between two or more benefit plans, whether private or a combination of public and private coverage.
FNIH	First Nations and Inuit Health Regional Office of Health Canada.
FNIHB	First Nations and Inuit Health Branch of Health Canada.
Health Canada	Department of Health (Canada).
NIHB Benefit Items List	The list established by Health Canada which sets out the MS&E for which the Provider may submit Claims to Express Scripts Canada, when they dispense MS&E items to Clients.
NIHB Program (or “Program”)	Non-Insured Health Benefits (NIHB) Program of Health Canada which provides coverage for a specified range of drugs, dental care, vision care, MS&E, short-term crisis intervention mental health counseling, and medical transportation which are provided to eligible First Nations and Inuit persons and not covered by other benefit plans.
Other Coverage	Benefits available to Clients of the NIHB Program, in whole or in part, from a provincial, territorial or third party health care plan.
Medical Supplies and Equipment Provider Agreement	Express Scripts Canada Medical Supplies and Equipment Provider Agreement, the Annexes thereto, and any amendments thereto made in writing.
Medical Supplies and Equipment Services	MS&E, such as wheelchair equipment or walking aids listed on the NIHB MS&E Benefit List to Clients.
NIHB Medical Supplies and Equipment Claims Submission Kit (or “Kit”)	The Kit is provided by Express Scripts Canada and updated from time to time. The Kit sets out additional terms and conditions for the submission of Claims under the NIHB Medical Supplies and Equipment Provider Agreement.
POS	Point of Service or location where a transaction occurs such as a retail store or MS&E terminal.
Prescriber ID	A reference number, assigned by a professional college or through a Provincial Plan, which a prescriber of medication, medical supplies or professional services uses to identify themselves.
Provider	The party who signs the Medical Supplies and Equipment Provider Agreement.
Provider ID	A reference number that is used to identify a Provider.

Term	Description
PWGSC	Means the Department of Public Works Government Services Canada.

2.2 Glossary Terms

Term	Description
Express Scripts Canada	The Health Claims Management company that is responsible for the processing of Claims submitted through the NIHB Program.
Health Information and Claims Processing Services (HICPS)	Health Information and Claims Processing Services: includes all services used to process NIHB Claims, to support Providers with the processing and settlement of their Claims, and to ensure compliance with NIHB Program Policies, including audit, reporting and financial control practices.
INAC (Indian and Northern Affairs Canada)	Refers to the department of Indian and Northern Affairs Canada, also known as the Department of Indian Affairs and Northern Development (DIAND), the department responsible for two mandates, Indian and Inuit Affairs and Northern Development, which together support Canada's Aboriginal and northern peoples in the pursuit of healthy and sustainable communities and broader economic and social development objectives.
PIPEDA	The Personal Information Protection and Electronic Documents Act (Canada), an Act to support and promote electronic commerce by protecting personal information that is collected, used or disclosed in certain circumstances, by providing for the use of electronic means to communicate or record information or transactions and by amending the Canada Evidence Act, the Statutory Instruments Act and the Statute Revision Act.

3. Background

3.1 Roles and Responsibilities of Health Canada

Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Its goal is that Canada's population be one of the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Provinces and territories have primary jurisdiction over health. Health care services include insured hospital care and primary health care, such as physicians and other health professional services. Like any other residents, First Nations people and Inuit access these insured services through provincial and territorial governments.

There are a number of health-related goods and services that are not insured by provinces and territories or other private insurance plans. To support First Nations people and Inuit in reaching an overall health status that is comparable with other Canadians living in similar geographic circumstances, Health Canada's Non-Insured Health Benefits (NIHB) Program provides coverage for a limited range of drugs, dental care, vision care, Medical Supplies and Equipment (MS&E), short-term crisis intervention, mental health counseling, and medical transportation when they are not insured elsewhere.

First Nations and Inuit Health Branch of Health Canada, Head Quarters (**FNIHB**) (**HQ**) is located in Ottawa and is responsible for establishing NIHB policy and managing the NIHB Program, contracting the processing of Claims, establishing rules and guidelines for the provision of benefits including defining NIHB benefits, and determining Program guidelines and Prior Approval (PA).

First Nations and Inuit Health (**FNIH**) (**Regions**) is divided into ten geographical regions. They are responsible for implementing national policy in the regions and communicating this policy to Providers, Clients, and provincial governments; negotiating contracts with Providers (where applicable) and establishing pricing guidelines, MS&E PAs and Client Reimbursement (CR), assisting Clients with questions concerning the NIHB Program and directing First Nations and Inuit Clients to the appropriate source to obtain the necessary Client Identification Numbers.

3.2 Role and Responsibilities of Express Scripts Canada

Express Scripts Canada, pursuant to a contract with Public Works and Government Services Canada (PWGSC) and Health Canada, administers the Health Information and Claims Processing Services (HICPS) for MS&E benefits covered through the NIHB Program. The responsibility encompasses all aspects of MS&E benefits processing and payment of Claims and extends to verification, audit and recovery where deemed appropriate.

Express Scripts Canada has the authority and responsibility to ensure that Claims paid for services provided to Clients are made in accordance with the NIHB Program Policies, and are consistent with the Claims Submission Guidelines outlined in this Kit.

In the context of MS&E benefit management, Express Scripts Canada is not an insurance company, but is mandated to receive, analyze, and proceed with payment of, as applicable, all Claims submitted electronically or manually by Providers through the NIHB Program. For further information, call the Provider Claims Processing Call Centre at 1-888-511-4666.

3.3 Health Information and Claims Processing Services

Health Information and Claims Processing Services (HICPS) is the Claims adjudication system which processes, and approves or denies MS&E Claims based on NIHB Program rules.

The Claim is entered with the mandatory data elements as stipulated in the Attachments to this Kit. Visit the NIHB Claims Services Provider Website at www.provider.express-scripts.ca to view and download a copy of the Kit Attachments.

After data is keyed from the NIHB Medical Supplies and Equipment Claim Form, the Claim is submitted for adjudication. The system checks to determine if the Provider and Client are eligible. It also verifies that the item is an eligible benefit, checks for duplicate Claim status, completes third party edits, and any rate and frequency violations. All data are displayed on the screen along with the Claim doc# (reference #), Status (R – Rejected, A – Accepted, and B - Cutback) and any NIHB Codes generated from adjudication.

Depending on the action taken, the Claim is either:

- a) Accepted (perhaps adjusted) to the Provider and paid.
- b) Rejected to the Provider as a result of insufficient information (for example, the NIHB Medical Supplies and Equipment Claim Form is missing the Date of Service

(DOS), Item Code, Item Cost, etc.) and/ or due to ineligibility. Provider Statement – Medical Supplies and Equipment ,Messages and Explanations are listed in the Kit Attachments located on the NIHB Claims Services Provider Website at www.provider.express-scripts.ca

4. Express Scripts Canada Privacy Policies

Express Scripts Canada must follow all applicable privacy laws. Express Scripts Canada's privacy policy is based on applicable privacy laws in Canada, including the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and the Privacy Act.

For more information regarding Express Scripts Canada's Privacy Policy, contact:

E-mail:	ESICanada_privacy@express-scripts.com
Website:	www.express-scripts.ca/privacy
Telephone:	1-888-677-0111 (ask for the Privacy Officer)
Mail:	Privacy Office Express Scripts Canada 5770 Hurontario Street, 10th Floor, Mississauga, ON, L5R 3G5

5. Medical Supplies and Equipment Provider Agreement

5.1 Provider Eligibility Requirements

Providers wishing to submit Claims for services provided to Clients must register and sign a Medical Supplies and Equipment Provider Agreement with Express Scripts Canada. By registering with Express Scripts Canada, Providers benefit from many services, including access to the NIHB Claims Services Provider Website at www.provider.express-scripts.ca regular NIHB Program information updates through newsletters, and availability of an EFT system, which enables rapid and efficient Claim payments.

The effective date of registration is the date on which both parties have signed the Medical Supplies and Equipment Provider Agreement.

The end date of registration is on the:

- Date the Provider notifies Express Scripts Canada in writing that they no longer choose to be a Provider.
- Date stated in the letter issued by Express Scripts Canada informing the Provider of the effective date of delisting (for example, the date the Provider is no longer an eligible NIHB Provider and therefore cannot submit Claims in the Program).
- Date the Provider registration is terminated according to the termination process outlined in Medical Supplies and Equipment Provider Agreement (for example, the Provider is retired; change in ownership or a result from audit findings).

Claims with a service date prior to the effective date or subsequent to the end date/ date of termination are not eligible for payment.

Providers wishing to provide services to Clients must register and sign a Medical Supplies and Equipment Provider Agreement with Express Scripts Canada. Upon receipt of the Agreement, the Agreement is forwarded by Express Scripts Canada to the Health Canada Regional Office for review, subsequent to which the Provider's registration may be authorized or denied.

For Providers that have the ability and specialty to dispense multiple MS&E items; the different specialties **must** be indicated on the Medical Supplies and Equipment Provider Agreement.



Only eligible MS&E items indicated under the specialty will be eligible for payment.

To qualify as an NIHB Provider, individuals must meet the following NIHB Provider eligibility criteria:

- Qualified to provide eligible medical supplies and equipment as per specialty or specialties verified and approved in writing at the time of registration by the appropriate FNIH Regional Office.
- Not a former NIHB Provider in the NIHB Program who has been de-registered at the request of Health Canada.

5.2 Provider Agreement Documentation and Updates

Express Scripts Canada’s Medical Supplies and Equipment Provider Agreement, sets forth the relationship between Express Scripts Canada and eligible MS&E Providers for the NIHB Program. After the Agreement has been signed and completed by the Provider, and approved by the appropriate FNIH Regional Office, Providers are provided with a Provider ID and are eligible to forward Claims to Express Scripts Canada. Providers are expected to abide with all NIHB Program responsibilities as outlined in the Kit, and other NIHB communications.

The Provider is required to review and complete all pages of the Medical Supplies and Equipment Provider Agreement and return to Express Scripts Canada. For additional details, refer to [Section 5.3 Registration Process with Express Scripts Canada/ Provider ID](#).

Note that Express Scripts Canada is unable to issue a new Provider ID until the Medical Supplies and Equipment Provider Agreement is completed and signed in its entirety, and received at Express Scripts Canada.

Program policy and Claim submission/ payment information is made available to Providers through:

- Regular updates on the NIHB Claims Services Provider Website at www.provider.express-scripts.ca
- Non-Insured Health Benefit Bulletins.
- Non-Insured Health Benefit Newsletters.
- Ad hoc Broadcast Messages.

It is important that Providers retain the most current documentation to ensure Program requirements are met. Visit the NIHB Claims Services Provider Website at www.provider.express-scripts.ca for access to NIHB Contact Information, Non-Insured Health Benefit Bulletins, Non-Insured Health Benefit Newsletters, Notices, and much more. Additional information is outlined in the Medical Supplies and Equipment Provider Agreement. For information on Provider audits, refer to [Section 8. Provider Audit](#).

5.3 Registration Process with Express Scripts Canada and the Provider ID

How to Register:

1. Visit the NIHB Claims Services Provider Website at www.provider.express-scripts.ca to obtain a copy of the Medical Supplies and Equipment Provider Agreement, and relevant Annexes or contact the Provider Claims Processing Call Centre at 1-888-511-4666 to request a copy of the Medical Supplies and Equipment Provider Agreement and applicable Annexes, which is sent via fax, e-mail, or by mail.
2. Fax or mail the completed Medical Supplies and Equipment Provider Agreement to:

Fax	Mail
905-712-0669	Attention: Provider Relations Department Express Scripts Canada 5770 Hurontario Street, 10th Floor, Mississauga, ON L5R 3G5

3. If the request for registration is approved, Providers are assigned an individual Provider ID upon signing Express Scripts Canada's Medical Supplies and Equipment Provider Agreement. This number is used to identify the Provider and to properly pay the Provider for Claims adjudicated by Express Scripts Canada. The PIN must be used when submitting all Claims for payment and in all communication with Express Scripts Canada.

5.4 Terms and Conditions

The following terms and conditions apply to all services covered under the NIHB Program. In order for a Provider to be eligible for payment of services rendered, the Provider must adhere to the Program's terms and conditions as set out in the Medical Supplies and Equipment Provider Agreement and the Kit, which include:

- Client Eligibility Requirements ([Section 6.1 Client Identification and Eligibility](#)).
- Provider Licensure and Eligibility Requirements ([Section 5.1 Provider Eligibility Requirements](#)).
- Benefit Coverage and/ or Applicable Limitations ([Section 7 NIHB Benefit Coverage and Limitations](#)).
- Requirements for Coordination of Benefits with Other Health Plans ([Section 6.2 Coordination of Benefits](#)).
- Submission Process and Supporting Documentation Requirements ([Section Claims Submission and Processing](#)).
- Requirements to Maintain Relevant Documentation and Records ([Section 8.4.5.6 Documentation Requirements for Audit Purposes](#)).
- Requirements to submit and assist in any audit conducted by Express Scripts Canada of Claims submitted through the NIHB Program ([Section 8. Provider Audit](#)).

Medical Supplies and Equipment Provider Agreement

The Provider shall provide the following services in connection with the Medical Supplies and Equipment Provider Agreement:

1. **Verification of Client Eligibility:** The Provider must take steps to verify that the individual is eligible for benefits under the NIHB Program and to identify the existence of other benefit coverage, if applicable. For more information, refer to [Section 6.1 Client Identification and Eligibility](#).
2. **Dispensing:** Dispense NIHB Benefit items to each Client in accordance with all applicable laws and regulations, applicable NIHB Program policies, administrative requirements, procedures as stipulated in this Kit, and the Provider Guide for Medical Supplies and Equipment (MS&E). Both the Kit and the Provider Guide may be obtained from the NIHB Claims Services Provider Website at www.provider.express-scripts.ca (select "Policy and Program Information" for the Provider Guide) or contact your FNIH Regional Office to request a copy of the Provider Guide.

Claims Submission and Processing

A. Electronic Claims Submission

For Providers that have the pharmacy vendor software and who can submit EDI, submit MS&E items to Express Scripts Canada in the most current CPhA Claims transmission standard for processing and payment, for which submission shall include, among other things:

- Valid Prescriber ID as assigned by the appropriate Provincial Regulatory Authorities;
- Pseudo-DIN used to identify MS&E.
- Client address.

If a Claim cannot be transmitted online, the dispensing Provider makes reasonable attempts to retransmit the Claim. If such retransmission fails, the Provider contacts the Provider Claims Processing Call Centre at 1-888-511-4666 as soon as reasonably practical by telephone to make acceptable alternative arrangements.

Electronic Claims must be submitted within thirty (30) days from the dispensing date.

Mandatory fields:

- Client Number or Band and Family Number must be entered for Electronic Data Interchange (EDI) Claims.
- Patient's Last Name.
- Patient's First Name.
- Patient's Date of Birth.
- Date of Service (must be in valid date format YYYY-MM-DD, and cannot be a future date).
- Item Cost (must be numeric and greater than zero).
- Quantity (must be numeric and greater than zero).
- Prescriber ID (must be alphanumeric code identifying prescriber).

B. Non-Electronic Claims Submission

MS&E Claims can be submitted to Express Scripts Canada using:

- NIHB Medical Supplies and Equipment Claim Form.
- Computer Print Out.

Claims older than one (1) year from the dispensing date are not accepted for processing and are rejected.

3. **Standards of Service.** When providing NIHB MS&E services to Clients (including counseling services), the Provider acts in accordance with all applicable laws, and the standards of practice required by its professional body. In addition, Providers shall not provide services at standards less than customarily provided locally by other Providers in the community and in serving other customers. The Provider shall not refuse to provide services to Clients who are eligible under the NIHB Program unless, in the Provider's reasonable professional judgment, such services should not be provided.

4. **Compliance with Applicable Law, Permits and Licenses.** The Provider shall, and shall cause its personnel it employs or contracts with, to be bound by and comply with the provisions of the Medical Supplies and Equipment Provider Agreement and all applicable laws, rules and regulations of the provincial or territorial statutory organizations and other governmental bodies having jurisdiction over Providers. The Provider shall, and shall cause its personnel it employs or contracts with to maintain in good standing, at all times, all required federal, provincial, or territorial and local licenses, certificates and permits that are necessary to allow the Provider to dispense NIHB benefit items to Clients. The Provider shall provide evidence of such good standing, certification and license without charge to Express Scripts Canada, Health Canada, a designee of Express Scripts Canada or Health Canada, within five days of written request by Express Scripts Canada.

The Provider shall notify Express Scripts Canada in writing immediately in the event of any suspension, revocation, restriction or limitation on any such license, certificate or permit.

5. **Utilization Review Compliance with NIHB Benefit List and the NIHB Medical Supplies and Submission Kit.** The Provider shall, and shall cause its personnel to:
- Cooperate with Express Scripts Canada's procedures for utilization review, as set forth from time to time in this Kit; and
 - Comply with the applicable NIHB MS&E Benefit List when dispensing NIHB benefit items to Clients.

5.5 Change of Provider Information

Providers must inform Express Scripts Canada immediately upon change of any of their information communicated upon registration.

Providers may download a copy of the Express Scripts Canada Modifications to Pharmacy and Medical Supplies and Equipment Provider Information Form from the NIHB Claims Services Provider Website at www.provider.express-scripts.ca or by contacting the Provider Claims Processing Call Centre directly at 1-888-511-4666 for a copy of the form. This form may be used to complete any of the following:

- Request to submit Claims using the Electronic Data Interchange (EDI) or CPhA standard.
- Change of current information (for example, address).
- Start, change or stop Electronic Funds Transfer (EFT).
- Increase/ decrease to Usual and Customary (U&C) professional fee.

The form is to be completed by the Provider and forwarded via e-mail or fax to Express Scripts Canada.

Providers wishing to change ownership or change their business and trading name must complete a new Medical and Supplies and Equipment Provider Agreement, which a Provider ID is assigned at that time.

6. General Claims Submission Procedures

6.1 Client Identification and Eligibility

An eligible recipient must be identified as a resident of Canada and one of the following:

- Eligible First Nations (registered Indians according to the Indian Act).
- An Inuk recognized by one of the Inuit Land Claim organizations.
- An infant less than one year of age, whose parent is a Client.

To facilitate verification, all Client identification information must be provided for each Claim:

- Surname (under which the Client is registered).
- Given names (under which the Client is registered).
- Date of birth (date format YYYY-MM-DD).
- Client Identification Number.

It is recommended that Clients who have an identification card be asked to present their card on each visit to the Provider to ensure that the Client information is entered correctly, and to protect against any mistaken identity.

6.1.1 Required Identifiers for Recognized Inuit Clients

Provision of one of the following identifiers is required for recognized Inuit Clients:

- **Government of the Northwest Territories (GNWT) Health Plan Number** - Inuit Clients from the Northwest Territories may present a health plan number issued by the GNWT. This number is valid in any region of Canada and is cross-referenced to the FNIHB Client Identification Number. This number begins with the letter "T" and is followed by seven digits.
- **Government of Nunavut (NU) Health Plan Number** - Inuit Clients from Nunavut may present a health plan number issued by the Government of Nunavut. This number is valid in any region of Canada and is cross-referenced to the FNIHB Client Identification Number. This is a nine-digit number starting with a "1" and ending with a "5".
- **FNIHB Client Identification Number (N-Number)** - This is a Client Identification Number issued by FNIHB to recognized Inuit Clients. This number begins with the letter "N" and is followed by eight digits.

6.1.2 Required Client Identification Numbers for Eligible First Nation Clients

Provision of one of the following identifiers is required for eligible First Nations Clients:

- INAC registration number (also known as the Department of Indian Affairs and Northern Development (DIAND) Treaty or Status number) – This is a ten-digit number

- issued by INAC. The INAC Registration Number is the preferred method of identifying First Nations Clients.

The 10-digit INAC Registration Number consists of the following:

- The first three digits represent the band with which the individual is associated.
- Where applicable, the remaining seven digits uniquely identify the individual.
- **Band Number and Family Number:** If an INAC Number is not available, a Band Number, and Family Number may also be used as Client identification, where applicable.
- **FNIHB Client Identification Number (B-Number):** In specific and exceptional cases some Clients may have numbers issued by FNIHB. This number begins with the letter B, and is followed by eight digits.

6.1.3 Special Provision for First Nations and Inuit Infants Under One Year of Age

Health Canada has established special identification provisions for infants less than one year of age. These provisions are in place to allow adequate time for parents, eligible for benefits under the NIHB Program, to register their newborn children with the applicable organization

If an infant of less than one year of age has not been registered, Clients (parents) should be referred to the appropriate office or organization:

Clients	Office/ Organization
First Nations	Their Band Office or the Registration Services Unit of INAC at 1-819-953-0960
Inuit Residing in the Northwest Territories and Nunavut	Their respective territorial Department of Health and Social Services
Inuit in the Northwest Territories and Nunavut	Their respective territorial Department of Health and Social Services and Inuit organization
Inuit Residing Outside of the Northwest Territories and Nunavut	The nearest FNIH Regional Office

The first Claim for MS&E for an infant, including Inuit infants under one year of age who have not been registered with the applicable organization (listed above) must be manually submitted to Express Scripts Canada using the NIHB Medical Supplies and Equipment Claim Form.

All subsequent electronic Claims for that infant can be processed online once the initial manual Claim is submitted to and paid by Express Scripts Canada. Subsequent Claims submitted on behalf of the infant via electronic submission must include the child’s parent’s primary identifier (such as INAC, Client or Band/ Family Number, FNIHB Client Identification Number, NWT or NU health plan number) in the **Client Identification Number** field, and the infant’s identifiers in the Surname, Given Name, and Date fields.



To ensure ongoing Client eligibility parents must obtain a Client Identification Number from the appropriate Registrar Office/ organization for the infant prior to the infant’s first birthday.

6.1.4 Excluded Individuals

These individuals are not eligible to receive benefits through the NIHB Program:

- Registered First Nations and Inuit Clients incarcerated in a federal, provincial, territorial or municipal corrections facility are the responsibility of the correctional facility;
- Children in the care of provincial social service agencies are the responsibility of the province; and
- Those individuals who are in a provincially funded institutional setting.

Requests to access benefits for these individuals should be submitted to the appropriate facility/ organization.

6.1.5 NIHB Provided Through First Nations and Inuit Organizations

The NIHB Program is sometimes administered by First Nations Organizations and/ or Provincial and Territorial health authorities through specific arrangements. These arrangements may lead to the creation of alternate health service delivery models.

Providers are notified through the NIHB Newsletters of changes to the responsibility for the delivery of the NIHB benefits. At that time, members of those groups receive benefits through their First Nations or Inuit organizations rather than through the NIHB Program. Providers are directed to the appropriate First Nations or Inuit organizations for further information.

The following First Nations/ Inuit Organizations have assumed responsibility for the delivery of MS&E benefits:

- Akwesasne Band #159.
- Bigstone Cree Nation #458.
- Nunatsiavut Government (formerly the Labrador Inuit Health Commission).
- Nisga'a Valley Health Board.
- Gingolx (Kincolith) #671.
- Gitakdamix (New Aiyanih) #677.
- Lakalzap (Greenville) #678.
- Gitwinksilkw (Canyon City) #679.

6.2 Coordination of Benefits

Providers must confirm with each Client for each Claim whether Other Coverage exists. If the Client confirms that Other Coverage exists the Provider must submit the Claim to the other payer first before submitting for NIHB coverage. Third party carriers may be provincial (Assistive Device Program/ Territorial or private health care plans, and can include Social Services, Workers Compensation Board (WCB), and employee Benefit Programs). Once the third party processes the Claim and returns an Explanation of Benefits (EOB), the Provider may send the Claim to Express Scripts Canada for processing.

6.3 Prior Approval

If a Client is prescribed a MS&E item that requires a PA, the Provider must:

- Obtain from the Client, the written prescription issued by a physician or medical specialist.
- Obtain Client identification information as described in the Client Identification Section;
- Contact the FNIH Regional Office, as they are responsible for providing the PA to initiate the PA Process before dispensing the MS&E item;
- Provide the precise DOS (for one time item), or the dates of the service period (for multiple dispenses) to the Benefit Analyst of the FNIH Regional Office;
- When required, complete the appropriate Prior Approval Form, and return it to the FNIH Regional Office together with all required documents;
- To avoid delays in the review of the PA request, ensure that all of the fields of the Prior Approval Form are fully completed; and
- Once the process for the PA MS&E item has been completed by the FNIH Regional Office, submit the invoice to Express Scripts Canada for reimbursement.

6.3.1 Appeal Process

When a Client is denied a benefit, three levels of appeal are available under the NIHB Program, which only the Client can initiate. At each level, the appeal must be submitted in writing and must be accompanied by supporting information from the health care Provider.

The following information should be included:

- The condition (diagnosis and prognosis) for which the benefit or service is being requested.
- Alternatives that have been tried.
- Relevant diagnostic test results.
- Justification for the proposed benefit or service.

The appeal is reviewed by a health care consultant, who provides a recommendation to FNIH Regional Office. The final decision is made by FNIH Regional Office, based on the consultant's recommendation, the Client's specific needs, the availability of alternatives, and the NIHB Policy.

Information outlining the levels of appeal and contact information is available on the Health Canada website at www.hc-sc.gc.ca (select First Nations, Inuit & Aboriginal Health; Non-Insured Health Benefits; Benefits Information; Procedures for Appeals).

Items that are excluded under the NIHB Program are not subject to the Appeal Process.

6.3.2 Confirmation

If a PA is granted, the Provider is provided with a PA Number for billing purposes. The Provider should record this number and make note of the approval details (for example, description, quantity, dollar value, and any frequency or time limitations). Only then should the Provider proceed with the fabrication, fitting and dispensing of the item.

A Confirmation Letter with the applicable dates and PA details are sent by e-mail, mail or fax to the Provider. This Confirmation Letter should be retained for billing purposes.

6.3.3 Claim Submission with a Prior Approval

When submitting a Claim for an item that has been prior approved, ensure that the PA Number, the DOS or the dates of the service period are included, and correspond to the details of the Confirmation Letter. These dates are important as they determine the payment of the Claim.

A date on a PA:

- For a one-time item (with no start and end date), the DOS on the Claim must be the same or after the date of the PA, or the Claim is rejected.
- On a PA with a start and end date, the DOS on the Claim must be within the start and end date on the PA or the Claim will be rejected.
- On a PA for one of the Delivery Charge Codes (99400819, 99400820 and 99400262), Providers are required to submit a copy of the way-bill of the delivery charges in order to be reimbursed.

When a PA is set up for a one-year period, billing must be in accordance with Client usage. No more than a three-month supply can be dispensed and billed at a time.

6.4 Mandatory Information in Transmission and Submission Options

For a comprehensive review of mandatory information in transmissions and submission options, refer to Section 11.2 of the NIHB Claims Submission Kit: Attachments.

6.5 Billing and Payment Guidelines

Providers can bill Express Scripts Canada using one of the following billing methods:

- Computer Print Out.
- NIHB acceptable forms.
- EDI (for Providers who have software compliant with CPhA standards).

Regardless of the billing method used, all required data elements must be supplied to ensure the efficient payment of Claims. Data elements must be submitted in the same order as on the NIHB Medical Supplies and Equipment Claim Form. Providers are encouraged to submit Claims to Express Scripts Canada at least every two weeks.

For further information on any billing method, format, or record layout, Providers may contact the Provider Claims Processing Call Centre at 1-888-511-4666.

6.6 Provider Statement – Medical Supplies and Equipment and Claim Messages

The NIHB HICPS system assigns three-character Reject and Warning Codes along with messages that appear on the Provider Statement - Medical Supplies and Equipment. A Reject Code, composed of an "R" followed by two numeric characters and a text message, explains

why the Claim was rejected. A Warning Code, composed of a "W" followed by two numeric characters and a text message, explains that the Claim was adjudicated with modifications.

For a list of the Provider Statement – Medical Supplies and Equipment, Messages and Explanations that may appear on the Provider Statement - Medical Supplies and Equipment, visit the NIHB Claims Services Provider Website at www.provider.express-scripts.ca for access to the Kit Attachments.

7. NIHB Benefit Coverage and Limitations

For additional information, refer to the Provider Guide for Medical Supplies and Equipment Benefits located on the NIHB Claims Services Provider Website at www.provider.express-scripts.ca (select Policy and Program Information) or contact your FNIH Regional Office to request a copy.

MS&E benefits are available to eligible Clients when ALL of the criteria are met:

- The item is on the NIHB MS&E Benefit List.
- The item is intended for use in a home setting or other ambulatory care settings.
- PA when required is granted by the FNIH Regional Office.
- The item is not available to the Client through any other federal, provincial, territorial or third party health care program.
- The item is prescribed by a physician or medical specialist as indicated in each of the benefit areas.
- The item is provided by a recognized Provider as indicated in each of the benefit areas.

For the complete list of eligible MS&E items indicating whether or not a PA is required, refer to the Benefits and Criteria section available on the NIHB Claims Services Provider Website at www.provider.express-scripts.ca or contact the Provider Claims Processing Call Centre directly at 1-888-511-4666.

7.1 Recommended Replacement Guidelines

Equipment, devices and supplies are provided to meet the medical needs of Clients. Guidelines outlining recommended quantities or replacements are based on the average medical needs of Clients. Requests exceeding these guidelines may be considered on a case by case basis if a need is demonstrated.

Equipment and devices are replaced only when a substantial change in the condition of the Client results in changed needs or if the equipment or device has deteriorated and cannot be economically repaired. Where a change in the medical condition has occurred, medical information documenting the change in needs must be provided.

Replacements are not provided as a result of misuse, carelessness or Client negligence.

7.2 Rental

When an MS&E item is rented, the Rental Agreement must include maintenance and repair costs as the NIHB Program does not pay for the maintenance or repairs of rental equipment. The Rental Agreement must also include a clause stipulating that should the

purchase of the item become an option, the amount spent on the rental is considered when the purchase price is set.

7.3 Warranty

All warranty coverage must be exhausted before requests for the payment of repairs are submitted to the NIHB Program. When MS&E items have warranty coverage, as a minimum, the warranty must specify that during the warranty period:

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

7.4 Quantity Limitations

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

For a listing of eligible benefits, refer to the:

- Audiology Benefit List.
- General Medical Supplies and Equipment Benefit List.
- Orthotics and Custom Footwear Benefit List. An NIHB Client shall not benefit directly or indirectly from special promotions or incentives including coupons, discounts, points or rebates in the form of cash, and/or goods that may be offered by pharmacy or medical supplies and equipment Providers. Providers are reminded that providing free items, such as a pair of shoes with custom made foot orthotics to Clients is not consistent with NIHB Program policies. To the extent permitted by such promotions and applicable law, the NIHB Program shall receive the benefit of these promotions.
- Oxygen Therapy Benefit List.
- Pressure Garments and Pressure Orthotics Benefit List.
- Prosthetics Benefit List.
- Respiratory Therapy Benefit List.

7.5 Exceptions

Items that are not on the NIHB Benefit Items List, and that are not exclusions under the NIHB Program, may be considered on a case by case basis when an exceptional need is demonstrated.

7.6 Exclusions

Exclusions are items that are not listed as benefits under the NIHB Program and are not available through the exception process. These items are therefore not considered for coverage under the NIHB Program and are not subject to the NIHB Appeal Process. Types of items that are exclusions under the NIHB Program are listed in each of the MS&E benefit categories.

8. Provider Audit

8.1 Overview

As a publicly funded Program, it is a requirement to account for the expenditure of public funds. The Provider Audit Program contributes to the fulfillment of this accountability. The Medical Supplies and Equipment Provider Agreement signed by Providers allows Express Scripts Canada to verify paid Claims against MS&E records, and to confirm the Claims have been billed in compliance with the terms and conditions of the NIHB Program.

The audit activities are conducted on paid Claims. The period of audit coverage is at the discretion of Express Scripts Canada. All audit activities from the selection of Providers for audit, to issuance of audit documentation to Providers regarding the findings, are reviewed and approved by representatives of Health Canada.

Health Canada and Express Scripts Canada highly regard and value the services provided to Clients. The Provider Audit Program shares information with Providers about proper billing methods, and verifies paid Claims against the NIHB Program billing requirements. Claims which do not meet these requirements are subject to recovery.

8.2 Audit Objectives

The objectives of the NIHB Provider Audit Program are to:

- Detect billing/ Claim irregularities.
- Ensure there is a valid prescription order, (as defined by Provincial and Federal Regulations) and supporting documentation for the provided services as stated in the Medical Supplies and Equipment Provider Agreement and the Kit.
- Ensure appropriate billing as defined by negotiated regional schedules up to the NIHB maximum.
- Ensure appropriate billing applicable mark-ups, up to the maximum defined by negotiated regional schedules (where applicable).
- Ensure the dispensing fee claimed/ paid does not exceed a Provider's Usual and Customary (U&C) professional fee.
- Ensure that the services paid for were received by eligible NIHB Program Clients.
- Validate active licensure of Providers.

The Provider Audit Process does not focus on professional practice issues at the audit site. It is recognized that it is the responsibility of the jurisdiction's regulatory body to investigate professional practice issues. If a practice related issue arises during an audit and if the issue cannot be resolved directly with the service Provider, the auditor may refer the matter to the appropriate regulatory body.

8.3 Provider Responsibility

The Provider shall cooperate with Express Scripts Canada in all audit activities based on generally accepted industry practices. Upon request, the Provider shall grant access to its location to Express Scripts Canada or a third party authorized by Express Scripts Canada to

inspect, review and reproduce, during regular business hours, any MS&E records maintained by the Provider pertaining to Clients, or the Medical Supplies and Equipment Provider Agreement or the NIHB Medical Supplies and Equipment Submission Kit, as Express Scripts Canada deems necessary to determine compliance with the terms outlined in these documents.

8.4 Provider Audit Components

The components of the Provider Audit Program are outlined below. To carry out the Next Day Claims Verification (NDCV) and Onsite Audit components of the Program, Express Scripts Canada requires access to information, including but not limited to the following:

- Client's profile.
- Original prescription.
- Shipping invoices.
- Internal invoices.
- Manufacturers' invoices (to determine applicable Mark-up).
- Documentation of item received by the Client.
- Evidence of additional coverage (to coordinate benefits).

8.4.1 Next Day Claims Verification Program

The NDCV Program consists of a review of a defined sample of Claims submitted by Providers the day following receipt by Express Scripts Canada. Providers may be contacted to provide copies of prescriptions and/ or internal invoices as well as any other supporting financial data, which must be available for review. If the requested documents are not available for review, or if any errors are detected through this process, the audited Claim will be reversed.

8.4.2 Client Confirmation Program

Confirmation consists of a monthly mail out to a randomly selected sample of NIHB Clients to confirm the receipt of the benefit that has been billed on their behalf.

8.4.3 Provider Profiling Program

Profiling consists of a review of the billings of all service Providers against selected criteria and the determination of the most appropriate follow up activity if concerns are identified. All Claims are subject to review by audit. Any Claims not meeting NIHB Program criteria will be subject to audit reclaim.

8.4.4 Desk Audit Program

This consists of a review of a defined sample of Claims focusing on a particular issue evident in a Provider's billings. The Provider is requested to submit records to Express Scripts Canada for administrative review.

8.4.5 On-Site Audit Program

An on-site audit consists of the selection of a sample of Claims for validation with a service Provider's records through an on-site audit. Providers are not randomly selected for audit. Providers may be selected for an on-site audit as a result of information gained through the above components and any additional information received.

8.4.5.1 Stages of an On-Site Audit

Express Scripts Canada contacts the Provider at least three weeks prior to the proposed on-site audit date. Every effort is made to accommodate the audit date with the Provider's schedule. The date agreed upon for the on-site audit is confirmed by fax with the Provider.

The auditor(s) will need:

- Work space, chairs.
- Access to a photocopier.
- Assistance to retrieve computerized Client profiles with a staff member.
- Assistance to retrieve hard copy prescriptions and associated information.
- Access to an electrical outlet(s).
- Access to the individual who will be responding to the audit report.

The auditor will arrive at approximately 9 a.m. or at mutually agreed upon time. The audit is expected to take until 5 p.m. each scheduled audit day (unless otherwise mutually agreed-upon). At 9 a.m. on the first day of the audit, the auditor provides a brief orientation to the audit process, and answers any questions.

8.4.5.2 Pre-Audit/ Entrance Interview

The Provider is asked to describe the records filing system for tracking prescriptions, and whether the documentation for Claim transactions is maintained on hard copy or electronically on the Client's profile. The Provider is asked whether the prescription records under review are to be retrieved by their staff or the auditors. The auditors will indicate to the Provider that a Post-Audit Summary will be supplied at the end of the on-site audit.

8.4.5.3 Conduct of the Onsite Audit

The purpose of the on-site audit is to verify paid Claims against MS&E records. At the end of each audit day, a list of prescriptions or documents not found by the auditor is provided to the Provider. The Provider has the opportunity to locate and supply the documentation to the auditor the next audit day. Documentation not provided by the end of the on-site portion of the audit, can be submitted to the auditors upon receipt of the Initial Audit Report of audit findings. Claims not supported by the required documentation appear as recoveries in the Audit Letter and report to the Provider.

8.4.5.4 Post-Audit Interview

At the end of the on-site audit, the auditor provides a general overview of the categories of errors found. The final audit results are not complete until the auditor has conducted additional analysis, such as, but not limited to, Client and prescriber confirmations. During the Post-Audit Exit Interview the Provider is given a standard checklist to complete and

send to Express Scripts Canada, which serves to confirm the Audit Process conducted at the respective on-site audit.

8.4.5.5 Audit Report

A report of the audit findings is sent to the Provider within 60 days of the on-site audit. If there are delays in meeting this deadline, a letter is sent to the Provider advising of the delay and the revised delivery date for sending the Audit Letter and Report. Once the Audit Letter and Report are received, and in the event that there are audit observations resulting in recovery of Claims, the Provider has 30 days to respond to Express Scripts Canada. If the Provider needs additional time to respond, a request for additional time is to be sent in writing to Express Scripts Canada.

Within 60 days of the response from the Provider, Express Scripts Canada sends a letter and report of the final audit findings to the Provider. In the event that there are final audit findings resulting in recovery of Claims, the Provider has 30 days from the date of the letter in which to submit a cheque (payable to the Receiver General) to Express Scripts Canada for the reimbursement of the identified overpayment. Failure to respond within 30 days of the date of the letter, a Withhold is placed against the Provider's payment statements until recovery is paid in full.

8.4.5.6 Documentation Requirements for Audit Purposes

Providers must retain a copy of the original prescription on file for two years or as long as it is being dispensed against, if longer than two years in accordance with provincial or territorial requirements. Claims for which the original prescription or supporting documentation is not available for review including those with PAs may be recovered through the Provider Audit Program. A unique Prescription Number must be assigned by the Provider for each item dispensed and claimed.

Proper documentation of any intervention is required for verification against the Program's billing criteria. Safety and protection are outside the mandate of the Audit Program and the NIHB Program as these roles are dictated under law by the respective colleges. Appropriate supporting documentation includes but is not limited to:

- Date of intervention.
- Summary of the intervention by the provider.
- Documented communication with the physician, caregiver, and/ or Client.
- Manufacturer's invoices required to substantiate invoice cost plus applicable negotiated maximum NIHB mark-up.
- Shipping invoices.
- Internal invoices.
- Evidence of additional coverage (to support COB).
- Items awaiting pick-up (to verify pickup within 30 days of fill or Claim reversal is required).
- Documentation to verify that the Clients are eligible as registered First Nations or recognized Inuit.

- Documentation to verify that the Clients are eligible as residents of Canada or as students or immigrant workers outside of Canada who are registered or eligible for registration under a provincial or territorial health insurance plan.

A separate valid prescription (as defined by federal and provincial legislation) is required for each member of a family for the reimbursement of Claims submitted through the NIHB Program. For more information on audit activities, refer to the NIHB Program Annual Report located on the Health Canada Website at www.hc-sc.gc.ca (select First Nations, Inuit & Aboriginal Health, and Non-Insured Health Benefits).

8.5 Reference Documents

- Express Scripts Canada Medical Supplies and Equipment Provider Agreement.
- Non-Insured Health Benefits/ Express Scripts Canada Newsletters (issued quarterly).
- Non-Insured Health Benefits MS&E Bulletins.
- NIHB Program Agreement with Provincial MS&E Associations.
- Provider Guide for Medical Supplies and Equipment Benefits.

8.6 Additional Information

Providers requiring additional information about the Provider Audit Program may contact Express Scripts Canada in writing at the following address:

Attention: Business Integrity Consultant

Express Scripts Canada

5770 Hurontario Street, 10th Floor, Mississauga, Ontario L5R 3G5

9. Contact Information

Source	Details
Provider Claims Processing Call Centre, Express Scripts Canada	1-888-511-4666
Provider Relations Department, Express Scripts Canada Attention: Provider Relations Department Express Scripts Canada 5770 Hurontario Street, 10th Floor Mississauga, ON L5R 3G5	Fax Number: 905-712-0669
NIHB Claims Services Provider Website	www.provider.express-scripts.ca

For general inquiries, e-mail the Provider Relations Department at NIHBProviderRelations@express-scripts.com

10. Really Simple Syndication Feeds

Really Simple Syndication (RSS) enables Providers to keep automatically informed of new information and updates to the Health Canada Website. When Providers sign up for the RSS feed, a Message appears in the feed-reader every time new information is added to that Section of the Health Canada Website. Updates usually include a headline with a small amount of type, either a summary or a lead-in to the larger story. RSS feeds have addresses similar to web pages but operate on a different format; in order to receive information from them a Provider's computer must be equipped with an aggregator or feed-reader: a number of them are available free online. Adding a new Website (RSS feed) to an aggregator is a simple process of going to the site in question, clicking on the RSS or XML button on the home page or copying and pasting the URL, depending on the type of aggregator. Either method makes the feed available to Providers instantly and regularly.

Websites

Health Canada:

www.hc-sc.gc.ca (select First Nations, Inuit & Aboriginal Health, and Non-Insured Health Benefits for First Nations and Inuit)

Express Scripts Canada:

www.express-scripts.ca

11. Annexes

- NIHB Medical Supplies and Equipment Claim Form
- Provider Statement - Medical Supplies and Equipment
- Prior Approval Confirmation Letter
- Express Scripts Canada Modification to Pharmacy and Medical Supplies and Equipment (MS&E) Provider Information Form
- NIHB Hearing Aid and Hearing Aid Repair Confirmation Form
- NIHB Hearing and Hearing Aid Repair Prior Approval Form
- NIHB General Medical Supplies and Equipment Prior Approval Form
- NIHB Orthotics – Custom Footwear – Prosthetics – Pressure Garments Prior Approval Form
- NIHB Oxygen and Respiratory Medical Supplies and Equipment Prior Approval Form

12. NIHB Medical Supplies and Equipment Claims Submission Kit: Attachments

12.1 Provider Statement – Medical Supplies and Equipment, Messages and Explanations

12.2 Mandatory Information in Transmission and Submission Options

12.3 Benefits and Criteria – Medical Supplies and Equipment