

Canada Wide Reimbursement Programs

Each of these programs are applicable and available to every Canadian that qualifies

Canadian Disability Tax Credit

The Disability Tax Credit helps taxpayers with an "eligible disability" reduce the income tax they have to pay.

"Elimination"; meaning bowel or bladder functions, is one of 7 listed disabilities. For the purposes of this non refundable tax credit, two definitions are important as follows:

Markedly restricted. This means that, at least 90% of the time, you cannot perform, or it takes you longer to perform, a basic activity of daily living which, for an ostomates, is elimination. An ostomate by definition has had all or part of an organ, the colon or the bladder, amputated. Eliminating waste through a hole in your abdomen is not normal. If you have a permanent ostomy you are markedly restricted 100% of the time.

Inordinate amount of time. This is a "clinical judgement" by a doctor who is able to say that elimination (using the bathroom) takes you three times as long or longer than it would have done before you had any complication). Many ostomates are keenly aware of the time and care that is necessary to properly manage elimination. The following examples are not intended to be exhaustive but are some of the frequent issues we deal with on a day to day basis that may result in an ostomates taking 3 or more times as long to perform the function of elimination.

[Click here to see the pamphlet produced by Ostomy Canada Society.](#)

The Home Care Veterans Independence Program

Health and Support Services

Coverage is 100% reimbursement with completed forms

Forms for Veteran Independence Program

<http://www.veterans.gc.ca/eng/services/health/veterans-independence-program/apply>

For more assistance, you may call 1-866-522-2122 (toll-free) Monday to Friday, 8:30 to 4:30, local time.

First Nations and Inuit Health Non Insured Health Benefits Program

100% Coverage when forms are completed for Medical Supplies and Equipment Benefits

<http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/index-eng.php>

Forms for NIHB Programs and Benefits

<http://provider.express-scripts.ca/medical-supplies-and-equipment/provider-information>

Medical Supplies and Equipment Benefit Information

Improved Access to Ostomy Supplies

NIHB is changing its approval process for ostomy pouches and flanges to simplify access for clients who need them on a permanent basis. Effective March 16, 2015, clients with a *permanent* medical condition can be approved for two years instead of one. Your provider will help you with this approval.

Clients with a temporary medical condition will continue to require a yearly prescription.

Please be reminded that NIHB covers eligible claims which are not covered by other federal, provincial, territorial or private health insurance plans. When an NIHB-eligible client is also covered by another public or private health care plan, claims must be submitted to the other plan first.

Alberta Wide Reimbursement Programs

Each of these programs are applicable and available to every Resident of Alberta that qualifies

Alberta Supplies that ARE covered AADL

Alberta Health – Professional Services and Health Benefits
Alberta Aids to Daily Living Manual M – Medical Surgical Benefits Approved Product List

Prices reflect the maximum contribution by the
Alberta Aids to Daily Living (AADL) program
and is subject to COST SHARE

OSTOMY SUPPLIES				
Generic description, uses and restrictions				
Benefit Specific Eligibility Criteria: <ul style="list-style-type: none"> Noted in bold underlined print – must be documented on authorization (1250) form. 				
AADL vendors: <ul style="list-style-type: none"> Offer clients a choice of products that meets AADL generic description and product standards at or below AADL's price. Only provide 2 months' supply at a time and may not submit claims for over quantity. 				
Quantities: <ul style="list-style-type: none"> Are determined on client's basic <u>need</u>, not quantity maximum. Different types of pouches may be authorized for same client – total quantity must not exceed maximum limit of single type Quantities of pouches cannot be added together to increase quantity limit. 				
Pricing: <ul style="list-style-type: none"> Pricing for all pouches is based on products with filters. Open end pouch prices are based on self-closure products. 				
OSTOMY POUCHES				
CAT. No.	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M001	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Closed end with seal 	210/2 mo	\$5.10
M003	Two-Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Closed end 	210/2 mo	\$3.02
M005	One-Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Drainable Self-closure 	30/2 mo	\$7.79
M006	Two-Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> Drainable Self-closure 	30/2 mo	\$6.64
M008	Two-Piece Urostomy Pouch	<ul style="list-style-type: none"> Regular Wear 	30/2 mo	\$7.63
M009	One-Piece Urostomy Pouch	<ul style="list-style-type: none"> Regular Wear 	30/2 mo	\$13.42
M010	Vinyl Reusable Ileostomy/Urostomy Pouch	<ul style="list-style-type: none"> Requires separate faceplate Available only to AADL clients previously approved for product 	20/2 mo	\$9.65

OSTOMY POUCHES				
AADL cat. #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M011	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> • Drainable • Regular wear with convexity 	30/2 mo	\$13.76
M012	One Piece Urostomy Pouch	<ul style="list-style-type: none"> • Regular wear without convexity 	30/2 mo	\$14.87
M013	One Piece Urostomy Pouch	<ul style="list-style-type: none"> • Extended wear without convexity 	20/2 mo	\$13.95
M014	One Piece Urostomy Pouch	<ul style="list-style-type: none"> • Extended wear with convexity 	20/2mo	\$14.56
M020	Reusable Rubber Colostomy/Ileostomy/Urostomy Pouches	<ul style="list-style-type: none"> • For use with faceplate • Available only to clients previously authorized for product 	1/2 mo	\$96.53
M022	High Output Urostomy Night Drainage Pouch	<ul style="list-style-type: none"> • For output not managed with use of regular pouch (document on 1250 form). 	30/2 mo	\$9.82
M024	High Output Pouch	<ul style="list-style-type: none"> • For output not managed with use of regular pouch (document on 1250 form). 	30/2 mo	\$17.14
M035	Pediatric Colostomy/ Urostomy/ Ileostomy Two Piece Pouch	<ul style="list-style-type: none"> • Drainable 	50/2 mo	\$4.50
M037	One Piece closed end pouch	<ul style="list-style-type: none"> • Closed end with seal • With convexity 	210/2mo	\$7.47
M170	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> • Drainable • Extended wear 	20/2 mo	\$9.09
M171	One Piece Colostomy/Ileostomy Pouch	<ul style="list-style-type: none"> • Drainable • Extended wear with convexity 	20/2 mo	\$16.05
M172	Pediatric One piece drainable Pouch	<ul style="list-style-type: none"> • Colostomy/ Urostomy/ Ileostomy Pouch 	50/2mo	\$8.14
M174	Pediatric One-Piece Colostomy Pouch	<ul style="list-style-type: none"> • Closed end with seal 	300/2 mo	\$6.48

OSTOMY SUPPLIES				
Benefit Specific Eligibility Criteria: <ul style="list-style-type: none"> Noted in bold underlined print – must be documented on authorization (1250) form. AADL vendors: <ul style="list-style-type: none"> Offer clients a choice of products that meets AADL generic description and product standards at or below AADL's price. Only provide 2 months' supply at a time and may not submit claims for over quantity. Quantities: <ul style="list-style-type: none"> Are determined on client's basic need, not quantity maximum. If a client clinically requires a combination of paste and strips, the client may have proportional quantities. 				
INSERTS, FACEPLATES, SKIN BARRIER WAFERS/FLANGES				
AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M018	Convex Inserts	<ul style="list-style-type: none"> Improves seal around a problem stoma Increases wafer wearing time 	30/2 mo	\$4.88
M025	Plastic Faceplate for M 020	<ul style="list-style-type: none"> Grand fathered product - for AADL clients previously authorized for product 	2/2 mo	\$24.80
M026	Rubber Faceplate for M 010	<ul style="list-style-type: none"> Grand fathered product - for AADL clients previously authorized for product 	1/2 mo	\$60.75
M036	Stoma Collar	<ul style="list-style-type: none"> Improves wear time to minimum 3-5 days (document on 1250 form). 	20/2 mo	\$8.00
M073	Skin Barrier Wafer	<ul style="list-style-type: none"> Regular Wear with Flange 	30/2 mo	\$9.16
M078	Skin Barrier Wafer - Convexity	<ul style="list-style-type: none"> Regular Wear with Flange 	30/2 mo	\$12.69
M079	Skin Barrier Wafer – Extended wear	<ul style="list-style-type: none"> With or without flange 	20/2 mo	\$11.30
M173	Pediatric Skin Barrier Wafer – regular wear	<ul style="list-style-type: none"> For pediatric clients 	50/2 mo	\$9.60
M175	Pediatric Skin Barrier Wafer – extended wear	<ul style="list-style-type: none"> For pediatric clients 	50/2 mo	\$11.30
M180	Skin Barrier Wafer	<ul style="list-style-type: none"> Extended wear with Convexity 	20/2 mo	\$18.00

OSTOMY SUPPLIES				
Benefit Specific Eligibility Criteria: <ul style="list-style-type: none"> Noted in bold underlined print – must be documented on authorization (1250) form. AADL vendors: <ul style="list-style-type: none"> Offer clients a choice of products that meets AADL generic description and product standards at or below AADL's price. Only provide 2 months' supply at a time and may not submit claims for over quantity. Quantities: <ul style="list-style-type: none"> Are determined on client's basic <u>need</u>, not quantity maximum. Quantities of paste and strips cannot be added together to increase quantity limit. <p>If a client clinically requires a <u>combination</u> of paste and strips, the client may have proportional quantities.</p>				
SKIN BARRIER ACCESSORIES				
AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M069	Skin Barrier Seals/Rings/Sheets	<ul style="list-style-type: none"> Protects area around stoma Includes Eakin Seals, Karaya washers, rings and wafers Without flange 	20/2 mo	\$9.06
M080	Skin Barrier Paste	<ul style="list-style-type: none"> 57 gram tube or larger 	3/2 mo	\$21.37
M121	Ostomy Tape – 1 or 2"	<ul style="list-style-type: none"> Price based on 2" tape 	5/2 mo	\$6.50
M126	Adhesive Disc	<ul style="list-style-type: none"> Plastic/Rubber Used with faceplate (M026) Grandfathered product – for AADL clients previously authorized for product 	20/2 mo	\$1.78
M181	Ostomy Barrier Strips	<ul style="list-style-type: none"> Box of 10 strips 	3 boxes/2 mo	\$31.30
OSTOMY ODOR CONTROL				
M049	Appliance Odor Control – liquid	<ul style="list-style-type: none"> Based on 8 oz. bottle Does not include room deodorants 	1/2 mo	\$39.14

OSTOMY SUPPLIES FOR IRRIGATION/DIVERSION				
AADL Cat #	Description of Benefit	Additional Details	Quantity and Frequency Limit	Price Maximum
M030	Ostomy Irrigation Kits	<ul style="list-style-type: none"> Includes reusable bag, irrigator tip (cone or catheter), and tubing. 	1/2 mo	\$65.14
M031	Reusable Ostomy Irrigation Sleeves	<ul style="list-style-type: none"> Used in conjunction with M030 irrigation kit 	30/2 mo	\$10.99
M136	Continent Ostomy Diversion Catheters	<ul style="list-style-type: none"> Used for irrigation or drainage of continent diversion Large bore catheters drain stool from an Indiana or Koch pouch (document on 1250 form). 	2/2 mo	\$7.96
M160	Continent Diversion Dressings – adhesive pad	<ul style="list-style-type: none"> Adhesive dressings with a built-in absorbent pad Approximately 5 cm x 7.5 cm (2" x 3") For client with a functioning stoma (document on 1250 form). Alternative to pouch 	300/2 mo	\$1.09
M164	Continent Diversion Dressing – clean gauze	<ul style="list-style-type: none"> 10cm x 10 cm (4" x 4") For client with a functioning stoma (document on 1250 form). Alternative to pouch 	400/2 mo	\$0.06
OSTOMY HERNIA BELTS				
M041	Ostomy Hernia Belt - Custom	<ul style="list-style-type: none"> For difficult to fit clients when ready-made option does not meet the client's basic need For client with abdominal girth greater than 52"(document on 1250 form). 	2/12 mo	\$277.95
M115	Ostomy Hernia Belt - Customized ready-made	<ul style="list-style-type: none"> For client with inoperable parastomal or incisional hernias. (Document on 1250 form). Fits clients with abdominal girth less than 52" 	2/12 mo	\$189.10
M117	Ostomy Belt – extended wear	<ul style="list-style-type: none"> Extends pouch wear time to a minimum 3-5 days (Document on 1250 form). 	2/12 mo.	\$15.50

British Columbia Wide Reimbursement Programs

Each of these programs are applicable and available to every Resident of BC that qualifies

BC Pharmacare Ostomy Supplies that ARE covered

Ostomy Supplies

PharmaCare covers ostomy supplies for patients who have undergone surgery on the bowel and/or bladder that results in a colostomy, ileostomy or urostomy. Actual coverage is subject to the rules of the patient's PharmaCare plan, including any deductible requirements.

To be eligible you must be covered by one of the following PharmaCare plans:

- Fair PharmaCare
- Plan B (Residential Care)
- Plan C (B.C. Income Assistance)
- Plan F (At Home Program)

PharmaCare Ostomy Benefits

BC Pharmacare:

Most BC residents are eligible for coverage for ostomy supplies under Fair Pharmacare. This plan provides coverage based on your family's net income from 2 years previous e.g. for 2016 the deductible is based on 2014 income. This can however, be reassessed if your income has dropped by 10% from the year your deductible was assessed. As well, you can arrange to have the deductible be spread out over the year. The deductible is the amount of money each family has to pay out of pocket before the Pharmacare program covers any costs for supplies and prescriptions.

First Nations health Authority (FNHA) or NHIB is also now using Pharmacare to cover their members supply costs.

Pharmacare requires a one-time registration. Registration for Pharmacare can be done on-line at www.health.gov.bc.ca/pharmacare/ or by calling toll-free 1-800-663-7100.

Your ostomy order will then be processed through Pharmacare like a prescription (you do not need a prescription for ostomy supplies). The receipt the pharmacy provides to you will indicate how much you pay and how much Pharmacare is covering.

PharmaCare Ostomy Benefits

The table below lists the ostomy supplies that are eligible for coverage for patients who have undergone surgery on the bowel and/or bladder that results in a colostomy, ileostomy, or urostomy, requiring the application of an external pouch. Actual coverage is subject to the rules of the patient's PharmaCare plan, including any deductible requirements.

Questions? Please contact the [Health Insurance BC](#).

NOTE: Products listed in the right-hand column are examples only. Listing does not represent an endorsement of these products. Coverage is not limited to these products or manufacturers.		
PIN	PRODUCT	PRODUCT EXAMPLES / NOTES
88123418	Ostomy Pouch - Drainable	Coloplast Sen Sura Pouch #10471
88123420	Ostomy Pouch - Closed	Hollister Center Point Lock Pouch #3347
88123431	Ostomy Pouch - Urostomy	Coloplast Urostomy pouch #5570
88123443	Stoma caps, colostopads	Hollister #1796
88123455	Ostomy Flanges and convex inserts	Coloplast Assura Flange #14246
88123467	Colostomy irrigation sets	ConvaTec #1916
88123479	Colostomy irrigation cone, tip, faceplate, sleeves	ConvaTec VisiFlow Cone , Hollister Sleeves #7728,
88123480*	Urostomy night drainage sets	ConvaTec #27060
88123492*	Urostomy tubing and adaptor	ConvaTec Accuseal Adaptor
88123510*	Urostomy legbag and straps	Hollister #9825
88123522	Tape for securing the edges of an ostomy pouch—paper type only	3M Paper tape
88123534	Ostomy skin barriers	Eakin Seals #83900, Hollister Skin Barriers
88123546	Skin care wipes, sprays and adhesive removers	Hollister Skin Gel Wipes, ConvaTec All Kare Wipes
88123558	Ostomy paste, cement and powder	Stomahesive Powder #5507, Hollister Adapt Paste #9301
88123560	Ostomy accessories—belt (excluding ostomy support belts), belt rings, closures, filters, and guide strips	Hollister filters #7766, ConvaTec belt #175507
88123571	Ostomy adhesive spray	Hollister 7730
88123583	Tincture of benzoin	
88123595	Ostomy Pouch - reusable style	Marlen Neoprene, Permatype, Torbot
88123613	Accessories for reusable ostomy pouches (That is, accessories for PIN 88123595 above)	Belts to hook onto a reusable pouch
88123625	Faceplates for reusable ostomy pouches (That is, faceplates for PIN 88123595 above)	Permatype, Marlen
88123637	Internal deodorants (oral tablets)	200mg capsules of bismuth subgallate

*Please note that these PINs are benefits only for those patients using Ostomy Pouch - Urostomy (PIN 88123431)

Non-benefit items

The following items are not benefits.

Please note: Exclusion of a product from this list does not imply it is a benefit product.

- Catheters-for any use, including
 - for management of any medical or post-surgical condition
 - all products for management of Continent Urostomies-catheters, absorbent pads (including PINs 88123480, 88123492 and 88123510**)
 - All products for the management of nephrostomy tubes, feeding tubes, other drainage tubes, wound drainage-such as Hollister Drain Tube Attachment Device, urinary drainage collection equipment (including PINs 88123480, 88123492 and 88123510)
- All products for management of urinary incontinence-catheters, condoms, drainage containment equipment, diapering systems, incontinence pads, tubing and adapters (including PINs 88123480, 88123492 and 88123510)
- Cotton covers for pouches or night drainage bottles
- Pouch Liners- such as Colo Majic
- Stoma hole cutters
- Ostomy support belts-such as Nu Hope
- Skin protectants-such as Marathon Skin Protectant
- Creams-such as Sween Cream, Chiron Cream, BAZA cream
- Cleansers-such as Uni-Wash, ConvaTec AloeVesta products
- Lubricants- such as KY Jelly, Hollister Stoma Lubricant
- Tapes (other than paper-type)- such as Waterproof tape, Elastoplast, Brava Elastic Barrier Strps, Brave Elastic Tapes StraightTransparent dressings-such as Opsite, Tegaderm
- Room deodorants-such as M9
- In-pouch deodorants- such as Uri-Kieen, M9, Banish,
- Hydrocolloid dressings- such as DuoOerm, Restore, Tegasorb
- Instruments-such as scissors, dressings sets
- Alcohol swabs, sterile and unsterile gauze

** Please refer to note on previous page for PINs 88123480, 88123492, 88123510.

Only items purchased from authorized PharmaCare providers are eligible, if they meet the Ostomy Program criteria. Items purchased through online suppliers are not eligible for coverage.

The Ostomy Program does not provide coverage for any items, even if they are shown as a benefit, when the product is not used for the purposes stated. Non-benefits uses include products used for management of a catheter, diabetes, insulin pumps, wound care, ineligible types of ostomy (e.g., a cecostomy, nephrostomy tubes), feeding tubes or urinary incontinence.

BC Fair Pharmacare Calculator

To calculate which percentage the Pharmacare program covers you for and what your deductibles and family maximums are, [CLICK HERE](#)

Deductible: Each year, your family is responsible for 100% your eligible prescription drug and medical supply costs until you reach your deductible. Once you reach this amount, PharmaCare pays a percentage of your eligible costs for the rest of the calendar year.

PharmaCare portion: PharmaCare pays a portion of your eligible costs after you reach your deductible until the end of the year or until you reach your family maximum. You pay only the remaining cost. For example, if the PharmaCare portion is 70%, you would pay the remaining 30% until you reach your family maximum.

Family Maximum: The family maximum protects you (and, if applicable, your family) from high expenses. If your contributions towards eligible costs reach this amount, PharmaCare pays 100% of your eligible costs for the rest of the year.

Eligible costs: If PharmaCare does **not** cover an item, you are responsible for the full cost. If PharmaCare **does** cover an item, it sets a maximum amount it will cover for the prescription, medical supply and dispensing fee. If a pharmacy or medical provider charges more than the maximum, you pay the difference in cost. Only eligible costs count towards your annual deductible and family maximum.

There are other financial resources available in BC, check this link: <http://www.bccancer.bc.ca/coping-and-support-site/Documents/Financial%20Support%20programs%20june2016.pdf>

Ostomy Supply Coverage for the Province of Manitoba



Manitoba

Through MOP (Manitoba Ostomy Program) clients are provided with supplies at no charge.

If a client wishes to purchase a specific item not covered by MOP, they pay the full retail price with no reimbursement. A person is registered with the program either at the time of hospital discharge or by contacting an ET Nurse. Once an assessment by an ET Nurse has been completed, decisions are made regarding the type and quantity of supplies. Products then may be ordered on a bi-monthly basis. If a new item is requested, an ET Nurse must order the item the first time to monitor the quantity and combination of supplies being used. Clients who are noted to be using large quantities of supplies are reassessed by the program ET Nurse.

Ostomy Supply Coverage for the Province of New Brunswick

New Brunswick Medicare Health Services Ostomy / Incontinence Program

1-888-762-8600

http://www2.gnb.ca/content/gnb/en/departments/social_development/services/services_renderer.8135.Health_Services_Ostomy_Incontinence_Program_.html

Forms to apply for coverage: <http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HealthServices/forms/ostomyfrm-bil.pdf>

<http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/HealthServices/forms/ostomyfrm-bil.pdf>

Currently NB has no government coverage for the general public.

The Program is only available to:

- Clients of New Brunswick Medicare and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations

** Eligible services are paid monthly but quantities and frequencies are monitored

Ostomy Supply Coverage for the Province of NFLD & LBDR

Newfoundland & Labrador

Ostomy Subsidiary Program - Nfld. And

Labrador Prescription Branch

709-753-3615



Newfoundland & Labrador

Social Assistance recipients with a valid Drug Card receive 100% coverage. Eligible Senior Citizens (those on Guaranteed Income Supplement) and with a valid Seniors Drug Card, can apply for reimbursement of 75% through the Ostomy Subsidy Program. The

Newfoundland and Labrador Cancer Society often cover the first purchase of supplies for

new ostomates provided the cause of the surgery was cancer. There is no further support.

Addendum and correction:

As of November 2018, residents can apply to the Special Assistance Program. Coverage under this program will have a client contribution. This contribution is based on the client's income and cost of his supplies.

Also, only certain areas of the province provide coverage for first time supplies to ostomates due to cancer. These funds are raised and administered locally. The Canadian Cancer Society of NL does not provide any support to ostomates for their supplies.

Ostomy Supply Coverage for the Province of Nova Scotia

Nova Scotia

Nova Scotia Department of Health
and Community Services
902-424-5074

Family Pharmacare Program

The Nova Scotia Family Pharmacare Program designed to help Nova Scotians with the cost of their prescription drugs.

The Program offers protection against drug costs for families who have no drug coverage or if the cost of the prescription drugs becomes a financial burden to them

The Program is available to all Nova Scotians with a valid Nova Scotia Health Card.

The Family Pharmacare Program pays for drugs and devices which are indicated as benefits in the Nova Scotia Formulary.

[Click here for the Formulary](#)

To be eligible for the Family Pharmacare Program, you must:

- Be a permanent resident of Nova Scotia with a valid Nova Scotia Health Card
- Agree to family income verification through Canada Revenue Agency each year
- Agree to provide family size information each year

A resident who meets these criteria is not eligible for benefits under the Family Pharmacare Program if they are receiving drug coverage through the:

- Nova Scotia Seniors' Pharmacare Program,
- Nova Scotia Diabetes Assistance Program,
- Under 65-Long Term Care Pharmacare Plan, or
- Any Nova Scotia Department of Community Services Pharmacare Benefits

Seniors' Pharmacare Program

Seniors on a guaranteed income supplement will continue to be exempt from paying premiums and the co-payment will remain at 30 per cent per prescription to a maximum of \$382 per year.

Single seniors earning less than \$22,986 will not pay a premium while those earning \$22,986 to \$35,000: will pay up to \$424/year.

Couples with a combined income between \$26,817 and \$40,000 will each pay a reduced premium of less than \$424 per year.

For questions about NS Pharmacare, please contact 1-800-305-5026

Ostomy Supply Coverage for the Territory of Nunavut



Nunavut

All full time residents of Nunavut are covered by the First Nations Inuit Health Branch for 100% of the costs of their ostomy supplies. Much like coverage of medications, a prescription is required. The prescription must be filled at a pharmacy capable of 3rd party billing, which may

not be available at all pharmacies.

No National Program applicable for residents of Nunavut

Ostomy Supply Coverage for the NorthWest Territories

Northwest Territories

Northwest Territories Health &
Social Services
1-800-661-0830



Northwest Territories

Seniors over the age of 60, and those registered on social assistance are provided 100% coverage for prescribed supplies. Other individuals may submit a letter from their physician to obtain approval from the Department of Health and Social Services for coverage, should this be granted, full coverage is provided.

<http://www.hss.gov.nt.ca/health/nwt-health-care-plan/extended-health-benefits-specified-disease-conditions>

Ostomy Supply Coverage for the Province of Ontario

The Assistive Devices Program

How much money will I get to help pay for my ostomy supplies?

If you have one ostomy, you are eligible to receive \$787.50 per year

In September 2016, this amount will increase to \$975 per year.

If you have two ostomies, for example, a colostomy and a urostomy, you will receive \$1575 per year.

If you are receiving social assistance benefits under Ontario Works (OW), Ontario Disability Support Program (OSDP), or Assistance to Children with Severe Disabilities (ACSD), or are a Residents of Registered Long Term Care Homes, then you are eligible to receive \$1050 per ostomy.

In September 2016, this amount will increase to \$1300 per year.

Prince Edward Island

NEW PROGRAM TO START JANUARY 2019 see below

Prince Edward Island

Emergency Assistance Program: PEI

Cancer Treatment Centre

902-894-2027

PEI's new Ostomy Supplies Program

PEI NSWOC nurses were included in the discussion how the program would be rolled out and NSWOCs can complete the required paper work for application.

There are approximate 585 people with ostomies in PEI. The new ostomy supplies program will be available to all Islanders with permanent ostomies.

Through the program government will provide varying rates of coverage based on income and subject to payer of last resort, to all people with permanent ostomies, up to \$2,400/year.

Coverage rates per ostomy are illustrated in the table below. Where a client has private health insurance, the amounts paid by the government and client are applied to the amount not covered by the insurer.

Income tier	Government coverage rate per ostomy	Client Pays
\$0-\$19,999	90%	10%
\$20,000 - \$49,999	80%	20%
\$50,000 - \$99,999	70%	30%
\$100,000+	60%	40%

The new program will come into effect January 1, 2019

Additional ostomy support will continue to be provided for low-income individuals who qualify for AccessAbility Supports through the Department of Family and Human Services.

Ostomy supplies

Ostomy surgery is a procedure that allows bodily waste to pass through a surgically created opening (stoma) on the abdomen into a prosthetic (ostomy bag or pouch) on the outside of the body. An ostomy may be due to birth defect, cancer, inflammatory bowel disease, and severe abdominal or pelvic trauma, among other conditions.

Colostomies, urostomies, and ileostomies are the most common types of ostomy procedures.

Ostomies may be temporary or permanent, and require costly supplies to manage. Individual needs for supplies vary depending on the type of ostomy, but generally include:

- Skin wafers: flange that fits around the stoma
- Ostomy pouches: waste collection pouch available in various shapes/sizes
- Adhesive removers: used to treat the skin where the wafer attaches around the stoma
- Skin barrier wipes: help keep the skin around the stoma free of infection
- Stoma powders, pastes, and barrier rings: assist with the adherence of skin wafers
- Ostomy belts: keep skin wafers in place with pressure

Ostomy Supply Coverage for the Province of Quebec

1-800-561-9749

<http://www.ramq.gouv.qc.ca/en/citizens/aid-programs/Pages/appliances-permanent-ostomates.aspx>

Appliances for ostomates

Since October 1, 2018, persons having undergone a temporary colostomy, ileostomy or urostomy qualify for the program. And, for a permanent ostomy, the lump-sum amount paid out has also been increased.

Who is eligible?

To qualify for the Ostomy Appliances Program, you must meet the following conditions:

- Be insured by the Québec Health Insurance Plan
- Have undergone a permanent or temporary colostomy, ileostomy or urostomy

Covered services

For each ostomy, the program provides for an annual lump-sum payment of:

- \$1,200 for a permanent ostomy
- \$800 for a temporary ostomy

The amount granted is intended for the purchase of your supplies (bags and other products) and their replacement. You have to pay the overcost if the amount of your invoice exceeds the lump-sum amount granted under the program. If you have private insurance, check with your insurer to find out if it covers the difference.

Closure of your stoma or change in your physical condition

You must notify us without delay of the closure of your stoma or a change in your physical condition. You can do so in writing, over the phone or in person.

Specific conditions for a temporary ostomy

The annual lump-sum amount for persons with a temporary ostomy (recent or not) is granted only as of October 1, 2018. You may be entitled to an amount of \$800 if you register for the program and provide the required documents. Starting April 1, 2019, this amount will be paid out in 2 instalments of \$400:

- As soon as the application is admissible
- 6 months after the surgery

Transitional measure applicable until March 31, 2019

Until March 31, 2019, the lump-sum payment of \$800 will be paid out in a single instalment.

Procedure for obtaining the lump-sum payment

You must carry out the 3 following steps for each ostomy, as part of your 1st application for registration. If necessary, we may request other documents necessary for the assessment of your application.

1. Complete and print the form Registration for the Ostomy Appliances Program
2. Obtain a medical prescription
3. Mail the completed form and medical prescription to the following address:

Régie de l'assurance maladie du Québec

Programme relatif à l'appareillage pour les personnes stomisées – DGPHQATF

Case postale 6600
Québec (Québec) G1K 7T3

We recommend that you keep copies of the documents that you send us.

Information necessary on the medical prescription

The medical prescription must contain the following clearly legible information:

- Your first and last names
- Your date of birth or Health Insurance Number
- The date and type of surgery (colostomy, ileostomy or urostomy)
- Confirmation of the permanent or temporary character of the ostomy
- The first and last names, and the permit number of the physician
- The date of the prescription
- The physician's signature

Ostomy Supply Coverage for the Province of Saskatchewan



Saskatchewan

Through SAIL (Saskatchewan Aids to Independent Living) a 50% reimbursement is supplied to all registered participants. Patients must have a qualifying ostomy and have been referred by an enterostomal therapist. Patients are required to pay the full cost of the supplies and submit receipts for reimbursement.

Saskatchewan Aids to Independent Living

306-787-7121

<http://www.saskatchewan.ca/residents/health/accessing-health-care-services/health-services-for-people-with-disabilities/sail#special-benefit-programs>

Ostomy Supply Coverage for the Yukon Territories

Yukon Chronic Disease Programs

867-667-5403



Yukon Territories

Full coverage is provided to Yukon residents who are registered with the Chronic Disease Program. To be enrolled, a physician, or community health nurse (in communities with no resident physician) must apply on behalf of the patient. Once approval has been granted, prescriptions for specific items can be filled at authorized facilities for no cost. Items not covered by the program must be purchased directly by the individual.

<http://www.hss.gov.yk.ca/chronicdisease.php>

No National Program is available to residents of the Yukon