



Health and Social Services

* For clients eligible on the Chronic Disease Program.

* Supply List *

CHRONIC DISEASE PROGRAM

MISCELLANEOUS SUPPLIES (DIN Cat #1009)

Item Description	DIN #	Prior Approval	Replacement Guidelines
Blood Glucose Monitor	00010545	Yes	
Blood Glucose Test Strips (maximum of 5 strips per day)	Various DINs	Yes	5 strips per day
Blood Pressure Monitor	20000001	Yes	5 years
Compression Garments / Sleeve	90404248	Yes	2 per year
Compression Stocking 20-30; 30-40	99400822	Yes	2 per year
Insulin Pump or Intensive Insulin Therapy - Test Strips	Various DINs	Yes	10 strips per day
Insulin Pump Infusion Sets	90900007	Yes	10 per month
Insulin Pump Supplies - Reservoirs	90900000	Yes	10 per month
Insulin Pump Tubing	90900008	Yes	
Palliative Injection Supplies	91234568	Yes	

PROSTHESIS (DIN Cat #1015)

Item Description	DIN #	Prior Approval	Replacement Guidelines
Glove - standard	99400566	Yes	Requires Prescription
Mastectomy Bra	90000444	Yes	Requires Prescription
Mastectomy Form	90000443	Yes	Requires Prescription
Prosthesis - Arm / Hand	90000441	Yes	Requires OT assessment
Prosthesis - Leg / Foot	90000442	Yes	Requires OT assessment
Stump socks - regular	99400048	Yes	Requires OT assessment

RESPIRATORY / OXYGEN (DIN Cat #1011)

Item Description	DIN #	Prior Approval	Replacement Guidelines
AeroChamber - Adult Mask	96899994	Yes	
AeroChamber - Child Mask	96899995	Yes	
Nebulizer (compressor)	90404226	Yes	Purchase
Oxygen - Rental	90400000	Yes	Home oxygen only

WALKING AIDS (DIN Cat #1106)

Item Description	DIN #	Prior Approval	Replacement Guidelines
Cane	99400332	Yes	5 years
Crutches, specialized - (purchase - pair (forearm))	99400337	Yes	5 years
Custom made Orthotics & Rigid Braces	00000003	Yes	2 years
Walker, standard *	99400338	Yes*	5 years
Walker, wheeled *	99400340	Yes*	5 years
Wheelchair - manual *	00000011	Yes*	5 years

***Requires OT assessment**

Equipment reviewed on case-by-case basis.