

## Social Development Ostomy / Incontinence Policy

### Introduction

The Health Services Ostomy/Incontinence Program assists clients with coverage for specific supplies required for the direct management of a colostomy, ileostomy or urostomy, as well as for catheterization or incontinence.

### Who is Eligible

- Department of Social Development clients and their dependents who hold a valid white Health Card indicating
  - "Supplementary" in the BASIC HEALTH ELIGIBILITY section

**OR**

  - "OS." (Ostomy Supplies) in the ADDITIONAL HEALTH ELIGIBILITY section
- Department of Social Development clients who hold a valid yellow Health Card that indicates
  - a "Y" under the OTH in the VALID ONLY FOR box

**OR**

Clients must not have any other medical coverage to be eligible for full benefits.

### How to Determine Valid Health Card Coverage

Colour of Card	Client groups	ID# characteristics	Coverage indicators
White	<ul style="list-style-type: none"> <li>• Social assistance clients and their dependents</li> <li>• Health Card Only clients (individuals who receive assistance for medical expenses only)</li> </ul>	ID number has 9 digits and begins with "0"	<ul style="list-style-type: none"> <li>• "Supplementary" indicated in the "Basic Health Eligibility" box</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• "OS" (Ostomy supplies) indicated in the "Additional Health Eligibility" box</li> </ul>
Yellow – Type 1	Children with special needs or in care of the Minister	<ul style="list-style-type: none"> <li>• 8 digits and 1 letter beginning with "6" and ending with "C"</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• ID number may have 2 letters and 8 digits beginning with "CW6"</li> </ul>	A "Y" indicated under "OTH" in the "Valid Only For" box
	Adults in residential facilities (special care homes and community residences)	ID number has 8 digits and 1 letter beginning with "9" and ending in "A"	
Yellow – Type 2	Nursing Home residents	ID number has 8 digits and 1 letter beginning with an "8" and ending with an "R"	An "X" indicated under "SUPP" in the "Valid Only For" box
	Mental Health clients	ID number has 8 digits and 1 letter beginning with "96" and ending with "A"	

## Benefits

### OSTOMY SUPPLIES

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>1. Client has undergone a colostomy, ileostomy or urostomy</li> <li>2. Supplies are required for the <b>direct management</b> of the ostomy only.</li> <li>3. Only the most cost effective means of meeting the client's ostomy need will be approved. Brand name products will only be considered when generic products are not available or when generic products will not meet the client's medical needs. (Justification will be required).</li> <li>4. Maximum quantities per month exist for all products paid through this program. In cases where quantities exceed monthly maximums, justification from a health professional will be required to consider exceptions.</li> <li>5. All products have a 30-day time restriction. Any requests for additional quantities of approved products within the same 30 day period must include medical justification from the client's health professional.</li> <li>6. Nurse practitioners and enterostomal nurses may prescribe the same benefits as a physician for this program.</li> </ol>	
<b>Documentation Required</b>	For new clients, new products and annual reviews	<ul style="list-style-type: none"> <li>• Ostomy/ Incontinence Application Form</li> <li>• An estimate</li> </ul>
	For changes to quantities within the current approval period	<ul style="list-style-type: none"> <li>• Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>• A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>• A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• licensed NB pharmacies</li> <li>• licensed NB medical suppliers</li> </ul>	

### ELIGIBLE COLOSTOMY SUPPLIES

Type of System	Eligible Products	Maximum Quantities per month	Maximum Quantities Per year
2-piece systems	Wafers, flanges	20	
	Disposable closed end pouches OR	60 OR	
	Drainable pouches	20	
	Seals, barrier rings	20	
	Convex inserts	20	
1-piece systems	Closed end pouches OR	60 OR	
	Drainable pouches	20	
Accessories	Ostomy belts		6
	Deodorizer (in-pouch only)	1	
	Skin barrier – wipes, paste OR powder	1 pkg/tube	
	Tape (paper only)	3 rolls	
	Adhesive remover		6

	Clamps, tail closures for drainable pouches	1 total	
<b>Irrigation</b>	Irrigation kit (bag, tubing, cone or catheter, syringe, tail closure) OR Cath Tip (Luer Lock) Syringes	1 kit OR 3 total	
	Irrigation sleeve	10	
	Stoma cover, cap	1	
	Mini pouches	10	

#### ELIGIBLE ILEOSTOMY SUPPLIES

Type of System	Eligible Products	Maximum Quantities per month	Maximum Quantities Per year
<b>2-piece systems</b>	Wafers, flanges	20	
	Drainable pouches	20	
	Seals, barrier rings	20	
	Convex inserts	20	
<b>1-piece systems</b>	Drainable pouches	20	
	Eakin seals	20	
<b>Accessories</b>	Ostomy belts		6
	Deodorizer (in-pouch only)	1	
	Skin barrier – wipes, paste OR powder	1 pkg/ tube	
	Tape (paper only)	3 rolls	
	Adhesive remover		6
	Clamps, tail closures for drainable pouches	1 total	
<b>Continent Diversion</b>	Catheter tips,	2	
	Lubricant	1	
	Continent diversion dressings	100	

#### ELIGIBLE UROSTOMY SUPPLIES

Type of System	Eligible Products	Maximum Quantities per month	Maximum Quantities Per year
<b>2-piece systems</b>	Wafers, flanges	20	
	Drainable pouches	20	
	Seals, barrier rings	20	
	Convex inserts	20	
<b>1-piece systems</b>	Drainable pouches	20	
	Leg bags (with tubing)	4	
	Night drainage containers	1	
	Cath Secure OR Adhesive strips	5 OR 30	
<b>Accessories</b>	Ostomy belts		6
	Deodorizer (in-pouch only)	1	
	Skin barrier – wipes, paste OR powder	1 pkg/tube	
	Tape (paper only)	3 rolls	

	Adhesive remover		6
	Clamps, tail closures for drainable pouches	1	
Continent Urostomy	Catheter tips	2	
	Lubricant	1	
	Continent diversion dressings	100	

### CATHETERIZATION SUPPLIES

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>1. Client suffers from urinary incontinence and has been prescribed in-dwelling catheters to manage this condition.</li> <li>2. Supplies are required for the catheterization procedure only.</li> <li>3. Only the most cost effective means of meeting the client's catheterization need will be approved. Brand name products will only be considered when generic products are not available or when generic products will not meet the client's medical needs. (Justification will be required).</li> <li>4. Maximum quantities per month exist for all products paid through this program. In cases where quantities exceed monthly maximums, justification from a health professional will be required to consider exceptions.</li> <li>5. All products have a 30-day time restriction. Any requests for additional quantities of approved products within the same 30 day period must include medical justification from the client's health professional.</li> <li>6. Nurse practitioners and enterostomal nurses may prescribe the same benefits as a physician for this program.</li> </ol>	
<b>Documentation Required</b>	For new clients, new products and annual reviews	<ul style="list-style-type: none"> <li>• Ostomy/ Incontinence Application Form</li> <li>• An estimate</li> </ul>
	For changes to quantities within the current approval period	<ul style="list-style-type: none"> <li>• Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>• A new estimate on a Health Services invoice or E-form indicating the new price for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>• A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• licensed NB pharmacies</li> <li>• licensed NB medical suppliers</li> </ul>	

### ELIGIBLE CATHETERIZATION SUPPLIES

Type of System	Eligible Products	Maximum Quantities per month	Maximum Quantities Per year
In-dwelling Catheters	In-dwelling catheters	4	
	Leg bags with straps, adaptors & clamps	4	
	Night drainage containers	4	
	Extension tubing	4	
	Foley catheter trays	4 trays	
	Irrigation trays OR Cath Tip (Luer Lock) Syringes	8 trays OR 3 total	

	Irrigation solution (Saline or sterile water)	1000 ml total	
	Cath Secure OR Adhesive strips	5 OR 30	
External (Texas) catheters	External catheters	30	
	Leg bags ( including straps, adaptors & clamps)	4	
	Night drainage containers	1	
	Quick drain valve	1	
	Cath Secure OR Adhesive strips	5 OR 30	
Intermittent Catheters	Intermittent catheters	120	
	Lubricant	2 tubes OR 2 pkgs of lubricating packets	

### INCONTINENCE & MISCELLANEOUS SUPPLIES

Eligibility Criteria / Limitations	<ol style="list-style-type: none"> <li>1. a) Client must be approved for ostomy or catheterization supplies by the Health Services Program <b>AND/OR</b> b) Client must use a wheelchair on a long term, full time basis *</li> <li>2. Supplies required for the <b>direct management</b> of the incontinence only.</li> <li>3. Only the most cost effective means of meeting the client's incontinence need will be approved. Brand name products will only be considered when generic products are not available or when generic products will not meet the client's medical needs. (Justification will be required).</li> <li>4. Maximum quantities per month exist for all products paid through this program. In cases where quantities exceed monthly maximums, justification from a health professional will be required to consider exceptions.</li> <li>5. All products have a 30-day time restriction. Any requests for additional quantities of approved products within the same 30 day period must include medical justification from the client's health professional.</li> <li>6. Nurse practitioners and enterostomal nurses may prescribe the same benefits as a physician for this program.</li> </ol> <p>* <b>NOTE:</b> If wheelchair was not purchased by the Health Services Program, it will be necessary to provide confirmation that the client has a long term need for a wheelchair.</p>				
	Documentation Required	<table border="1"> <tr> <td>For new clients, new products and annual reviews</td> <td> <ul style="list-style-type: none"> <li>• Ostomy/ Incontinence Application Form</li> <li>• An estimate</li> </ul> </td> </tr> <tr> <td>For changes to quantities within the current approval period</td> <td> <ul style="list-style-type: none"> <li>• Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>• A new estimate on a Health Services claim form or E-form indicating the new</li> </ul> </td> </tr> </table>	For new clients, new products and annual reviews	<ul style="list-style-type: none"> <li>• Ostomy/ Incontinence Application Form</li> <li>• An estimate</li> </ul>	For changes to quantities within the current approval period
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		price for the product(s)
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>licensed NB pharmacies</li> <li>licensed NB medical suppliers</li> </ul>	

**ELIGIBLE INCONTINENCE & MISCELLANEOUS SUPPLIES**

Type of System	Eligible Products	Maximum Quantities per month	Maximum Quantities Per year
<b>Disposable Products</b>	Diapers Incontinence briefs, Incontinence pads	240 total	
	Under pads Chair pads Bed pads	240 total	
	Liners Inserts	240 total	
<b>Washable Products</b>	Diapers Incontinence briefs Waterproof covers	3 total	
	Under pads Chair pads Bed pads	3 total	
<b>Miscellaneous Supplies</b>	Non sterile gloves	200	
	Non-medicated barrier cream	2 tubes	

**LAXATIVES**

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>Client suffers from constipation that has not been alleviated despite consuming at least 1500 ml of fluid daily and a high fibre diet.</li> <li>Only the most cost effective laxatives that will meet the client's need will be approved. Brand name products will only be considered when generic products are not available or when generic products will not meet the client's medical needs. (Justification will be required).</li> <li>Maximum quantities per month exist for this benefit. In cases where quantities exceed monthly maximums, justification from a health professional will be required to consider exceptions.</li> <li>All products have a 30-day time restriction. Any requests for additional quantities of approved products within the same 30 day period must include medical justification from the client's health professional.</li> <li>Nurse practitioners and nurses may prescribe the same benefits as a physician for this program.</li> </ol>	
<b>Documentation Required</b>	For new clients, new products and annual reviews	<ul style="list-style-type: none"> <li>Ostomy/ Incontinence Application Form</li> <li>An estimate</li> </ul>
	For changes to quantities within the current approval period	<ul style="list-style-type: none"> <li>Detailed information from a qualified health professional (see above) justifying the change in quantities</li> </ul>

		<p>required and the duration of the need.</p> <ul style="list-style-type: none"> <li>• A new estimate on a Health Services invoice or E-form indicating the new price for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>• A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• licensed NB pharmacies</li> <li>• licensed NB medical suppliers</li> </ul>	

### ELIGIBLE LAXATIVES

Product	Format	Maximum Quantities per month
Sennosides	8.6 mg tablets	120 tablets
Polyethylene Glycol	3350 powder	510 grams
Lactulose	667 mg/ml oral liquid	1000 millitres
Bisacodyl	5 or 10 mg suppository	15 suppositories
Sodium phosphate	enema	10 enemas

### SPECIAL AUTHORIZATION BENEFITS

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>1. Client must be approved for ostomy, catheterization or incontinence supplies by the Health Services Program.</li> <li>2. All products require medical justification from a qualified health professional which explains why the product is medically essential for the client and for how long the need will exist.</li> </ol>	
<b>Documentation Required</b>	For new clients, new products and annual reviews	<ul style="list-style-type: none"> <li>• Ostomy/ Incontinence Application Form</li> <li>• An estimate</li> </ul>
	For changes to quantities within the current approval period	<ul style="list-style-type: none"> <li>• Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>• A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>• A new estimate on a Health Services claim form or E-form indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• licensed NB pharmacies</li> <li>• licensed NB medical suppliers</li> </ul>	
<b>Eligible supplies</b>	<ul style="list-style-type: none"> <li>• Cleansing products</li> <li>• Special or medicated skin creams</li> <li>• Transparent &amp; hydrocolloid dressings</li> <li>• Any waterproof or hypoallergenic products</li> <li>• Absorbent flakes or capsules</li> </ul>	

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|  | <ul style="list-style-type: none"><li>• Cecostomy supplies</li><li>• Quantities above and beyond the maximums indicated above</li></ul> |
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## INELIGIBLE PRODUCTS

The following items **are not** covered by the Health Services Ostomy/ Incontinence Program:

- Gloves used for general patient care
- Sterile gloves
- Intestinal remedies and other over the counter medications
- General purpose moisturizers
- Prescription drugs
- Dressings for wounds other than an ostomy site
- Pouch covers
- Room deodorants
- Rubbing alcohol or alcohol swabs
- Antiseptic
- Scissors, stoma hole cutters when not provided with the appliance
- Wipes – medicated and non-medicated
- Anti-diarrheal products
- Bowel prep products
- Stool softeners
- Any products **not directly** related to management of an ostomy, catheterization or incontinence