



First Nations Health Authority
Health through wellness

FIRST NATIONS HEALTH BENEFITS

Medical Supplies & Equipment

Health Benefits provides coverage for certain Medical Supplies and Equipment (MS&E) for clients who receive care at home. The MS&E benefit is administered through a partnership between Health Benefits and Pacific Blue Cross (PBC). When it is needed, using medical equipment is important for one's safety and can provide clients with greater mobility and independence.

What is covered?

Health Benefits covers items under the following categories:

- ✓ Bathing and Toileting Aids
- ✓ Braces and Splints
- ✓ Cushions and Protectors
- ✓ Diabetic and Heart Patient Devices
- ✓ Foot Orthotics and Orthopedic Shoes
- ✓ General Medical Supplies and Equipment
- ✓ Hearing Aids and Repairs
- ✓ Hospital Beds
- ✓ Lifting and Transfer Aids
- ✓ Limb and Body Orthotics
- ✓ Low Vision Aids
- ✓ Offloading Boots (Air Casts)
- ✓ Ostomy Supplies
- ✓ Oxygen, Sleep, and Breathing Aids
- ✓ Prosthetics and Supplies
- ✓ Surgical Stockings and Pressure Garments
- ✓ Urinary Supplies and Devices
- ✓ Walking Aids and Wheelchairs
- ✓ Wound Care Supplies

Some MS&E items require a prescription or written recommendation. Clients can access detailed information about their benefits through the online PBC Member Profile at www.pac.bluecross.ca or by calling Health Benefits at **1.855.550.5454**. Items and services not listed as a benefit may be covered on an exceptional basis. Call Health Benefits to learn more about exception requests.

Exclusions

Examples of MS&E items that are not covered include:

- Household items
- Home renovations (e.g., ramps, stair lifts)
- Items that are not medically necessary (e.g., items for cosmetic purposes)
- Items required for medical trials or studies
- Sports equipment (e.g., treadmills, exercise items)

Working with providers

Some MS&E providers in BC are registered with PBC and can directly bill for items and services. Clients who see a provider who is not registered with PBC will need to pay out-of-pocket and submit a reimbursement request to PBC after their appointment. MS&E items must be provided by a licensed pharmacy or medical supply and equipment provider to be eligible.

Clients are strongly encouraged to discuss billing with their provider before booking an appointment.

Some questions to ask your provider about billing:

- Are you registered with PBC for direct billing or do I have to pay out-of-pocket?
- Do you require payment up-front for services (i.e., before treatment)?
- Do you charge above the amount covered by Health Benefits?

Accessing MS&E Benefits

SEPTEMBER 2019

1

- Client receives prescription or written recommendation/assessment for an eligible MS&E item and brings it to a licensed MS&E provider.

2

- Provider assesses client and submits approval request to PBC, if necessary.
- PBC reviews approval request and determines eligibility based on benefit guidelines.
- Client learns about any out-of-pocket charges before paying for item.

3

- Client receives medical item or device from provider.

4

- Providers registered with PBC submit invoices directly to PBC.
- Providers not registered with PBC will provide client with an invoice. Client will pay out-of-pocket and submit a reimbursement request to PBC.