



## Non-Insured Health Benefits (NIHB) Single-Use Negative Pressure Wound Therapy (sNPWT) Assessment Form

This assessment form can be used to recommend coverage of sNPWT devices and dressings under the NIHB Program. It must be completed by a physician, nurse practitioner, nurse specialized in wounds, ostomy and continence Canada (NSWOCC) or with a certificate in wounds ostomy continence certified Canada (WOCC(C)) and is considered a prescription or recommendation. Registered nurses can recommend the renewal of these devices.

Benefits covered and their eligibility criteria can be found on the Medical Supplies and Equipment Guide and Benefits List for First Nations and Inuit at <https://www.sac-isc.gc.ca/eng/1585320116553/1585320137871>. The information in this assessment form is required with each renewal request.

This assessment form provides space to complete one wound assessment. If a client has more than one wound, please complete sections E and F for any additional wounds. If submitted together, page 1 (sections A to C) only needs to be completed once.

<b>Section A. (Select only if applicable)</b>
<input type="checkbox"/> Palliative Care Client <input type="checkbox"/> Client is in a health care facility - discharge date (YYYY-MM-DD): <input type="checkbox"/> Client lives in a residence, <u>must</u> indicate residence type: <input type="checkbox"/> Urgent, <u>must</u> explain:

<b>Section B. Client Information (Please print clearly)</b>	
Surname:	Given Name(s):
Date of Birth (YYYY/MM/DD):	Client ID #:

<b>Section C. Health Professional Information <i>**Form must be dated and signed.</i></b>	
Surname:	Given Name(s):
Physician	Nurse Practitioner
Nurse Specialized in Wound, Ostomy and Continence Wounds, Ostomy, Continence Certified Canada	Registered Nurse – renewal only
Licence Number:	Phone Number:
Office Name/Location:	Email:
<b>Signature (Health Professional):</b>	<b>Date (YYYY-MM-DD):</b>

<b>Section D. Coverage Details</b>
<b>sNPWT Device and Dressing Supplies</b>
<ul style="list-style-type: none"> <li>The NIHB Program will consider coverage of sNPWT on a case-by-case basis up to a maximum of 8 weeks of therapy.</li> <li>Requests can be made for up to 4 weeks of supplies at a time.</li> <li>The NIHB Program reserves the right to request additional information to support coverage review.</li> </ul>
<b>Types of devices that can be considered for coverage:</b>
<ul style="list-style-type: none"> <li>Single-Use Negative Pressure Wound Therapy (sNPWT) is a small portable unit that applies continuous or intermittent negative pressure by suction to a wound bed to promote wound healing, help remove tissue debris and excess exudate. The device is connected by tubing to a specialized vacuum seal dressing placed over the wound. Only requests for these types of devices will be considered for coverage on a case-by-case basis. The NIHB Program reserves the right to request additional information.</li> </ul>



Section F. Wound Care Supplies Required <i>(Please print clearly)</i>	
<b>Is a sNPWT kit required?</b>	Yes                      No
✓ Kit name (model)	:
✓ Manufacturer name (make), if known	:
Please list the items included in the kit, if known:	<input type="checkbox"/> Pump, please specify the number of days the pump can operate: <div style="display: flex; justify-content: space-around; width: 100%;"> <span>7                      30</span> </div> <span>14                      Other:</span> <input type="checkbox"/> Canister <ul style="list-style-type: none"> <li>▪ Quantity:</li> <li>▪ Size (mL):</li> </ul> <input type="checkbox"/> Dressing <ul style="list-style-type: none"> <li>▪ Quantity:</li> <li>▪ Size (cm):</li> </ul> <input type="checkbox"/> Tubing <input type="checkbox"/> Power cord/batteries <input type="checkbox"/> Carrying case/belt
<b>Is a sNPWT pump required?</b>	Yes                      No
✓ Pump name (model)	:
✓ Manufacturer name (make), if known	:
✓ Quantity required	:
Please list the items included with the pump, if known:	<input type="checkbox"/> Pump, please specify the number of days the pump can operate: <div style="display: flex; justify-content: space-around; width: 100%;"> <span>7                      30</span> </div> <span>14                      Other:</span> <input type="checkbox"/> Canister <ul style="list-style-type: none"> <li>▪ Quantity:</li> <li>▪ Size (mL):</li> </ul> <input type="checkbox"/> Power cord/batteries <input type="checkbox"/> Carrying case/belt
<b>Is a sNPWT canister required?</b>	Yes                      No
✓ Canister name (model)	:
✓ Size (mL)	:
✓ Quantity required	:
<b>Are dressings required?</b>	Yes                      No
✓ Dressing name (model)	:
✓ Dressing size (cm)	:
✓ Quantity required	:
<i>If more than 3 dressing changes are required per week, please provide justification to support need.</i>	:
<b>Are dressings required?</b>	Yes                      No
✓ Dressing name (model)	:
✓ Dressing size (cm)	:
✓ Quantity required	:
<i>If more than 3 dressing changes are required per week, please provide justification to support need.</i>	:
<b>Are any other supplies/accessories needed?</b>	Yes                      No
✓ Item name (model)	:
✓ Item size	:
✓ Quantity required	:
<b>Are any other supplies/accessories needed?</b>	Yes                      No
✓ Item name (model)	:
✓ Item size	:
✓ Quantity required	:
<b>Additional information to support review</b> <i>Please provide any additional information to support review and any justification for over frequency request.</i>	

**Privacy statement:** The personal information you provide to Indigenous Services Canada (ISC) is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For information: This personal information collection is described in Info Source, available online at [infosource.gc.ca](https://www24.intelcom.gc.ca/info/source). In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at <https://www.tbs-sct.canada.ca/ap/atip-aiipr/coord-eng.asp>. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.