https://www.sac-isc.gc.ca/eng/1590168766044/1590168799917

13.0 Medical surgical equipment and supplies benefits list

Effective date: April 6, 2022

- Previous

- Table of Contents

On this page

- 13.1 General information
  - 13.1.1 Benefit policies
  - 13.1.2 Prescriber and provider requirements
  - 13.1.3 Prior approval requirements
  - 13.1.4 Exclusions
  - 13.1.5 Warranties
  - 13.1.6 Repairs
  - 13.1.7 Replacement requirements
  - 13.1.8 Services included in price
  - 13.1.9 Terminology

- 13.2 Incontinence
  - 13.2.1 Diapers and liners
  - 13.2.2 Underpads
  - 13.2.3 Catheters
  - 13.2.4 Devices
- 13.3 Ostomy
  - 13.3.1 One piece pouch
  - 13.3.2 Two piece pouch
  - 13.3.3 Ostomy supplies
- 13.4 Wound care
  - 13.4.1 Adhesive
  - 13.4.2 Alginates/hydrofibres/poly-absorbent fibres dressing
  - 13.4.3 Bandage
  - 13.4.4 Compression bandages
  - 13.4.5 Charcoal dressing
  - 13.4.6 Composite dressing
  - 13.4.7 Eye
  - 13.4.8 Foam adhesive dressing
  - 13.4.9 Gauze
  - 13.4.10 Gel dressing
  - 13.4.11 Honey dressing
  - 13.4.12 Hydrocolloid dressing
  - 13.4.13 Iodine dressing
  - 13.4.14 Non-adherent dressing
  - 13.4.15 Silver dressing
  - 13.4.16 Transparent dressing
- 13.5 Supplies
- 13.6 Servicing

- 13.6.1 Delivery

13.1 General information

13.1.1 Benefit policies

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

13.1.2 Prescriber and provider requirements

Prescriptions or recommendations for coverage must be initiated by the health professionals identified as prescribers or recommenders of the specific item as listed in the tables. 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 prescriber/recommender 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:

- LPN/RPN — Licensed Practical Nurse/Registered Practical Nurse when within their scope of practice in their province/territory (renewals only)
- MD — Physician
- NP — Nurse Practitioner
- NSWOC — Nurse Specialized in Wound, Ostomy and Continence
- (RN renewals only) — Registered Nurse (initial prescription required from MD, NP, NSWOC, WOCC(C))
- WOCC(C) — Wound, Ostomy and Continence Certified (C)anada
- OT — Occupational Therapist
- PT — Physiotherapist
- RM — Registered Midwife
- RN — Registered Nurse

The following is a list of NIHB recognized provider 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 MS&E or pharmacy provider
- GEN-CCGF — Enrolled general MS&E or pharmacy provider with staff certified as a compression garment fitter

13.1.3 Prior approval requirements

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

To initiate the prior approval process, the Medical Surgical Prior Approval Form, found on the Express Scripts Canada NIHB provider and client website, must be completed in full and submitted to your NIHB regional office along with the following supporting documentation:

- the prescription or recommendation or referral form signed by an NIHB recognized prescriber for the requested benefit
- detailed assessment as required
- additional relevant information the provider, physician, nurse practitioner, occupational therapist, or physiotherapist 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.)

13.1.4 Exclusions

In addition to the general exclusion policy listed in the general policies, the following items are excluded from the medical surgical and equipment benefit and are not considered for coverage or appeal under the NIHB program:

- environmental protection devices and supplies (for example: air cleaners, filters, UV protection garments and lotions, etc.)

13.1.5 Warranties

Providers must honour the manufacturer's warranty.

13.1.6 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 for repairs exceeding the unit price or frequency
- 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.

13.1.7 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.

13.1.8 Services included in the price

The following services are to be included in the price of the item:

- 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

13.1.9 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 authorization 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.

13.2 Incontinence

13.2.1 Diapers and liners

NIHB provides coverage for incontinence items, which can be either one type of product or a combination of different products, for three months at a time.

The first time a client applies for prior approval for incontinence supplies, the prior approval form must indicate whether the client has a permanent or temporary need for incontinence supplies. Clients who have a permanent condition may be approved for up to two years of incontinence supplies rather than the standard one year.

When a client has been approved for a two-year period, the provider will receive an SA that allows the provider to bill Express Scripts Canada directly without contacting the NIHB regional office to get approval for dispenses during the approved period.

Clients with a temporary condition will continue to require an annual prescription/written recommendation. For requests that exceed the recommended replacement guideline, providers will need to apply for prior approval and provide a medical justification.

The following information is required when requesting coverage:

- medical diagnosis that is the cause(s) of the incontinence
- type of incontinence (bladder, bowel, or both)
- when the incontinence occurs (day and/or night)
- type of incontinence supplies needed
- size of the incontinence supplies requested (does not apply to children's sizes or liners)
- quantity of incontinence supplies needed
- other supporting information (for example, temporary or permanent condition)

Note:

- NIHB does not provide coverage for diapers for children under 2 years of age

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401088	Diaper, pull-up, adult LG or XL	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	
99401087	Diaper, pull-up, adult SM/MED	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	
99401089	Diaper, pull-up, adult XXL+	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	
99400753	Diaper, pull-up, junior 4 & up	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	Child over 2 years of age

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400940	Diaper, pull-up, youth/adult XS	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	Child over 2 years of age
99401091	Diaper, tab, adult LG or XL	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	
99401090	Diaper, tab, adult SM or MED	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	
99401092	Diaper, tab, adult XXL+	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400752	Diaper, tab, junior 4 & up	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	Child over 2 years of age
99400939	Diaper, tab, youth/adult XS	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	Child over 2 years of age
99400438	Liners, disposable	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	450 every 3 months	
99400755	Pant, incontinence, brief mesh, reusable	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	9 every 3 months	

13.2.2 Underpads

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400442	Underpads, disposable	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	150 every 3 months	NIHB provides coverage for disposable underpads for regular bowel care routine
99400443	Underpads, washable	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	6 per year	• Size up to 36" x 54" • Coverage may be provided for incontinence and ostomy care

13.2.3 Catheters

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400747	Catheter, adhesive strip, external	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		
99400418	Catheter, external male, disposable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	90 every 3 months	
99400419	Catheter, external male, reusable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		
99400420	Catheter, indwelling	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	4 every 3 months	
99400421	Catheter, intermittent, disposable	MD, NP, NSWOC, WOCC(C), (RN,	GEN	No	360 every 3 months (over 360 items combined every 3 months requires prior approval)	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
		LPN/RPN - renewals only)				
99401154	Catheter, intermittent, special	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes		
99400423	Catheter, irrigation	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes		
99400424	Catheter, plug	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400425	Catheter, tray catheterization	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes		
99400426	Catheter, tray irrigation	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes		
99400417	Catheter, adaptor connector closure	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		
99400429	Drainage, leg bag, reusable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	4 per year	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400428	Drainage, night bag, disposable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	52 per year	
99400434	Extension tubing	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	52 per year	
99400430	Leg bag without tubing disposable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	52 per year	
99400431	Leg bag with tubing disposable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	52 per year	
99400427	Leg strap for drainable bags	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	52 per year	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400435	Lubricating jelly tube	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	12 every 3 months	114g tube
99400919	Lubricating jelly/packet, single use	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	400 every 3 months	3g packet
99400433	Night bottle, reusable	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	4 per year	

13.2.4 Devices

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400941	Pessary	MD, NP, NSWOC, WOCC(C), (RN - renewals only)	GEN	No	1 every 6 months	

13.3 Ostomy

13.3.1 One-piece pouch

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400730	1pc drainable colostomy/ileostomy convex pouch	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	50 every 3 months	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400906	1pc, closed-end, colostomy convex pouch	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	120 every 3 months	
99400905	1pc, closed-end, flat, colostomy pouch	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	120 every 3 months	
99400406	1pc, drainable, flat, colostomy/ileostomy convex pouch	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	50 every 3 months	
99400732	1pc, urostomy convex pouch	MD, NP, NSWOC, WOCC(C), (RN,	GEN	Yes	50 every 3 months	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
		LPN/RPN - renewals only)				
99400731	1pc, urostomy pouch	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	50 every 3 months	

13.3.2 Two-piece pouch

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400414	2pc, closed-end, colostomy/ileostomy pouch system	MD, NP, NSWOC, WOCC(C), (RN,	GEN	Yes	120 every 3 months	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
		LPN/RPN - renewals only)				
99400415	2pc, drainable, colostomy/ileostomy pouch system	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	30 every 3 months	
99400742	2pc, flange for ostomy system	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	50 every 3 months	
99400743	2pc, system flange/convex pouch system	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	50 every 3 months	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400745	2pc, system urostomy pouch	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	30 every 3 months	

13.3.3 Ostomy supplies

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400409	Absorbent flake/capsule	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	2 per year	Package of 90
99400763	Adaptor, connector, clamp ostomy/catheter	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	12 per year	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400400	Belt, ostomy	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	3 per year	
99400401	Convex insert	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	30 every 3 months	
99400402	Filters	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	2 boxes of 50 per year	
99400403	Gel lubricant	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	12 per year	
99400884	Mouldable ring seal	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400782	Mucus dispersant	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400404	Odor control product, concentrated	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	12 per year	For inside pouch only
99400398	Ostomy, barrier powder	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	3 every 3 months	
99400737	Ostomy, irrigation kit	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	1 every 3 months	
99400738	Ostomy, irrigation sleeve	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	30 every 3 months	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400739	Plastic faceplate	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	3 every 3 months	
99400783	Pouch cover	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	4 per year	
99400408	Skin barrier, paste	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes	3 every 3 months	
99400410	Skin barriers/wafer	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	50 every 3 months	
99400412	Stoma cone for irrigation	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes	6 per year	

13.4 Wound care

Dressings requiring a prior approval must include the following wound assessment information from an MD/RN/LPN/RPN/NP:

- client's diagnosis
- wound site and size (indicate in mm or cm)
- tunneling (direction & depth)
- wound bed
- wound border
- peri-wound skin condition
- exudate amount
- exudate type
- wound odour
- wound care treatment with type/size of dressings being used
- frequency of dressing changes
- anticipated healing time

13.4.1 Adhesive

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400446	Adhesive suture strips	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No	50 per year	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400444	Adhesive tape, hypoallergenic	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400445	Adhesive tape, non-hypoallergenic	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400447	Montgomery ties	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

Adhesive tape and suture

- Blenderm (3M Health Care)
- cloth adhesive tape (3M Health Care)
- cover strip (3M Health Care)
- Durapore (3M Health Care)

- Gentac (Medline)
- Hypafix (Smith & Nephew)
- kind removal silicone tape (3M Health Care)
- Leukosan Strip (BSN Medical)
- Leukoplast Sleek (BSN Medical)
- Leukostrip (Smith & Nephew)
- Medfix (Medline)
- Medipore (3M Health Care)
- Medipore H (3M Health Care)
- Mefix (Mölnlycke)
- Mepitac (Mölnlycke)
- Micropore (3M Health Care)
- pink zinc oxide tape (Medline)
- Shur Strip - wound closure strips (Derma Science)
- Steri-Strips (3M Medical)
- Suture-Strip Plus (Derma Science)
- Transpore (3M Health Care)
- Ultrafix (Derma Science)

Montgomery ties

- Montgomery Straps (Medline)
- Montgomery Straps (Bioseal)
- Montgomery Straps (Deroyal)

13.4.2 Alginates/hydrofibres/poly-absorbent fibres dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401155	Alginates/hydrofibres/poly-absorbent fibres dressing, 5 cm × 5 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No	30 items per year (over 30 items combined per year requires prior approval)	
99401156	Alginates/hydrofibres/poly-absorbent fibres dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99400454	Alginates/hydrofibres/poly-absorbent fibres dressing - other	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	Yes		Includes packing strips with alginate or hydrofibres. Please refer to section 13.4.15 Silver dressing for silver alginate packing strips (ribbons).

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Algicell Calcium Alginate (Derma Sciences)
- Algisite M (Smith & Nephew)
- Aquacel (ConvaTec)
- Biatain Alginate (Coloplast)
- Curasorb (Covidien Kendall)
- Cutinova Hydro (Smith & Nephew)
- Debrisan (Pharmacia & Upjohn)
- Derma Calcium Alginate (Derma Science)
- Exufiber (Mölnlycke)
- Kaltostat (ConvaTec)
- Maxorb II (Medline)
- Melgisorb Plus (Mölnlycke)
- Mesalt (Mölnlycke)
- Nu-derm Alginate (Acelity)
- Opticell (Medline)
- Qwick (Medline)
- Restore Calcium Alginate (Hollister)
- Sorbsan (Pharma-Plast)
- Sorbsan Plus (Pharma-Plast)
- Sorbsan SA (Pharma-Plast)
- Tegaderm High Gelling Alginate (3M Health Care)
- Tegaderm High Integrity Alginate (3M Health Care)
- UrgoClean (Urgo Medical)

13.4.3 Bandage

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400448	Conforming gauze bandages, "Kling" type	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400449	Elastic bandages	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	8 per year	
99400450	Impregnated venous ulcer bandage	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99400451	Tubular net dressing	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

Gauze bandages

- Duform (Derma Sciences)
- Dutex Conforming Bandages (Derma Sciences)
- Easifix (BSN Medical)
- Kerlix (Kendall Health care)
- Kling (Johnson & Johnson)

Elastic bandages

- Econo-san (BSN Medical)
- Tensor

Impregnated venous ulcer bandage

- Calaband (Seton Healthcare Group plc)
- Gelocast (BSN Medical)
- Icthopaste (Smith & Nephew)
- Primer Unna Boot (Derma Sciences)
- Unna-Z (Medline)
- Viscopaste PB7 (Smith & Nephew)
- Zipzoc (Smith & Nephew)

Tubular net dressing

- Flexinet (Derma Science)
- Medigrip (Medline)
- Surgifix (Smith & Nephew)
- Tubifast (Mölnlycke)

13.4.4 Compression bandages

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400805	Compression bandage, reusable, left	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN-CCGF	Yes	6 per year	Light, moderate, or high compression
99400841	Compression bandage, reusable, right	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN-CCGF	Yes	6 per year	Light, moderate, or high compression
99400839	Compression bandage, single use, left	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN-CCGF	Yes	24 per year	Light, moderate, or high compression

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400840	Compression bandage, single use, right	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN-CCGF	Yes	24 per year	Light, moderate, or high compression
99400842	Stockinette, reusable, for reusable compression bandage, left and right	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN-CCGF	Yes	12 per year	
99400798	Padding, single use, for reusable compression bandage, left and right	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN-CCGF	Yes	48 per year	

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

Single-use compression bandage

- Co-Plus (BSN Medical)
- Coban (3M Health Care)
- Duban Cohesive Bandages (Derma Sciences)

Reusable compression bandage

- Dusor Elastic Bandage (Derma Sciences)
- Elastocrepe (Smith & Nephew)
- Elastogrip (BSN Medical)
- Surgigrip (Smith & Nephew)
- Tubigrip (Mölnlycke)

Stockinette

- Tensogrip (BSN Medical)

13.4.5 Charcoal dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401157	Charcoal dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No	30 items per year (over 30 items combined per year requires prior approval)	
99400455	Charcoal dressing - other	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Carbonet (Smith & Nephew)
- Cliniflex (CliniMed)

13.4.6 Composite dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400811	Composite dressing	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Alldress (Mölnlycke)
- Comfeel Plus Hydrocolloid Combined With Alginate (Coloplast)
- Compdress (Derma Sciences)
- Combiderm (ConvaTec)
- Dudress (Derma Sciences)
- Exu-Dry (Smith & Nephew)
- Leukomed (BSN Medical)
- Mesorb (Mölnlycke)
- Mextra Superabsorbent (Mölnlycke)
- Opsite Post-op (Smith & Nephew)
- Stratasorb (Medline)
- Tegaderm + Pad (3M Health Care)
- XTRASORB (Derma Science)

13.4.7 Eye

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400466	Eye pad	MD, NP, RN, LPN/RPN	GEN	No		
99400467	Eye shield	MD, NP, RN, LPN/RPN	GEN	No		

13.4.8 Foam adhesive dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401158	Foam non-adhesive dressing, 5 cm × 5 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No	30 items per year (over 30 items combined per year requires prior approval)	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401159	Foam non-adhesive dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99401160	Foam adhesive dressing, 7.5 cm × 7.5 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99401161	Foam adhesive dressing, 12.5 cm × 12.5 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99400456	Foam dressing - other	MD, NP, NSWOC, WOCC(C), RN,	GEN	Yes		Includes packing strips with foam

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
		(LPN/RPN - renewals only)				

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Allevyn (Smith & Nephew)
- Allevyn Gentle Border (Smith & Nephew)
- Aquacel Foam (ConvaTec)
- Biatain (Coloplast)
- Biatain IBU (Coloplast)
- Biatain Silicone (adhesive) (Coloplast)
- Cutimed Cavity (BSN Medical)
- Cutimed Siltec (BSN Medical)
- Hydrofera Blue Foam Dressing (Hollister)
- Hydrocell (Derma Sciences)
- Kendall AMD Antimicrobial Foam Border (Covidien Kendall)
- Kendall Foam Dressing (Covidien Kendall)
- Lyofoam (Seton Health Care Group)
- Mepilex (Mölnlycke)

- Mepilex Transfer (Mölnlycke)
- Mepilex Border Post-op (Mölnlycke)
- Microfoam (3M Health Care)
- Optifoam (Medline)
- Polymem (Ferris Mfg Corp)
- Restore Foam Dressing (Hollister)
- Tegaderm High Performance Foam Adhesive Dressing (3M Health Care)
- Tegaderm High Performance Foam Non-adhesive Dressing (3M Health Care)
- Tegaderm Silicone Foam Boarder Dressing (3M Health Care)
- Tielle (Acelity)

13.4.9 Gauze

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400457	Gauze, abdominal pad dressing	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400196	Gauze, non-sterile	MD, NP, NSWOC,	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
	dressing, 5 cm × 5 cm, (2 × 2)	WOCC(C), RN, LPN/RPN				
99400756	Gauze non-sterile dressing, 7.5 cm × 7.5 cm, (3 × 3)	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400458	Gauze non-sterile dressing, 10 cm × 10 cm, (4 × 4)	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400757	Gauze non-sterile dressing, 6 cm	MD, NP, NSWOC,	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
	× 8 cm (2.36 × 3.14)	WOCC(C), RN, LPN/RPN				
99400459	Gauze sterile dressing, 5 cm × 5 cm, (2 × 2)	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400759	Gauze sterile dressing, 7.5 cm × 7.5 cm, (3 × 3)	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400760	Gauze sterile dressing, 10 cm × 10 cm, (4 × 4)	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400468	Packing strip, regular, gauze	MD, NP, RN, LPN/RPN	GEN	No	40 bottles per year	This code must only be used for regular gauze packing strips. To request the following types of packing strips, please refer to the appropriate benefit code and submit a Medical Surgical Prior Approval Form found on the Express Scripts Canada NIHB provider and client website: • Alginates/hydrofibres – 99400454 • Foam – 99400456 • Iodine – 99400810 • Impregnated – 99400462 • Silver alginate – 99401178, 99401177, 99401179, or 99400809

13.4.10 Gel dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401162	Gels/hydrogels dressing, 8 g	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	20 items per year (over 20 items combined per year requires prior approval)	
99401163	Gels/hydrogels dressing, 15 g	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99401164	Gels/hydrogels dressing, 25 g	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400460	Gels/hydrogels, dressing - other	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Curafil (including Curagel Hydrogel Impregnated Gauze) (Covidien Kendall)
- Cutimed Gel (BSN Medical)
- Duoderm Hydroactive Gel (ConvaTec)
- Granugel (ConvaTec)
- Hypergel (Mölnlycke)
- INTRASITE Gel (Smith & Nephew)
- INTRACITE Comformable (Smith & Nephew)
- Normlgel (Mölnlycke)
- NU-GEL Hydrogel (Acelity)
- Purilon (Coloplast)
- Restore Hydrogel Dressing (Hollister)
- Skintegrity Gel (Medline)
- Spenco 2nd Skin (Spenco Medical)
- Tegaderm Hydrogel Wound Filler (3M Health Care)
- Tegagel (3M Health Care)
- Tenderwet (Medline)

13.4.11 Honey dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400901	Honey dressing	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- MEDIHONEY (Derma Sciences)
- TheraHoney (Medline)

13.4.12 Hydrocolloid dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401165	Hydrocolloid dressing, std, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN,	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
		(LPN/RPN - renewals only)			30 items per year (over 30 items combined per year requires prior approval)	
99401166	Hydrocolloid dressing, extra thin dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99400461	Hydrocolloid dressing - other	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Comfeel Plus Hydrocolloid Combined With Alginate (Coloplast)
- Comfeel Plus Transparent Hydrocolloid (Coloplast)

- DuoDERM (includes DuoDERM Extra Thin and DuoDERM Signal) (ConvaTec)
- Exuderm Satin Hydrocolloid (Medline)
- Granuflex (ConvaTec)
- NU-DERM Hydrocolloid (Acelity)
- Primacol (Derma Sciences)
- Restore Hydrocolloid Dressing (Hollister)
- Tegaderm Hydrocolloid (3M Health Care)
- Ultec (including Ultec Pro) (Covidien)

13.4.13 Iodine dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401180	Iodine gel (ointment), 10g tube	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No	10 items per year (over 10 items combined per year requires prior approval)	
99401181	Iodine dressing (5g) dressing, 4 cm × 6 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400810	Iodine dressing - other	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	Yes		Includes packing strips with iodine

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Inadine (Acelity)
- Iodoflex (Smith & Nephew)
- Iodosorb paste & ointment (Smith & Nephew)

13.4.14 Non-adherent dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401167	Non-adherent impregnated petroleum dressing, 7.5 cm × 7.5 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	50 items per year (over 50 items combined per year requires prior approval)	
99401168	Non-adherent impregnated petroleum dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99401169	Non-adherent impregnated petroleum dressing, 7.5 cm × 20 cm - 3 strips	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99401170	Non-adherent impregnated chlorhexidine dressing, 5 cm × 5 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	30 items per year (over 30 items combined per year requires prior approval)	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401171	Non-adherent impregnated chlorhexidine dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		
99400462	Non-adherent impregnated dressing - other	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		Includes impregnated packing strips
99401172	Non-adherent non-impregnated dressing, 6 cm × 7 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	60 items per year (over 60 items combined per year requires prior approval)	
99401173	Non-adherent non-impregnated dressing, 9 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400463	Non-adherent non-impregnated dressing - other	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

Non-adherent impregnated dressing

- Adaptic (Acelity)
- Bactigras (Smith & Nephew)
- Chlorhexitulle (Hoechst Morio Roussell)
- Curad Sterile Oil Emulsion Gauze (Medline)
- Cuticell (including Cuticell Classic) (BSN Medical)
- Jelonet (Smith & Nephew)
- petrolatum gauze
- Serotulle (Leo Laboratories)
- Shur-Conform (Derma Sciences)
- Unitulle (Hoechst Marion Roussel)
- Versatel (Medline)

Non-adherent non-impregnated dressing

- Adaptic Digit (Acelity)
- Adaptic Touch (Acelity)
- Cuticell Contact (BSN Medical)
- Medipore + Pad - soft cloth adhesive (3M Health Care)
- Melolin (Smith & Nephew)
- Mepitel (Mölnlycke)
- Mepore (Mölnlycke)
- Primapad (Derma Sciences)
- Primapore (Smith & Nephew)
- Restore Contact Layer (Hollister)
- Tegaderm Contact Layer (3M Health Care)
- Tegapore (3M Health Care)
- Telfa (Covidien-Kendall)

13.4.15 Silver dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401182	Silver alginate dressing, 10 cm × 10 cm	MD, NP, NSWOC, WOCC(C), RN,	GEN	No	20 items per year (over 20 items combined per year requires prior approval)	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
		(LPN/RPN - renewals only)				
99401178	Silver alginate ribbon, 1.9 cm × 45.7 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99401177	Silver alginate ribbon, 1 cm × 45.7 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		
99401179	Silver alginate ribbon, 2.5 cm × 30.5 cm	MD, NP, NSWOC, WOCC(C), RN, (LPN/RPN - renewals only)	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400809	Silver dressing - other	MD, NP, NSWOC, WOCC(C), (RN, LPN/RPN - renewals only)	GEN	Yes		Includes silver alginate ribbon (packing strip) with a size other than the ones listed above

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Acticoat 7 (Smith & Nephew)
- Actisorb (Acelity)
- Algicell Ag (Derma Sciences)
- Allevyn Ag (Smith & Nephew)
- Aquacel Ag (ConvaTec)
- Arglaes Powder (Medline)
- Biatain Ag (Coloplast)
- Interdry Ag (Coloplast)
- Maxorb Extra Ag (Medline)
- Melgisorb Ag (Mölnlycke)
- Mepilex Ag (Mölnlycke)
- Opticell Ag (Medline)

- Optifoam Ag (Medline)
- PolyMem Silver (Ferris Mfg Corp)
- Restore Calcium Alginate With Silver (Hollister)
- Restore Contact Layer With Silver (Hollister)
- Restore Foam Dressing With Silver (Hollister)
- Silvercel (including Silvercel Non Adherent) (Acelity)
- Sorbsan Silver (Pharma-Plast)
- Tegaderm Ag Mesh (3M Health Care)
- Tegaderm Alginate Ag (3M Health Care)

13.4.16 Transparent dressing

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401174	Transparent dressing, 6 cm × 7 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	30 items per year (over 30 items combined per year requires prior approval)	
99401175	Transparent dressing, 10 cm × 12 cm	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400464	Transparent film adhesive dressing - other	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		
99400465	Transparent film dressing, spray	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	Yes		

NIHB is not endorsing any brand and the list below is not exhaustive. The items listed are examples of dressings that may be considered for coverage in this category.

Brand examples

- Bioclusive Plus (Acelity)
- Hypafix Transparent (BSN Medical)
- IV3000 (Smith & Nephew)
- Leukomed T (BSN Medical)
- Mepitel Film (Mölnlycke)
- Opsite - all sizes (Smith & Nephew)
- Opsite Spray (Smith & Nephew)
- Polyskin (Covidien)

- Suresite (Medline)
- Tegaderm Absorbent Acrylic Clear Dressing (3M Health Care)
- Tegaderm Transparent Film (3M Health Care)

13.5 Supplies

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400476	Adhesive remover	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	6 boxes per year	For the long-term use of adhesives (for example: ostomy supplies, dressings, tape)
99400764	Dressing tray	MD, NP, RN, LPN/RPN	GEN	Yes		
99400318	Gloves latex or vinyl, 100bx	MD, NP, RM, RN, LPN/RPN	GEN	No	12 per year	The program provides coverage for a box of 100 gloves only. Requests for quantities of less than a box of 100 gloves are not eligible.

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400319	Irrigation solution (pour bottle)	MD, NP, NSWOC, WOCC(C), RN, RM, LPN/RPN	GEN	No		
99400320	Irrigation syringe (60cc fun tip)	MD, NP, NSWOC, WOCC(C), RN, RM, LPN/RPN	GEN	No	52 per year	
99400411	Protective skin wipes/spray	MD, NP, NSWOC, WOCC(C), RN, LPN/RPN	GEN	No	4 per year	
99400469	Sterile saline, pour bottle	MD, NP, RN, LPN/RPN	GEN	No		
99400818	Other recycled MS&E items	MD, NP, OT, PT	GEN	Yes		

13.6 Servicing

13.6.1 Delivery

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400820	Delivery, incontinence item			Yes		
99401269	Delivery, medical surgical			Yes		

- Previous

- Table of Contents

Report a problem on this page

Date modified:

2022-04-07

About government