



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 are eligible for Health Benefits. The MS&E benefits are provided through a partnership between Health Benefits and Pacific Blue Cross (PBC). When it is needed, using medical supplies and equipment is important for a client's safety and for providers to work 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](http://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

**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.