



NICA BENEFIT HANDBOOK  
ADDENDUMS



## Addendums

|  |    |
|--|----|
| Update to Equipment Warranties & Protective Accessories .....  | 2  |
| Clarification to Nursing Care .....  | 3  |
| Update to Title of Disagreements Section & Contact Information for the Insurance Consumer Advocate ..... | 4  |
| Updating List of Programs & Equipment Not Approved for Reimbursement.....                                | 5  |
| Clarification on Blender Purchases .....   | 6  |
| Update to Pharmacy Mileage .....   | 7  |
| Update to Travel Reimbursement .....   | 8  |
| Reflecting Update to Appendix A- Equipment List .....  | 9  |
| Clarification on Same-Day Supply Deliveries.....   | 10 |
| Update to Specialized Nutritional Products Section.....  | 11 |

## Update to Equipment Warranties & Protective Accessories

The purpose of this addendum is to add clarification that as of 1/1/23, NICA will reimburse for repairs for equipment items NICA has purchased and/or reimbursed for the participant. In addition, NICA will replace equipment items NICA has purchased and/or reimbursed for the participant if the cost of repair exceeds the cost of replacement. Florida statute states that NICA's reimbursements are limited to reasonable charges prevailing in the participant's community for similar items. In order to document this requirement is met, we require 3 quotes for any equipment item exceeding \$1000.

### **EQUIPMENT**

NICA will purchase or reimburse actual expenses for medically necessary equipment that is requested for a participant's care. Because the equipment needed by NICA participants varies widely, a list of equipment that has been covered to date can be found in Appendix A.

To order or reimburse for equipment that is less than \$3,000, NICA will require a written statement from the parent or legal guardian of the participant as to why the equipment is medically necessary (if not clearly related to the injury), 3 quotes (the item being purchased, and two comparative quotes) will be needed for items exceeding \$1000, and an insurance denial if the item is potentially covered by the participant's insurance plan.

To order or reimburse for equipment that is more than \$3,000 NICA will require a letter of medical necessity OR a prescription, 3 quotes (the item being purchased, and two comparative quotes), and an insurance denial if the item is potentially covered by the participant's insurance plan. In some cases, (such as a stander or a wheelchair) NICA will also need the order specifications if buying directly from a vendor.

There are specific pieces of equipment where NICA has a relationship with a vendor for a specialized type or brand of equipment and would like to order the equipment requested from these vendors directly. You can find a list of this equipment in Appendix A with a "\*" beside the equipment name. In these cases, the documentation needed in the categories above would still apply.

Beginning 1/1/23, for those pieces of equipment that NICA purchases or reimburses for the participant, repairs, extended warranties, and protective accessories can also be reimbursed.

\*NICA Nurse Case Managers can be contacted if there is an uncertainty about whether the equipment item requested may or may not need an insurance denial.

## Clarification to Nursing Care

The purpose of this addendum is to add the clarification that if a parent/guardian is required to be present with the participant at therapy appointments, they can claim that time on their timesheets. This clarification will be reflected in the text below.

### Nursing Care Provided in Home by Parent or Legal Guardian:

When professional nursing or attendant care is required, NICA may reimburse a parent or legal guardian for medically necessary and reasonable residential custodial care as documented on the PNCF. This includes any time the parent is required to be with the participant for medical appointments, therapy appointments, etc. This would be as an alternative or in addition to paying for professional nursing care or other professional attendants. It should be noted that NICA can only reimburse one caregiver at a time.

## Update to Title of Disagreements Section & Contact Information for the Insurance Consumer Advocate

The purpose of this addendum is to update the title of the Disagreements section of the handbook and the office telephone number for the Office of the Insurance Consumer Advocate. These updates are reflected in the text below.

### **DISAGREEMENTS & REIMBURSEMENT DENIALS**

If a disagreement arises on a claim for benefits, we invite you to discuss the issue with a Nurse Claim Supervisor. They will welcome the opportunity to work with you in hopes of resolving the disagreement. In some instances, NICA may ask for a more clearly written letter of medical necessity or additional documentation.

If a disagreement arises and the Nurse Claim Supervisor cannot resolve it, upon written request, the Executive Director may review the claim and attempt to resolve the disagreement with the parents or legal guardians.

If the Executive Director cannot resolve the disagreement and a benefit is denied, the parents or legal guardians have the right to file a petition with the Division of Administrative Hearings to dispute the amount of actual expenses reimbursed or the denial of benefits. See [DOAH.fl.us](http://DOAH.fl.us) for more details. Parents or legal guardians may contact the Insurance Consumer Advocate at the Florida Department of Financial Services for additional guidance on an informal basis.

The address to submit a letter or petition is:

#### **Division of Administrative Hearings**

1230 Apalachee Parkway

Tallahassee, FL 32399

Phone: (850) 488-9675

Fax: (850) 921-6847

The contact information for the Insurance Consumer Advocate is:

#### **Office of the Consumer Advocate**

#### **Florida Department of Financial Services**

Office: 850.413.5923

Fax: 850.487.0453

## Updating List of Programs & Equipment Not Approved for Reimbursement

The purpose of this addendum is to update the list of programs and equipment that have not been approved for reimbursement to now include the Bioness L300. This addendum also serves to clarify that each was not considered to be the standard of care for the intended indication. The text below has been updated.

### **Experimental Programs or Equipment**

When a parent or legal guardian requests that NICA pay for participation in an experimental program or to obtain experimental equipment, the Executive Director may approve the request based on the following criteria:

1. Overall cost associated with the program or equipment must not be excessive and must be submitted for preapproval. It may include the duration of the program; expected medical benefits; and availability of the program elsewhere in Florida if it is located outside the participant's home area.
2. A report must be received from the participant's primary care physician recommending the experimental program or equipment by detailing its medical necessity.
3. Proof must be provided that the experimental program or equipment has shown objective, observable, or demonstrable medical benefit, as well as evidence the participant has benefited or will benefit from the experimental program or equipment.
4. The Executive Director may approve the expected frequency and duration of the requested experimental program or equipment.
5. Continuation of the program or equipment may be authorized if periodic evaluation by a physician shows an objective, observable, or demonstrable medical benefit to the participant.

If the evaluation indicates consideration of other criteria, then additional information will be requested and should be submitted for review.

In an effort to provide clarity and transparency, the following will not be approved for reimbursement as they are not considered to be the standard of care for the corresponding indication:

- Bioness L300 device for the management of neuromuscular weakness related to traumatic brain injury or cerebral palsy.
- Enbrel (intrathecal injection) for the treatment of spasticity related to hypoxic-ischemic encephalopathy and cerebral palsy.
- Human Growth Hormone therapy for the treatment of cerebral palsy.
- Hyperbaric oxygen therapy for the treatment of cerebral palsy.
- Stem cell therapy for cerebral palsy management.

## Clarification on Blender Purchases

The purpose of this addendum is to clarify that the two-year age requirement associated with the reimbursement of specialized nutritional products, or the monthly Fresh Food Stipend does not apply to the purchase of a blender.

### **Blender**

In addition, NICA will reimburse families whose participant requires a modified soft/puréed food diet, up to \$500 for a blender every three years. Families must submit a receipt with any reimbursement request for a blender and a letter of medical necessity may be required.

It should be noted that the 2-year age requirement associated with the reimbursement of specialized nutritional products, or the monthly Fresh Food Stipend does not apply to the purchase of a blender.

## Update to Pharmacy Mileage

The purpose of this addendum is to reflect the recent change to the pharmacy mileage policy that is effective 1/1/24. Previously, without receipts and a matching label, if the parent/guardian provided an Rx history from the pharmacy, mileage was reimbursed on a once per month basis. Now, if the Rx history is provided by the parent/guardian, in lieu of receipts with matching labels, mileage can only be reimbursed multiple times each month if each fill date is at least 10 days from the previous fill date. This addendum also serves to clarify that the per diem meals and incidentals stipend is not given with pharmacy mileage reimbursements. Drugs still need to be related to care and treatment associated with the neurological birth injury.

## **Prescription Drugs & Pharmacy Mileage**

Prescription drugs and pharmacy mileage will be reimbursed with a receipt (to confirm date of medication pick-up) and copy of the medication label to confirm the Rx number, name on prescription, and the name of the medication. Effective 1/1/24, in lieu of this documentation, pharmacy mileage can be reimbursed with a copy of the participant's pharmacy history. In this case, mileage can only be reimbursed multiple times each month if each fill date is at least 10 days from the previous fill date in the pharmacy history. It should be noted that, regardless of distance, the per diem meals and incidentals stipend is not provided with the reimbursement of pharmacy mileage. This reimbursement is exclusively for drugs related to care and treatment associated with the neurological birth injury.



## Update to Travel Reimbursement

The purpose of this addendum is to update the below text to include where to locate what documentation is needed for processing of pharmacy mileage. This text also now includes that mileage may be reimbursed, beginning 4/1/2024, for travel to PPEC and to special needs school programs.

## **Travel Reimbursement**

NICA will reimburse expenses incurred when a NICA participant travels to and from medically necessary appointments, such as physician visits, therapy, or other medically necessary travel. NICA will reimburse mileage associated with trips to the pharmacy for prescriptions related to the participant's birth injury (see the Prescription drugs & Pharmacy Mileage section for documentation requirements), and any non-routine supply/equipment related travel (For example, if a piece of equipment is broken and needs repair, with proper documentation, mileage may be reimbursed for the travel to and from taking the equipment to be repaired). Effective 4/1/2024, with an attendance history, NICA will reimburse mileage to PPEC and to special needs school programs where the participant receives medically necessary services (please reach out to your case manager to find out if your participant's school qualifies for mileage reimbursement).

## Reflecting Update to Appendix A- Equipment List

The purpose of this addendum is to reflect the update that hot tubs have been moved to the 'Over \$3000' column, the limit has been updated to \$6000 to reflect current market value, and general clarifications have been made for certain items (computer, iPad, glasses, and adaptive car seat). The chart below reflects these updates.

| <b>Appendix A – Equipment</b>   |  |  |                                |
|---|--|--|--------------------------------|
| This list includes but is not limited to equipment that has been previously authorized. |  |  |                                |
| Equipment items must be medically necessary for the participant.                        |  |  |                                |
| <b>Equipment &lt; \$3000</b>  |  |  | <b>Equipment &gt;\$3000</b>    |
| Activity Seat/Chair   |  |  | Bed                            |
| AFOs  |  |  | Ceiling Lift                   |
| Air Loss Mattress   |  |  | Communication Device           |
| Baby Monitor/Video  |  |  | Compression Vest               |
| Bath Chair  |  |  | Electric Wheelchair            |
| Adaptive Car Seat   |  |  | Firefly (Chairs)               |
| Changing Tables   |  |  | Freedom Concept (Bike)*        |
| Computer (for assistive speech device)  |  |  | Gait Trainer                   |
| Feeding Chair & Feeding Pump  |  |  | Hospital Bed                   |
| Floor Ramps/ Thresholds   |  |  | Hot Tub (\$6000 limit)         |
| Glasses (related to birth injury)   |  |  | Permanent Ramp                 |
| Hitch for Van   |  |  | Portable O2 Concentrator       |
| Hoyer Lift  |  |  | Portable Pool Heater           |
| Humidifier  |  |  | Ppod Chair                     |
| Ipad (as communication device or therapy)   |  |  | Scooter                        |
| Manual Transfer Wheelchair  |  |  | Sleep Safe Bed*                |
| Mega Rubber Rolls   |  |  | Stander                        |
| Nebulizer & Oxygen Concentrator   |  |  | Stim Designs (Galileo System)* |
| Portable Ramp   |  |  | Stroller                       |
| Portable Generator  |  |  | Tablet                         |
| Pulse Ox  |  |  | Tobii Dynavox*                 |
| Replacement parts for Equipment   |  |  | Walker                         |
| Stethoscope   |  |  |                                |
| Suction Machine & Portable Suction  |  |  |                                |
| Therapy Bench & Mat   |  |  |                                |
| Toileting System  |  |  |                                |
| Transfer Belt - with handles  |  |  |                                |
| Urine Collection System   |  |  |                                |
| *Items that NICA has a relationship with a specific vendor                              |  |  |                                |

## Clarification on Same-Day Supply Deliveries

The purpose of this addendum is to clarify that the fees associated with the use of same-day-delivery services are non-reimbursable.

### **SUPPLIES**

NICA will purchase or reimburse actual expenses for supplies that are requested for a participant's care. Because the supplies needed by NICA participants vary widely, a list of supplies that have been covered to date can be found in Appendix B.

To order or reimburse for supplies that are less than a onetime expense of \$3000 or a recurring expense under \$1000 monthly, NICA will require a written statement from the parent or legal guardian of the participant as to why the supply is necessary (if not clearly related to the injury) and an insurance denial if the item is potentially covered by the participant's insurance plan.

To order or reimburse for supplies that are more than a \$3,000 onetime expense or an over \$1000 monthly recurring expense, NICA will require a letter of medical necessity OR a prescription, and an insurance denial if the item is potentially covered by the participant's insurance plan.

Effective 6/1/2024, supplies purchased through a same-day-delivery service (i.e., Door Dash, UberEATS, etc.) may be reimbursable with the appropriate documentation submitted. The fees associated with the use of these delivery services (such as delivery fees, service fees, and tips) are non-reimbursable.

\*NICA Nurse Case Managers can be contacted if there is an uncertainty about whether the item requested may or may not need an insurance denial.

## Update to Specialized Nutritional Products Section

The purpose of this addendum is to reflect the update that as of 3/1/24, beginning at age 1, participants who are unable to eat a typical diet and require modified soft/puréed food due to a digestive system dysfunction related to the neurological injury will be reimbursed for pre-packaged specialized nutritional products OR be provided a monthly stipend for fresh foods. The text below has been updated to reflect this.

### Specialized Nutritional Products

For participants who are unable to eat a typical diet and require modified soft/puréed food due to a digestive system dysfunction related to the neurological injury, as of 3/1/24, beginning at age 1, NICA will reimburse pre-packaged specialized nutritional products OR provide a monthly stipend for fresh foods to be prepared into purée at home. Families choosing either option may need to provide a letter of medical necessity.

#### Option 1: Reimbursement for Pre-Packages Specialized Nutritional Products:

NICA will reimburse for specialized nutritional products that provide needed nutritional value and are medically necessary. Puréed baby foods, enteral formulas, and other specialized nutritional products will be reimbursable for as long as they are medically necessary. Families must submit a receipt with any reimbursement request.

#### Option 2: Monthly Fresh Food Stipend:

NICA encourages families to use fresh foods and beginning October 1, 2022, NICA will provide a monthly stipend for those fresh foods needed for families to process puréed food at home. The monthly stipend is based on the USDA's Thrifty Food Plan which estimates the monthly cost for a nutritious diet based on age. The monthly stipend effective October 1, 2022 will be based on the [November 2022 USDA Thrifty Food Plan report](#). NICA will update the monthly stipend amount for families each January 1st based on the most recent USDA Thrifty Food Plan monthly average report available.

**If families opt for the monthly fresh food stipend, there will be no reimbursement for specialized nutritional products.**