



Medical Supplies – Claim Requirements

Some of the major health services, appliances or supplies may include the following, and each will have a maximum limit per calendar year, number of months, or annually if not just reasonable and customary charges (depending on the plan and/or carrier):

- ✦ Private Duty Nursing Care
- ✦ Canes, casts, crutches, splints and trusses
- ✦ Intrauterine Devices (IUD's)
- ✦ Extremity Pumps for Lymphedema
- ✦ Laryngeal Speaking Aids
- ✦ Orthopaedic braces
- ✦ Prosthesis
- ✦ Transcutaneous Nerve Stimulator (TENS)
- ✦ Wheelchairs
- ✦ Hearing Aids
- ✦ Orthopaedic Shoes/ Orthotics
- ✦ Wigs and Hairpieces required as a result of a medical condition
- ✦ Glucometers
- ✦ Diagnostic Laboratory procedures
- ✦ Viscosupplementation
- ✦ Convalescent Homes Services
- ✦ Chronic Care
- ✦ C-Pap / H-Pap /A-Pap Machines

When claiming for any of the above it is recommended that the claimant contact their carrier and in some cases, send in a pre-authorization to the carrier's claims department prior to making a purchase, to ensure the claimant is aware of what is and is not covered and what further information may be required to adjudicate the claim. When submitting such a pre-authorization or claim, carriers will require information/details on exactly what is being purchased, the cost and who has recommended the purchase and why. For example, orthopaedic shoes and other orthotics must be specially constructed for the claimant and must be prescribed (depending on the carrier) by a physician, chiropractor, podiatrist or chiropodist, there can be requirements on who constructs the product also.