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12.0 Communication equipment and supplies benefits list

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12.1 General information

12.1.1 Benefit policies

General information common to all medical supplies and equipment (MS&E) can be found in the general policies.

12.1.2 Prescriber and provider requirements

Prescriptions or recommendations for coverage must be initiated by the health professionals identified as prescribers or recommenders of the item under the NIHB program. Items that are prescribed by prescribers/recommenders not recognized by NIHB will lead to denials or reversals of claims.

The following is a list of NIHB recognized prescribers/recommenders abbreviations found in this segment of the benefits list. Please refer to the prescriber section of the item tables below to identify the eligible prescriber/recommender of a specific item:

- MD — Physician
- NP — Nurse Practitioner
- SLP — Speech-language Pathologist
- OT — Occupational Therapist

Some augmentative and alternative communication (AAC) benefits require a prescription or recommendation from a Speech-language Pathologist or an Occupational Therapist who are part of an augmentative and alternative communication clinic. See section 12.3 *Augmentative and alternative communication (AAC)* for details and a list of clinics.

The following is a list of NIHB recognized providers abbreviations found in this segment of the benefits list. Please refer to the provider section of the item tables below to identify the eligible provider of a specific item:

- GEN — Enrolled general medical supplies and equipment or pharmacy provider

12.1.3 Prior approval requirements

General prior approval requirements can be found in the general policies.

12.1.3.1 Voice restoration and laryngectomy supplies

To initiate the prior approval process for voice restoration and for laryngectomy supplies, complete the Communication – Voice Restoration and Laryngectomy Supplies Prior Approval Form, found on the Express Scripts Canada NIHB provider and client website and submit to your NIHB regional office along with the following supporting documentation:

- the prescription/recommendation or referral form signed by an NIHB recognized prescriber for the requested benefit
- assessment within the last 6 months for voice prosthesis and speaking valve:
    - assessment must be by a specialized speech-language pathologist (SLP) which provides a diagnosis and describes the client's current condition in relation to his/her laryngectomy or tracheostomy, and which indicates that the client is a good candidate and would benefit from these devices
- additional relevant information the provider, physician, nurse practitioner, or speech-language pathologist may have to support the request
- an explanation of benefits from any third-party coverage available to the client (for example: provincial plan, workers' compensation board, private insurance, education plan, etc.)

12.1.3.2 Augmentative and alternative communication (AAC)

1) In all provinces and territories (including Ontario if items are not covered by the Assistive Devices Program (ADP)):

To initiate the prior approval process for AAC benefits, complete the Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form, found on the Express Scripts Canada NIHB provider and client website and submit to your NIHB regional office along with the following supporting documentation:

- the *Augmentative and Alternative Communication (AAC) Assessment Form* signed by an NIHB recognized prescriber for the requested benefit

  or

  a speech-language pathology (SLP) assessment report that includes a prescription and recommendation/s, signed by an NIHB recognized prescriber for the requested benefit. If access or mounting equipment are prescribed, an occupation therapy assessment report must also be included
- additional relevant information the provider, physician, nurse practitioner, or speech-language pathologist may have to support the request
- an explanation of benefits from any third-party coverage available to the client (for example: provincial plan, workers' compensation board, private insurance, education plan, etc.)

Please note: If a speech-language pathology/occupational assessment report is submitted, the clinician must include all the information related to the client's language abilities that is required in the *Augmentative and Alternative Communication (AAC) Assessment Form*.

2) In Ontario where items are covered by the Assistive Device Program (ADP):

To initiate the prior approval process for AAC benefits, complete the Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form, found on the Express Scripts Canada NIHB provider and client website, and submit to the NIHB regional office along with the following supporting documentation:

- the ADP application form in lieu of the *Augmentative and Alternative Communication (AAC) Assessment Form*

12.1.4 Exclusions

The general exclusion policy is listed in the general policies.

12.1.5 Warranties

Providers must honour the manufacturer's warranty.

12.1.6 Repairs

Repairs that are not covered under the warranty are eligible for coverage when supported by proper documentation.

The following rules apply:

- prior approval is required
- request must include detailed cost breakdown of parts, labour time and rates
- repairs must have a minimum warranty of 90 days

A description of all repairs with dates, detailed cost breakdown of parts, labour time and rates must be kept on file for each client.

Note: The NIHB program will not cover the labour cost for repairs that are covered under the warranty.

12.1.7 Replacement requirements

To be eligible for replacement the item must meet **ONE** of the following conditions:

- be outside the recommended replacement guideline
- not working, outside of warranty and the cost of repair exceeds the cost of a new item
- the item no longer meets the client's needs due to a change in medical condition

All requests for replacement require a new prescription. If an item is required before the recommended replacement guidelines, documentation supporting the need for early replacement must be provided.

12.1.8 Services included in the price

The following services must be included in the price of the item to be considered for coverage:

- product and parts ordering and delivery from manufacturer to provider (including delivery costs, exchange rate)
- dispensing of the benefit, which includes any required adjustments or fittings
- a markup to the price of AAC equipment and accessories is not accepted, the provider must claim the catalog price

12.1.9 Terminology

Item code

The item code is an 8-digit code that identifies the benefit being requested and is submitted to Express Scripts Canada for billing purposes.

Prior approval

A program coverage confirmation is issued by a NIHB regional office to a provider to ensure that the client is eligible for specific medical supplies and equipment benefits. The approval is issued primarily for items identified as requiring prior approval before being billed to the program.

Recommended replacement guidelines

The recommended replacement guidelines set a maximum number of each item a client may receive over a given period of time (frequency). Coverage of additional items may be considered on a case-by-case basis. For requests exceeding the recommended replacement guidelines, a prior approval is required.

Unit price

Unit price information may be found on the price files, located on the Express Scripts Canada NIHB provider and client website.

12.2 Voice restoration

12.2.1 Coverage criteria

Voice prosthesis and electrolarynx:

- the client has undergone a total laryngectomy
- the special order indwelling voice prosthesis must meet the following additional criteria:
    - a speech-language pathologist must provide a medical rationale indicating why a standard indwelling voice prosthesis is not appropriate
    - indication from the speech-language pathologist that a standard prosthesis was trialed but was found to be insufficient/ineffective or caused medical issues that interfered with voice production

12.2.2 Voice restoration device

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400993	Electrolarynx	MD, NP, SLP	GEN	Yes	1 every 4 years	
99401254	Hands free speaking valve	MD, NP, SLP	GEN	Yes	1 set of 3 valves per year	Client has undergone a laryngectomy

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400193	Speaking valve	MD, NP, SLP	GEN	Yes	4 per year	Client has undergone a tracheostomy
99400994	Voice amplifier	MD, NP, SLP	GEN	Yes	1 every 4 years	Client presents with a neurological or structural problems that reduces speech volume
99400985	Voice prosthesis, indwelling, regular	MD, NP, SLP	GEN	Yes	4 per year	
99400986	Voice prosthesis, indwelling, special order	MD, NP, SLP	GEN	Yes	4 per year	
99400984	Voice prosthesis non-indwelling	MD, NP, SLP	GEN	Yes	10 per year	

12.2.3 Voice prosthesis supplies

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400989	Cleaning brush	MD, NP, SLP	GEN	Yes	2 boxes per year	
99400990	Flushing device	MD, NP, SLP	GEN	Yes	1 box per year	Client has undergone a laryngectomy
99400988	Gel cap insertion system	MD, NP, SLP	GEN	Yes	1 per year	Client has undergone a tracheostomy
99400992	Gel cap replacement	MD, NP, SLP	GEN	Yes	1 box per year	Client presents with a neurological or structural problems that reduces speech volume
99400991	Plug insert	MD, NP, SLP	GEN	Yes	2 per year	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400987	Puncture dilator	MD, NP, SLP	GEN	Yes	1 per year	

12.3 Augmentative and alternative communication (AAC)

12.3.1 Coverage criteria

- client has a moderate to severe communication impairment and communication needs (as determined by a Speech-Language Pathologist) which cannot be met by using speech alone
- client has a long-term disability (speech or otherwise) and requires an augmentative and alternative communication device for personal use for a minimum of 6 months, or client is identified as palliative
- devices cannot be prescribed for the purpose of acquiring new communication skills and therefore not prescribed as a therapy tool
- in the Province of Ontario, clinician must first apply to the Assistive Devices Program (ADP) for coverage of the augmentative and alternative communication item prior to the application to the NIHB program. NIHB will cover the portion of the cost not covered by the Assistive Devices Program

12.3.2 Required information for open benefits

The *Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form* (section A) must be completed and submitted when requesting items that are an open benefit (no prior approval required).

12.3.3 Requirements for integrated and complex system

- clinician must provide a clinical rationale for prescribing a particular product, including why one model has been selected over another (for example, explain what features of the requested model are required that are not available in a more cost-effective model, and explain how those features will meet the client's needs). If this information is missing, it may lead to a delay in reviewing the request
- device must be trialed successfully
- client must have access to clinical follow-up by a speech-language pathologist for training purposes

12.3.4 Process for submitting requests

The following processes describe how to submit requests for limited use benefits (requiring prior approval) and for open benefits (do not require prior approval).

12.3.4.1 For all of Canada except items covered by the Ontario Assistive Devices Program (ADP):

1) Process for submitting requests for limited use benefits (require prior approval):

Step 1 – The clinician:

- completes the *Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form*, section A (one form per provider)
- sends the form to the NIHB enrolled provider(s)

Step 2 – The provider:

- completes the *Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form*, section B

- sends the completed form back to the Clinician

Step 3 – The clinician:

- faxes the following forms to the NIHB Regional office:
    - the *Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form(s)*
      and
    - the *Augmentative and Alternative Communication (AAC) Assessment Form* completed by the clinician **or** an SLP/OT assessment report

Step 4 – The NIHB Regional Office:

- NIHB regional office reviews the documents
- A letter is sent to the provider to communicate the decision (approved, denied, on hold). If approved, a prior approval number will be provided

Step 5 – The Provider:

- advises the clinician that the request has been approved and that the item will be dispensed to the client/clinic
- submits the NIHB claim form to ESC for reimbursement

2) Process for submitting request for open benefit (no prior approval required):

Step 1 – The clinician:

- completes the *Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form*, section A
- sends the signed form to the provider

Step 2 – The provider:

- dispenses the item(s) to the clinic or the client
- submits the NIHB claim form to ESC for reimbursement

12.3.4.2 For items covered by the Ontario Assistive Devices Program (ADP):

Process for submitting requests for limited use and open benefits:

ADP authorizer:

- authorizer completes the Augmentative and Alternative Communication (AAC) Form, section A
- authorizer submits this form along with the ADP application form to ADP centralized equipment pool (CEP) (or other NIHB provider)

Provider: Centralized Equipment Pool (CEP) or other NIHB provider

- provider completes the Augmentative and Alternative Communication (AAC) Requisition and Prior Approval Form, section B
- provider submits both forms to the Ontario Regional office
- approval letter is sent to provider with a prior ppproval number
- provider submits a claim form to ESC with the prior approval number

Note: A list of NIHB regional fax numbers is provided on each of the NIHB forms listed above. These forms can be found on the Express Scripts Canada NIHB provider and client website.

12.3.5 List of augmentative and alternative communication (AAC) clinics across Canada

A prescription from one of the AAC clinics listed below is necessary when submitting a request for the following benefits:

- integrated and complex system
- complex switch
- complex mounting system

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Nova Scotia

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Newfoundland and Labrador

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12.3.6 Quick messaging device

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401296	Quick messaging device	SLP, OT	GEN	No	1 every 2 years	Examples: Big Mac, Step by Step, etc.

12.3.7 Speech generating device

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401300	Simple speech generating device	SLP	GEN	Yes	1 every 3 years	Devices with static display, digitized speech and simple programming options. Messages are simple with limited vocabulary, primarily word or phrase based. Examples: Go Talk, Quick Talker or

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
						Simple Speech Generating System (up to three quick messaging devices), etc.
99401302	Speech generating device, lease/rental	SLP	GEN	Yes		Voice output communication aids used to supplement or replace speech or writing. They may allow for support of alternative access and integrated capabilities that could allow the device to be more complex. Examples: Lightwriter, Allora 2, NovaChat, Accent (800, 1000 or 1400), Via Pro, etc.
99401301	Speech generating device, purchase	SLP	GEN	Yes	1 every 5 years	Voice output communication aids used to supplement or replace speech or writing. They may allow for support of alternative access and integrated capabilities that could allow the device to be more complex. Examples: Lightwriter, Allora 2, NovaChat, Vibe, Accent (800, 1000 or 1400), Via Pro, etc.

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401303	iOS speech tablet package	SLP	GEN	Yes	1 every 4 years	Package may include: • tablet • communication application • case • screen protector • stylus Example: iPad speech tablet package.
99401315	Speech tablet package	SLP	GEN	Yes	1 every 4 years	Package may include: • tablet • communication application • case • screen protector • stylus

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
						Example: Tobii Dynavox Indi speech tablet package.

12.3.8 Software

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401297	Communication display making software	SLP	GEN	No	1 every 3 years	Examples: Boardmaker, SymWriter, etc.
99401299	Software for speech generating device, lease/rental	SLP	GEN	Yes		Examples: Proloquo, WordPower, Mind Express, Essence, etc.

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401298	Software for speech generating device, purchase	SLP	GEN	Yes	1 every 3 years	Examples: Proloquo, WordPower, Mind Express, Essence, etc.

12.3.9 Communication display board

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401293	Communication display board	SLP	GEN	No	1 every 6 months	Static based communication system. Examples: Paper-based communication boards, eye gaze board, etc.

12.3.10 Integrated and complex systems

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401295	Integrated and complex system, lease/rental	SLP	GEN	Yes		Communicators must be able to use words and phrases to speak a message. Examples: Grid pad, Tellus 5, Tobii I-13, I-16, I-110, Accent 1000 or 1400 with Look module, Tobii 15, etc. Prescription from an AAC clinic is required
99401294	Integrated and complex system, purchase	SLP	GEN	Yes	1 every 5 years	Communicators must be able to use words and phrases to speak a message. Examples: Grid pad, Tellus 5, Tobii I-13, I-16, I-110, Accent 1000 or 1400 with Look module, Tobii 15, etc. Prescription from an AAC clinic is required

12.3.11 Switch and mounting system

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401312	Complex mounting system for access hardware, lease/rental	OT	GEN	Yes		Complex mounting system to mount an access device to a wheelchair, or other vehicle. Prescription must come from an Occupational Therapist at an AAC clinic.
99401311	Complex mounting system for access hardware, purchase	OT	GEN	Yes	1 every 3 years	Complex mounting system to mount an access device to a wheelchair, or other vehicle. Prescription must come from an Occupational Therapist at an AAC clinic.
99401310	Complex mounting system for device, lease/rental	OT	GEN	Yes		Complex system for mounting a communication device to a wheelchair, or other vehicle.

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
						Prescription must come from an Occupational Therapist at an AAC clinic.
99401309	Complex mounting system for device, purchase	OT	GEN	Yes	1 every 3 years	Complex system for mounting a communication device to a wheelchair, or other vehicle. Prescription must come from an Occupational Therapist at an AAC clinic.
99401306	Complex switch, lease/rental	OT	GEN	Yes		May include switch interface. Prescription must come from an Occupational Therapist at an AAC clinic.
99401305	Complex switch, purchase	OT	GEN	Yes	1 every 2 years	May include switch interface.

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
						Prescription must come from an Occupational Therapist at an AAC clinic.
99401308	Simple mounting system access	OT, SLP	GEN	No	1 every 5 years	For output (for example: switch, head pointer, etc.)
99401307	Simple mounting system device	OT, SLP	GEN	No	1 every 5 years	For speech generating devices, IPad, etc.
99401304	Simple switch	OT, SLP	GEN	No	5 per year	Examples: Aero/Freedom, Big buddy switch, Big Red, Buddy Button, etc.

12.3.12 Batteries

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401282	Batteries for switch or pointer	SLP, OT	GEN	No	4 batteries every 6 months	AA or AAA batteries.

12.3.13 Accessories

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401283	Carrying case for speech generating device	SLP	GEN	No	1 every 5 years	Can include a shoulder strap or a screen protector.
99401289	Keyguard for speech generating device, lease/rental	SLP, OT		No		Example: Touch guide, etc.

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401288	Keyguard for speech generating device, purchase	SLP, OT	GEN	No	1 every 5 years	Example: Touch guide, etc.
99401314	Mouse alternative, lease/rental	OT	GEN	Yes		Circuitry to provide alternate mouse control. For example, a head mouse which is controlled through head movements. It provides reliable hands-free mouse control for individuals who are unable to use a traditional manual computer mouse to control their communication device. Examples: Tracker Pro, Irisbond Duo Camera, PC Eye plus, NuPoint, etc.
99401313	Mouse alternative, purchase	OT	GEN	Yes	1 every 3 years	Circuitry to provide alternate mouse control. For example, a head mouse which is controlled through head movements. It provides reliable hands-free mouse control for individuals who are unable to use a traditional

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
						manual computer mouse to control their communication device. Examples: Tracker Pro, Irisbond Duo Camera, PC Eye Plus, NuPoint, etc.
99401285	Pointer, lease/rental	OT	GEN	No		Non-computerized
99401284	Pointer, purchase	OT	GEN	No	1 every 5 years	Non-computerized
99401291	Power converter, wheelchair accessory, lease/rental	OT		No		This is a converter for a power wheelchair. This converter uses the power of the wheelchair to power the communication device.
99401290	Power converter, wheelchair	OT	GEN	No	1 every 3 years	This is a converter for a power wheelchair. This converter uses the power of the

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
	accessory, purchase					wheelchair to power the communication device.
99401287	Speech generating device access hardware, lease/rental	OT	GEN	Yes		**Enhanced switch circuitry**: This equipment is an alternative method used by a client with a disability for operating their speech device if they are unable to use a keyboard or other standard input method. Examples: Eye gaze tracking systems, the Look module, Eye module for Tobii 15, etc. Prescription from an Occupational Therapist at an augmentative and alternative communication clinic
99401286	Speech generating device access hardware, purchase	OT	GEN	Yes	1 every 5 years	**Enhanced switch circuitry:** This equipment is an alternative method used by a client with a disability for operating their speech device if they are unable to use a keyboard or other standard input method. Examples: Eye gaze

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
						tracking systems, Look module, Eye module for Tobii 15, etc. Prescription from an Occupational Therapist at an AAC clinic.
99401292	Wheelchair control unit (input/output module)	OT	GEN	Yes	1 every 3 years	This is a converter for a power wheelchair. This converter uses the drive controls (for example, joy stick) of the wheelchair to control a communication device. It allows the drive control to talk to another circuitry such as the mouse alternative. For example, the joystick of the wheelchair can be used as a joystick mouse to control the communication device.

12.4 Laryngectomy Supplies

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400476	Adhesive removers	MD, NP, SLP, NSWOC, WOCC (C)	GEN	No	6 boxes per year	
99401241	Cleaning towels	MD, NP, SLP	GEN	No	2 boxes per year	
99401233	Heat & moisture exchanger (HME), specialized	MD, NP, SLP	GEN	No	1 per day	
99401232	Heat & moisture exchanger (HME), standard	MD, NP, SLP	GEN	No	1 per day	
99401235	Heat & moisture exchanger, housing/baseplate, specialized	MD, NP, SLP	GEN	No	1 per day	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401234	Heat & moisture exchanger, housing/baseplate, standard	MD, NP, SLP	GEN	No	1 per day	
99401243	Laryclip	MD, NP, SLP	GEN	No	12 per year	
99401237	Laryngectomy button	MD, NP, SLP	GEN	No	2 per year	
99401236	Laryngectomy tube	MD, NP, SLP	GEN	No	2 per year	
99401238	Laryngectomy tube holder	MD, NP, SLP	GEN	No	12 per year	
99401240	Shower cover	MD, NP, SLP	GEN	No	1 per year	
99401253	Skin barrier wipes	MD, NP, SLP	GEN	No	7 boxes per year	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401242	Adhesive wipes	MD, NP, SLP	GEN	No	7 boxes per year	
99401239	Stoma cover	MD, NP, SLP	GEN	No	4 per year	

12.5 Servicing

12.5.1 Delivery

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401268	Delivery, communication		GEN	Yes		Delivery of equipment to the client.

12.5.2 Repairs

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401281	Repairs, augmentative and alternate communication			Yes		Minimum of 12 months warranty on repairs.

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