

Care Aids Regulations

2022

2022 Care Aids Regulations (Reglement Hulpmiddelen 2022)

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Introduction

The Minister of Health, Welfare and Sport designates the functional disorders and medical indications for which medical care aids qualify for reimbursement. This is laid down in the Healthcare Insurance Act (*Zorgverzekeringswet*), the Healthcare Insurance Decree (*Besluit zorgverzekering*) and the Healthcare Insurance Regulations (*Regeling zorgverzekering*). These Regulations include the further conditions governing the reimbursement of care aids. They supplement the model insurance policies with effect from 1 January 2022. These Regulations have been adopted by the Members' Council of O.W.M. Zorg en Zekerheid u.a. effective January 2022.

The article numbers mentioned in these Regulations refer to the articles in the Regulations applicable from 1 January 2022, unless specified otherwise.

Article 1 Definitions

- 1.1 Healthcare insurer: the Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a., the insurer who is accredited as such and provides insurance within the meaning of the Healthcare Insurance Act, hereinafter to be referred to as Zorg en Zekerheid.
- 1.2 Insured person: every person obliged to take out insurance and whose name is specified on the insurance policy, policy endorsement or certificate of registration.
- 1.3 Healthcare Insurance Regulations (*Regeling zorgverzekering*): the ministerial regulations as referred to in Section 2.9(1) of the Healthcare Insurance Decree (*Besluit zorgverzekering*).
- 1.4 Regulations: 2022 Care Aids Regulations (*Reglement Hulpmiddelen 2022*). These Regulations have been adopted by ZEM and contain further conditions governing entitlement to reimbursement claims. The Regulations comprise general provisions and a further provision. The further provision deals with the specific conditions for each individual (type of) care aid. Appendix 1 contains a diagram which, for each care aid, states the prescriber, whether prior permission is required, the term of use of the care aid and whether it is provided to the insured person in ownership or on loan.
- 1.5 Care aids: care aids included in the healthcare insurer's services package pursuant to the Healthcare Insurance Act, the Healthcare Insurance Decree and the Healthcare Insurance Regulations.
- 1.6 First provision: the first time the insured person is provided with or granted (partial or full) reimbursement for a specific care aid under a specific indication from ZEM pursuant to the Regulations.
- 1.7 Permission: written permission from ZEM prior to the provision of the care aid concerned.
- 1.8 Minimum period of use: the period of use is the minimum period during which the care aid should be able to be used, subject to regular maintenance and as long as the indication remains unchanged. No rights can be derived from the period of use in terms of necessary replacement at the end of that period. In the event of replacement outside of the period of use, healthcare contractors should first verify the need for functional replacement of the care aid before actually replacing it. No right to replacement of the care aid exists as long as it continues to serve its purpose. Within the period of use, costs can only be claimed on the basis of an authorisation issued in advance.
- 1.9 Maximum standard for use: a standard for the maximum number of consumer articles to be made available within a certain period. Consumption in excess of the maximum standard only qualifies for reimbursement if the healthcare insurer has given its prior permission.
- 1.10 Prescriber: care provider who issues a written justification for the provision of a care aid, with due regard for the insured person's impairment.
- 1.11 Authorisation: the permission granted by ZEM once a person has submitted a written request for authorisation.
- 1.12 BIG-registered prescriber: a care provider who has been included in the Individual Healthcare Professions Register and has referral authority in connection with the care aid concerned.

General provisions

Article 2 Rights of the insured person

- 2.1 The right of an insured person registered with ZEM to being provided with or (partially or fully) reimbursed for the costs of care aids is determined by the rules under or pursuant to the policy conditions. Care aids may also come under specialist medical care. In that case, there is no entitlement to the care aid under Article 20 of the policy conditions, but the costs will be reimbursed as specialist medical care under the basic insurance.
- 2.2 The insured person is only entitled to being provided with or (partially or fully) reimbursed for the costs of a care aid if an indication has been issued in accordance with the Healthcare Insurance Regulations.
- 2.3 The insured person has no right to the provision, replacement, correction or repair of a care aid if this is unnecessary, unnecessarily costly, unnecessarily complicated or ineffective.

- a. ZEM will determine whether a care aid is to be provided in ownership or on loan, and will impose conditions in this regard on the supplier, model, material and costs of the care aid. Appendix 1 lists the care aids provided in ownership or on loan. The first sentence does not apply in the case of Article 2.4, letter c. The excess does not apply to care aids provided on loan, but does apply to:
 - care aids provided in ownership;
 - the costs of use such as power costs and the costs of a service dog, signal dog or guide dog.
 - b. If the insured person rents a care aid designated in Appendix 1, obtains it on loan or acquires its ownership from a non-contracted supplier, the maximum reimbursement is 75% of the costs generally deemed usual in the market for the type of provision concerned. If the insured person acquires the ownership of the care aid, his or her excess applies.
- 2.4
- a. In principle, the insured person can claim entitlement to a functioning care aid at all times.
 - b. The entitlement to a functioning care aid as referred to in paragraph a. above comprises:
 - the provision of the care aid ready for use, including, upon initial purchase, the batteries or charging equipment plus instructions for use;
 - the appurtenances required to ensure the proper functioning of the care aid;
 - any necessary changes or repairs to, or replacement of a care aid;
 - the provision, or reimbursement of the costs of, a spare care aid if the insured person reasonably depends on it, to ensure that he/she has access to a proper and suitable care aid at all times appropriate to his/her circumstances;
 - a request for replacement must be justified by or on behalf of the insured person and accompanied, in the event of damage, by an explanation from the supplier regarding the nature and cause of such damage;
 - the insured person cannot claim entitlement to replacement of a care aid if he/she still has a properly functioning care aid. In a general sense, this is also the case in the event that a period of use, if applicable, has expired.
 - c. In order to qualify for a spare care aid, the insured person must submit all the data necessary for assessing such a request, including, as a minimum, the prescriber's prescription as referred to in Appendix 1, the medical grounds as referred to in Article 3.5 and the necessary product information as referred to in Article 3.6.
 - d. The costs of normal use of the care aid are for the insured person's account, unless otherwise stipulated in the Regulations. The costs of normal use are understood to include the costs of energy consumption and batteries, without prejudice to the insured person's right to have the care aid delivered ready for use as referred to in paragraph b, first indent, above.
 - e. If the insured person rents or purchases a care aid or obtains one on loan themselves, its quality must satisfy the applicable international quality standards or an equivalent quality standard of another country. If the insured person purchases a care aid that fails to meet such standards, the costs will not be eligible for reimbursement.
- 2.5 Personal contributions (Article 2.33 of the Regulations):
- a. If the purchasing costs of care aids for the full or partial replacement of hair implants exceed €457.50, the personal contribution equals the difference between the purchasing costs and that amount;
 - b. The personal contribution for a hearing aid or a tinnitus mask for an insured person aged 18 or older equals 25% of the purchasing costs;
 - c. The personal contribution for orthopaedic and allergen-free shoes is:
 - €124 per pair if the insured person is 16 or older;
 - €62 per pair if the insured person is younger than 16.
 - d. The personal contribution for contact lenses and spectacle lenses is:
 - €59.50 per lens for lenses with a life of more than one year;
 - €119 per calendar year for lenses with a life of less than one year. If only one eye needs to be corrected, the personal contribution is €59.50 per calendar year;
 - €59.50 per spectacle lens, up to a maximum of €119 per calendar year.

Article 3 Permission

- 3.1 The insured person must obtain prior written permission regarding the assessment of entitlement to the provision, replacement, correction or repair of a care aid as stated in Appendix 1.
- 3.2 In derogation from Article 3.1, permission is always required:
- if the insured person goes to a non-contracted supplier;
 - if, in connection with a stay outside of Europe, the insured person needs additional or more materials than the supplier is contractually permitted to provide for the insured person's Dutch home address;
 - if, in connection with a stay outside of Europe, the insured person needs additional materials compared with regular use;
 - in the event of a period of use exceeding six months and a long stay abroad (exceeding three months) where there is a chronic medical ground;
 - if the desired care aid is not included in Appendix 1 to these Regulations;
 - if the insured party, in accordance with the Healthcare Insurance Decree, wishes to purchase a care aid provisionally admitted to the Care Aids Regulations from a care aids supplier;
 - if a change in the medical situation gives cause to deviate from the period of use and quantity;
 - if bandage lenses without vision correction are required;
 - if an electric dressing/undressing aid is required.
- 3.3 The request for permission can only be submitted in writing, by or on behalf of the insured person.
- 3.4 The applicant is obliged to produce, at ZEM's request, a written authorisation from the insured person reflecting the former's authority to act on behalf of and represent the insured person.
- 3.5 The applicant must provide all details which ZEM reasonably needs to be able to assess the application. The application must at least include:
- a brief description of the care aid requested;
 - the medical grounds provided by the prescriber, as stated in Appendix 1 to these Regulations;
 - a quote starting the relevant Generic Product Code Care Aids (GPH code). This is the claim code that the care aids supplier needs to claim reimbursement for the care aid from ZEM.
- 3.6 Before deciding on the application, ZEM may request product information and price details from the supplier. The effectiveness of the requested care aid may be assessed by contracted care providers. In such a case, a substantiated application is to be submitted to ZEM's Authorisations department prior to the purchase of the care aid, in consultation with the contracted supplier. If you do not want the care aid to be assessed by a contracted supplier, you may ask ZEM for permission directly before obtaining the care aid.
- 3.7 Before permission can be granted, a diagnosis must be established and a prescription issued by an attending physician. The requested care aid must have been prescribed by a prescriber included in Appendix 1 to these Regulations for the care aid concerned. This must be a BIG-registered prescriber for the care aid concerned. The term 'attending physician' may denote any of the following doctors or experts with prescribing authority if included as a prescriber in Appendix 1:
- a general practitioner;
 - a contracted district nurse / nursing specialist under the responsibility of the attending physician;
 - a rehabilitation specialist;
 - a medical specialist;
 - a dietician;
 - a nurse or nursing specialist trained at higher professional education (HBO) (in accordance with the statutory arrangement under Section 36A of the BIG Act), under the final responsibility of a medical specialist.

Article 4 Function-oriented description

Some groups of care aids are specified in the Healthcare Insurance Regulations in accordance with their function. This means that the indication range, the content and the extent of the care are described in general terms and that the care aids potentially covered are not listed exhaustively in Appendix 1 to these Regulations. The function-oriented description also enables the development and innovation of care aids. In principle, it is your healthcare insurer that decides who is to provide the care and where it is to be provided.

If a care aid is one of those with a function-oriented description but is not included in Appendix 1 to these Regulations, you should submit an application to ZEM, which will then be assessed. The medical/technical consultant or an expert appointed by ZEM will then decide whether the requested care aid is covered by the function-oriented description, whether it meets current scientific and practical standards and, if so, whether the insured party can reasonably be deemed to depend on it or whether a different care aid would be more effective.

Article 5 Use

- 5.1 The insured person is obliged to take proper care of a provided care aid and to follow the instructions issued by the experts involved regarding its use and maintenance.
- 5.2 In the case of damage to or loss of the care aid due to culpable negligence or wilful intent on the part of the insured party, it will not be possible to claim replacement, modification or repair of the care aid within the regular period of use.
- 5.3 ZEM or the supplier will provide care aids on loan to the extent they reasonably qualify for such provision in view of the requirements of effective care. This means that the care aid concerned remains the property of ZEM or the supplier, and that you can use it for as long as you depend on it. You are obliged to inform ZEM within a month after the moment you stopped using it. The costs of a care aid provided on loan are not subject to your excess. The associated consumer items and costs of use however do come under your excess. If ZEM or the supplier provide a care aid on loan, this is stated in the table of Appendix 1.

Article 6 Suppliers

- 6.1 When purchasing a care aid, insured persons can choose a supplier from among those contracted by ZEM for the care aid in question. A list of contracted suppliers can be found at zem.nl/zorgzoeker. If the insured party opts for a supplier that ZEM has no contract with, the insured party can claim a reimbursement, up to a certain maximum, in accordance with Article 20 of the policy conditions, except in the situation described in Article 2.4c of these Regulations. 2.4.c of these Regulations.

Article Specific provisions per type of care aid

Table 1: Specific provisions per type of care aid

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Dressing and undressing aid	2.6.m	You will need prior permission for an electric dressing and undressing aid.
Nursing aids: related to disorders of the motor system or care/nursing for bedridden individuals Anti-decubitus cushion Bath board Shower chair Threshold ramp Manual wheelchair Transfer aids Patient lift Toilet chair	2.6.j; 2.17 or 2.6.e; 2.12 2.12	Based on the medical indication, a person may qualify for any of the care aids mentioned for short-term or long-term use. In the case of short-term use, the period of use is limited to 26 weeks. As regards care aids associated with personal care, i.e. shower and bath supports or a patient lift, it is not possible to claim the costs under the Healthcare Insurance Act in the case of long-term use. These costs may be covered under the Social Support Act (WMO) or Long-Term Care Act (WLZ). If applicable, the care contractor will guide the insured person during the transfer to the WMO or WLZ.
Wheeled walkers or complex walking aids	2.6.e; 2.12	The category of wheeled walkers or complex walking aids includes the Parkinson rollator. Standard or simple rollators do not qualify for reimbursement.

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
<p>Spectacle lenses for children up to age 18</p> <p>Lenses on medical grounds</p>	<p>2.6.f; 2.13</p>	<p>The care does not include (Article 2.13(2) of the Healthcare Insurance Regulations: spectacle lenses or filter lenses for insured persons aged 18 year or older, or for insured persons under age 18 without medical necessity; extra coatings or wishes regarding spectacle lenses are not covered by the medical indication and are for the insured person's own account; frames for spectacle lenses or filter lenses; simple reading and writing aids.</p> <p>In the case of lenses, pursuant to Article 2.13(3) of the Healthcare Insurance Regulations: the disorder must be the result of a medical condition or a trauma, with the contact lenses resulting in a greater improvement in acuity of vision or vision quality than spectacle lenses; or: in the case of insured persons under age 18, they must be diagnosed with pathological myopia with a refractive error of at least -6 dioptres.</p> <p>In deviation from the second paragraph, letter a, of Article 2.13 of the Healthcare Regulations, the care covers spectacle lenses and filter lenses for insured persons up to age 18 if (Article 2.8.a, paragraph 4): there is an indication for contact lenses as referred to in the third paragraph, but contact lenses are not the preferred option; or the insured person has had eye surgery on one eye or both eyes due to an eye lens defect; or the insured person has pure accommodative esotropia; or the insured person has pure accommodative esotropia, or If the amount consumed exceeds the amount reasonably indicated, the case will be assessed by a consulting medical expert. If ZEM has not granted permission, the costs may be for the insured person's account.</p>
<p>Bandage lens with vision correction</p>		<p>A bandage lens with vision correction used as a short-term aid as part of a specialist medical treatment qualifies as 'specialist medical care' and not as a care aid.</p> <p>A visual impairment is to be established in accordance with the diagnostics and guidelines of the Dutch Association for Ophthalmology (NOG).</p>
<p>Screen magnifier with or without screen reader</p>	<p>2.6.f; 2.13</p>	<p>The aim is to prevent parallel provision of special optical care aids as much as possible. A second care aid from the same cluster is subject permission by ZEM, which must be applied for in writing. One example is a situation in which there is a need for a second screen magnifier.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Daily activities service dog, signal dog and guide dog	2.6.e; 2.12, 2.6.c; 2.10, 2.6.f; 2.13	<p>The care for the dog prior to its delivery cannot be claimed under the healthcare insurance. Costs of care incurred after delivery of the dog the cause of which was known or foreseeable before delivery cannot be claimed under the healthcare insurance.</p> <p>As regards dogs, an allowance is available to cover reasonable costs of use. The allowance for the costs of use has been reasonably set at €250 per quarter per insured person. If the amount used exceeds this maximum without ZEM's permission, the costs are for the insured person's account.</p>
<p>CPAP equipment incl. air humidification chamber and consumer items</p> <p>Positive expiratory pressure (PEP) equipment</p>	<p>2.6.b; 2.9</p> <p>2.6.b; 2.9</p>	<p>In the case of a mild form of obstructive sleep apnoea (OSA) (up to 15 Apnoea Hypopnoea Index (AHI)), you will need permission from ZEM for purchasing CPAP equipment. You can apply for permission through a contracted supplier.</p> <p>ZEM has made arrangements with your supplier for the annual maintenance of the equipment. In addition to maintenance, the care comprises a new tube and mask every year. Since ZEM has made these arrangements on your behalf, the annual maintenance will not affect your excess.</p> <p>Reimbursement for trial placement of CPAP equipment comes under specialist medical care in hospital.</p> <p>CPAP equipment is not reimbursed when combined with an MRA.</p> <p>PEP-related care comprises both the equipment for positive expiratory pressure and accessories such as a flutter, shaker or mask.</p>
Daisy player	2.6.t; 2.26.g	<p>Entitlement to reimbursement of the costs of a daisy player is only available for persons for whom dyslexia therapy is no longer useful.</p> <p>This is determined on the basis of the criteria included in the Dyslexia Diagnosis and Treatment Protocol (L. Blomert 2006). In addition, the finished treatment must be confirmed in a statement issued by a: healthcare psychologist affiliated with a healthcare institution or with Onderwijszorg Nederland (ONL); or registered NIP/child and youth psychologist.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
<p>Diabetes injection equipment with lancets and/or test strips</p> <p>Gestational diabetes</p>	<p>2.6.o</p>	<p>Table 4, Lancets and test strips, of the Care Aids Regulations applies to the volume of diabetes materials to be reimbursed.</p> <p>The insured person is entitled to at least one insulin pen plus one spare pen every three years. The excess does not apply when the insured person is transferred to or starts a preferred medicine of the healthcare insurer.</p> <p>Deviation from the use standards described above is possible, if reasonably required. Any such deviation must be applied for in writing and will be assessed by ZEM.</p> <p>Contrary to Appendix 1, special glucose monitoring devices for vision impairment do require prior written permission from ZEM.</p> <p>For FGM and CGM, a fully completed FGM or CGM application form of Zorgverzekeraars Nederland (ZN) is required to demonstrate entitlement to the care aid.</p> <p>In the case of gestational diabetes, there is entitlement to one or two injections per day and a maximum of 100 test strips per quarter.</p> <p>In the case of three or more daily injections, there is entitlement to a maximum of 400 test strips per quarter.</p>
Copper IUD	<p>2.6.i; 2.16.b</p>	<p>Only insured persons up to age 21 qualify for reimbursement.</p>
Diaphragm	<p>2.6.i; 2.16.a</p>	<p>Only insured persons up to age 21 qualify for reimbursement.</p>
Injector equipment	<p>2.6.i; 2.19</p>	<p>Includes injector and injector pen, other than for diabetes patients.</p>
Wigs/hairpieces	<p>2.6.a; 2.8.a paragraph 4</p>	<p>There is no entitlement to: a hair replacement due to natural classical baldness in men; maintenance of wigs/hairpieces, such as cleaning and styling the wig/hairpiece.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Hearing aid	2.6.c; 2.10	<p>Reimbursement is available if the hearing aid serves to correct hearing function impairments and to the extent the hearing function in the ear can be recovered after decreasing by at least 35dB, or serious tinnitus.</p> <p>The hearing aid must be provided by a qualified StAr audiologist. In addition, the hearing aid must: have been measured in accordance with the applicable hearing aid protocol; and be included in the national hearing aids database.</p> <p>Hearing aids not included in the national ZN hearing aids database do not qualify for reimbursement, save in the case of an established medical necessity.</p> <p>It is not possible for insured persons to personally cover the excess cost of a hearing aid from a category higher than the one indicated or for a hearing aid not included in the national hearing aid database.</p> <p>Measurement of a hearing aid at the insured person's home address is only available upon prior application by the care contractor via the VECOZO authorisation portal of the healthcare insurer. The application must reflect the medical necessity for measuring the hearing aid at the patient's home.</p>
Alarm and warning devices	2.6.c; 2.10	Reimbursement is conditional upon the availability of a recent audiogram and speech audiogram (not older than 6 months).
Absorbent incontinence materials	2.6.d; 2.11	<p>Other than by the attending physician, absorbent incontinence materials may be prescribed by an incontinence nursing specialist under the responsibility of a medical specialist.</p> <p>For contracted care, absorbent incontinence materials are divided into profiles/user categories that determine the scope of the care per insured person. The care aids supplier provides the products required based on the profile/user category.</p> <p>Table 3, Absorbent incontinence materials of the Care Aids Regulations shows the user standards per quarter for non-contracted suppliers.</p>
Incontinence materials, discharging and absorbent	2.6.d; 2.11	Per quarter, incontinence materials may be obtained from one supplier.
		<p>The care does not include:</p> <ul style="list-style-type: none"> cleaning agents and odour control agents for daily personal hygiene and care. Examples: soap, cleaning lotion, skin cream etc.; skin-protection agents other than for patients with a stoma, to the extent not covered by insured pharmaceutical care; garments, with the exception of net pants; urinary buzzers in the treatment of enuresis nocturna (bed-wetting).

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Protective bed mats	2.6.j; 2.17	<p>If the protective bed mat is used as incontinence material, this care aid comes under Article 2.11 of the Care Aids Regulations.</p> <p>The costs of a protective bed mat qualify for reimbursement in the case of a special individual care need. The individual care need involves the loss of blood and wound discharge, causing problems of hygiene that can only be solved by using a protective bed mat.</p>
Infusion pump with accessories	2.6.p; 2.22	The costs of an infusion pump qualify for reimbursement if the insured person is entitled to a medicine covered by pharmaceutical care.
Shield glasses and ptosis glasses	2.6.f; 2.13	Prescription shield or ptosis glasses are subject to a personal contribution of €59.50 per eyeglass per calendar year. Shield and ptosis glasses are subject to excess.
Breast prosthesis, including swim prosthesis	2.6.a; 2.8.a	The adhesive strips and bra used to affix the prosthesis qualify as the costs of normal use and are for the insured person's account.
Mandibular reposition device (MRA)	2.6.b; 2.9	<p>To qualify for reimbursement, the insured person must have a diagnosis of obstructive sleep apnoea (OSA). The mandibular reposition device (MRA) must be made by an NVTS (Dutch Society for Dental Sleep Medicine) accredited: dentist; or orthodontist; or dental surgeon.</p> <p>An MRA made by a centre for special dentistry (CBT) will only be reimbursed upon production of a CBT indication.</p> <p>An MRA may be prescribed by a physician assistant (PA) under the responsibility of the hospital's ENT specialist.</p> <p>An MRA is not reimbursed when combined with a CPAP device.</p>
Sleep position trainer (SPT)	2.6.b; 2.9	If the insured person is supplied with an MRA or CPAP device, entitlement to the SPT is cancelled and reimbursement of the SPT will stop on the first day of the month in which the MRA or CPAP device is supplied to the insured person.

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Voice prostheses and speech amplifiers	2.6.a; 2.8	Voice prostheses and speech amplifiers covered by specialist medical care will not be reimbursed as care aids.
Eye cream and eye drops	2.6.f; 2.13	<p>In exceptional cases, reimbursement is available for Vita-pos eye cream and Hylo-Parin or Hylo-Comod eye drops in the case of vision disorders in the eye and dysfunctions in eye-related structures. At least the following must apply:</p> <p>Several dysfunctions in eye-related structures can cause 'dry eyes', such as insufficient production of tear water (e.g. due to Sjögren's syndrome), poor quality of the tear film (caused by dysfunctional tear glands) or increased dehydration (for example due to paralysis of an eye lid, as a result of which the eye does not close properly);</p> <p>and</p> <p>The dysfunctions are chronic.</p> <p>Dysfunctions due to external factors (unfavourable circumstances/environment), such as screen time (with reduced eye-blinking), dry air and contact lenses do not qualify as dry eyes due to a dysfunctional eye-related structure and do not qualify for reimbursement.</p>
Orthoses	2.6.e; 2.12	<p>Reimbursement of the costs of orthoses (to correct or relieve a joint, such as orthoses for sitting and lying, a corset or splint and redression devices) is only available in cases of severe conditions. The insured person must depend on the care aid not only for sport, but permanently. In the case of entitlement to reimbursement of care aids that relieve walking impairments, the reimbursement applies to temporary loans as well as to permanent use (Article 2.6e, Article 2.12(1b) of the Care Aids Regulations).</p> <p>The terms static or dynamic lying orthoses also include separate sheaths.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Orthopaedic shoes, adapted ready-made shoes (OVAC) and provisional orthopaedic shoes (VLOS)	2.6.e; 2.12	<p>An insured person is entitled once-only to provisional orthopaedic shoes left and right without the need for permission from the healthcare insurer. In the case of a follow-up delivery for the same foot (left or right) however, the healthcare insurer's prior permission is required.</p> <p>An orthopaedic adjustment to ready-made shoes (OVAC) is subject to a minimum period of use of 12 months and the insured person's right to have two pairs of suitable shoes.</p> <p>For insured persons under 16, the period of use for (semi)orthopaedic shoes, anti-varus shoes and allergen-free shoes is six months. Insured persons aged 16 or older are entitled to one extra pair, three months after receiving their first pair of (semi)orthopaedic shoes. If necessary, they can then replace the extra pair every 18 months.</p> <p>To ensure the effective use of funds, we believe it is appropriate to first provide a (semi)orthopaedic shoe (such as a personal pair) as a suitable solution. Only if this proves to be insufficient can specially manufactured shoes be ordered.</p> <p>Orthopaedic shoes may be obtained from one supplier within the 18-month period of use. If you go to a different supplier, you must first ask ZEM for permission. Insured persons are entitled to a maximum of two pairs of suitable shoes, with due regard for the minimum period of use. Shoes can be replaced within the period of use only if the medical indication has changed or if the shoes no longer fit or are worn beyond repair.</p> <p>Adaptations to (semi)orthopaedic shoes, OVAC and/or VLOS devices that are necessary only in light of the insured person's work and not for their daily activities do not qualify for reimbursement.</p>
Leg or foot prostheses	2.6.a; 2.8.a	<p>For insured persons up to and including age 17, a different period of use of two years applies to prostheses.</p> <p>In addition, insured persons up to and including age 17 acquire a prosthesis in ownership, rather than on loan.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Prostheses and orthoses	2.6.a	<p>The following usage quantities and periods apply to the components of prostheses and orthoses listed below:</p> <p>Prosthetic sheaths: no more than 1 per 12 months Liners: no more than 1 per 12 months Sleeves: no more than 2 per 12 months</p>
Powered prosthesis (mechanical, electric)	2.6.a; 2.8.a	<p>Entitlement to a powered prosthesis is only available if the insured person can only function at a basic level suitable for his or her age with a powered version of the prosthesis.</p> <p>This requires an assessment by a rehabilitation specialist, demonstrating the added value of a powered prosthesis for the insured person's functioning compared with a standard version.</p>
Rinsing materials	2.6.d; 2.11	Rinsing materials include care aids for anal and stoma rinsing.
Speech devices	2.6.s	<p>Entitlement concerns care aids that provide specific functionalities that solve the insured person's established speech defect.</p> <p>Care aids intended to correct stuttering do not come under the entitlement of Article 2.6.s of the Healthcare Insurance Regulations.</p> <p>Common care aids such as computers and Internet functionalities (e.g. email, chat and text messaging functions) are excluded from reimbursement.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Stoma materials	2.6.d; 2.11	<p>Stoma materials include the necessary skin-protection materials, band-aid pads and catheters for a continence stoma and cleansing gauze.</p> <ul style="list-style-type: none"> - Insured persons must themselves purchase the materials they need to clean and care for the skin around the stoma. <p>Suppliers are permitted to provide up to four weeks' supplies in advance.</p> <p>In the case of non-contacted care, the maximum quantities of stoma-related care aids are given in Table 2, stoma care of Article 7 of the Care Aids Regulations.</p> <p>Every quarter, insured persons can obtain their stoma and stoma care materials from one supplier only. In addition to the attending physician, stoma materials may be prescribed by a BIG-registered stoma nurse or nursing specialist under the responsibility of the attending physician who is authorised to prescribe stoma materials.</p>
Stoma hernia support belt	2.6.d; 2.11	<p>A stoma hernia support belt will be reimbursed only in the event of a parastomal hernia (of the scar tissue around a stoma in the abdominal wall). The reimbursement for temporary use comes under the reimbursement for specialist medical care.</p>
Therapeutic elastic stockings	2.6.m	<p>No reimbursement is available for stockings that are used for short-term support within the context of specialist medical treatment and that do not qualify, therefore, as insured care aids. This concerns conditions where a medical specialist provided the indication for therapeutic elastic stockings which, following discharge from outpatient check-ups, are no longer necessary or will in due course no longer be worn.</p> <p>Reimbursement is available for two pairs or two stockings per 12 months, unless the insured person's medical indication changes in the interim.</p>
Stump socks	2.6.a	<p>The insured person is entitled to a maximum of 6 socks per 12 months.</p>

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Band aids for complex/chronic wounds	2.6.k; 2.18	<p>Care aids as referred to in Article 2.6, letter k, of the Healthcare Insurance Regulations include care aids for the treatment of skin function disorders, other than care aids intended to change and maintain posture and anti-decubitus beds, mattresses and covers that belong to the care aids described in Articles 2.12 and 2.17 of the Healthcare Insurance Regulations.</p> <p>In the case of care aids for the treatment of skin function disorders, as referred to in the first paragraph, the situation must involve:</p> <ul style="list-style-type: none"> a complex wound or a high risk of developing such a wound; or serious scars; or a chronic skin condition. <p>As regards allergen-free shoes, this concerns shoes tailored entirely to the insured person's individual needs, to the extent these needs cannot reasonably be met with ready-made shoes.</p> <p>The care referred to in the first paragraph does not include:</p> <ul style="list-style-type: none"> insoles; and creams and similar substances, except in the treatment of a complex wound or serious scar. <p>The entitlement does not cover band-aids for short-term use.</p> <p>For each supply of band aids, the entitlement covers no more than a quantity that is sufficient for two weeks. If the treatment is coordinated by a BIG-registered nurse specialising in wound care and if the condition is chronic, the entitlement covers a supply for up to four weeks.</p> <p>To apply for band aids, the band aid form (zorgzekerheid.nl/zorgprofessionals/beroepsgroep/hulpmiddelen) must be filled in by a contracted nurse specialising in wound care or attending physician.</p> <p>If the general practitioner is the attending physician, a prescription identifying:</p> <ul style="list-style-type: none"> the type of band aid; its period of use; the indication code (see also www.hetroergaatom.lhv.nl) will suffice. <p>A repeat prescription for band aids may be written by a district nurse contracted within the Policy Rule for the Coordinating Role in complex wound care. The application must be accompanied by the prescription stated above.</p> <p>Every quarter, insured persons can obtain their band aids from one supplier only. For a wrap suit you will need ZEM's prior permission.</p> <p>No separate reimbursement applies to:</p> <ul style="list-style-type: none"> the coordinating role for complex wound care; the prescription of band aids by a nurse who is employed by a supplier of band aids.

Description of medical care aid	Article of the Healthcare Insurance Regulations	Specific provisions per type of care aid
Drip-feed pump and consumer items for food	2.6.r; 2.24.b	<p>There is an entitlement to drip-feed pumps (plus accessories) if their use is medically necessary.</p> <p>The accessories and consumer items are owned by the insured person and come under his or her excess.</p>
Oxygen equipment, accessories and power costs	2.6.b; 2.9	<p>Oxygen equipment is used in connection with functional disorders of the respiratory system. This concerns oxygen and substances certified as medical aids within the meaning of the Medical Devices Act (<i>Wet op de medische hulpmiddelen</i>).</p> <p>The care does not cover equipment for chronic ventilation support nor equipment used solely for the purpose of reducing snoring.</p> <p>The maximum reimbursement for power costs is €1.44 per day (€0.06 per hour). This only applies to oxygen used at home.</p> <p>No reimbursement of power costs is available for insured persons who are staying in a nursing home or hospice.</p> <p>If the insured person acquires the ownership of the care aid, his or her excess applies. The excess also applies to consumer items related to the care aid provided on loan, and to the costs of use (such as power costs).</p>
Alarm devices on medical grounds	2.6.t; 2.26.j.2	<p>Reimbursement for alarm devices on medical grounds is available only if the insured person is deemed to run an elevated risk, on medical grounds. In the case of long-term use, alarm equipment is not reimbursed under the Healthcare Insurance Act.</p>
Memo recorder	2.6.f; 2.13	<p>This concerns memo recorders that are specially made for the blind and visually impaired and can be operated using audio and touch keys. There is no entitlement to memo recorders that are widely available for standard use.</p>

Table 2: Use standards for stoma materials

Component:		Quantity:
Colostomy stoma	Two parts	a maximum of 4 pads a week / 4 bags a day
	One part	a maximum of 4 bags per day
Irrigation	Rinsing sets	first year: a maximum of 2 rinsing sets, thereafter a maximum of 1 rinsing set per year
	Rinsing pump	period of use: 3 years a maximum of 1 irrigation sleeve per day after each rinsing, up to 2 stoma pads or colostomy bags can be used
Stoma plugs	Two parts	a maximum of 1 pad and 4 plugs per day
	One part	a maximum of 4 plugs per day
Ileostomy stoma	Two parts	a maximum of 4 pads a week / 2 bags a day
	One part	a maximum of 2 bags per day
Urostomy stoma	Two parts	a maximum of 4 pads a week / 2 bags a day
	One part	a maximum of 2 bags per day
Continance stoma	Band-aid pads and catheters	2-6 per day, as prescribed

Deviation from the use standards described above is possible, if reasonably required:

- Contracted care providers: follow the use standards described above. If more materials are used than the maximum stated, the care contractor should assess the effectiveness of the excess use, which is recorded in the insured person's care dossier.
- Non-contracted care contractors: must apply for permission for excess use from ZEM in the request for authorisation, prior to delivery.

This description also includes urine collection bags and catheters.

Table 3: Use standards for absorbent incontinence materials, per quarter

Number of washable units:	Number of disposable units:
0 in combination with	455
1 in combination with	364
2 in combination with	273
3 in combination with	182
4 in combination with	91
5 in combination with	0

Deviation from the use standards described above is possible, if reasonably required:

- Contracted care providers: follow the use standards described above. Use in excess of the maximum stated is laid down in agreements with the care contractor, who will not charge the healthcare insurer or insured person for any additional costs in this regard. The care contractor is to assess the effectiveness of the excess use and record it in the insured person's care dossier.
- Non-contracted care contractors: must apply for permission for excess use from ZEM in the request for authorisation, prior to delivery. The quantities in Table 3, absorbent incontinence materials do not apply to protective bed mats. Bed mats are subject to Article 7 of the Care Aids Regulations, Healthcare Insurance Regulations 2.6.j; 2.17.

Stoma and incontinence care does not cover:

- cleaning agents and odour control agents for daily personal hygiene and care. Examples: soap, cleaning lotion, skin cream etc.;
- skin-protection agents other than for patients with a stoma, to the extent not covered by insured pharmaceutical care;
- garments, with the exception of net pants;
- urinary buzzers in the treatment of enuresis nocturna (bed-wetting);
 - protective bed mats, except in the case of a special individual care need. You will need

to submit an application to ZEM for this purpose.

Table 4: As a guide, lancets and test strips are subject to the following standards of use

Situation:	Number of test strips:
Diabetics taking oral blood sugar suppressants, for whom therapy is no longer useful and who are considered for treatment with insulin	a maximum of 100 test strips once only
Diabetics with a fixed dosage schedule for 1 to 2 insulin injections per day. This also applies to gestational diabetes	a maximum of 400 test strips per 12 months
Diabetics taking 3 or more insulin injections a day or using an insulin pump, based on blood sugar levels. This also applies to gestational diabetes	a maximum of 1,600 test strips per 12 months
For the use of Flash Glucose Monitoring (FGM)	a maximum of 200 test strips per 12 months
For the use of Continuous Glucose Monitoring (CGM)	a maximum of 800 test strips per 12 months

Every quarter, insured persons can obtain their diabetes materials from one supplier only.

Medical Aid*	Care Aids Regulation article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber		Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***	
				First time	Repeat	First time	Repeat			
Patient care aids										
Protective bed mats	2.6.j	2.17.h		Attending physician or BIG-registered incontinence nurse	No	Yes, unless supplied by the contracted care provider as part of the incontinence profile	No	N/A	No	
Incontinence materials - absorbent	2.6.d	2.11	Yes	Attending physician or BIG-registered incontinence nurse	No	No	No	Maximum standards of use apply (Table 3)	No	
Incontinence materials - discharge	2.6.d	2.11		Attending physician or BIG-registered incontinence nurse	No	No	No	N/A	No	
Stoma hernia support belt	2.6.d	2.11	Yes	Attending physician or BIG-registered stoma nurse	No	No	No	12 months	No	
Stoma materials	2.6.d	2.11	Yes	Attending physician or BIG-registered stoma nurse	No	No	No	Maximum standards of use apply (Table 2)	No	
Urine collection bag	2.6.d	2.11		Attending physician or BIG-registered incontinence nurse	No	No	No	N/A	No	
Band aids and accessories for compression-related care	2.6.k	2.18	Yes	1) Attending physician 2) BIG-registered wound care nurse or consultant of contracted care provider with a coordinating role in complex wound care	No	No	No	N/A	No	
Rinsing materials	2.6.d	2.11		Attending physician or BIG-registered nurse	No	No	No	36 months	No	
Orthoses and footwear facilities										
Ankle sheath or cover for orthopaedic shoes	2.6.a			Medical specialist or nursing specialist	No	No	No	18 months	No	
Lying orthoses (static or dynamic)	2.6.e	2.12(1a)		Medical specialist	No	No	No	60 months	Yes	
Orthoses (such as a corset and splint and redression equipment)	2.6.e	2.12	Yes	Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	24 months	No	
Orthopaedic inner shoe	2.6.a	2.8		Medical specialist or nursing specialist	No	No	No	18 months	No	
Orthopaedic shoes (OSA)	2.6.e	2.12	Yes	Medical specialist or nursing specialist	No	No	No	18 months (from age 16) 6 months (up to age 16)	No	
Orthopaedic adaptation to ready-made shoes (OVAC)	2.6.e	2.12	Yes	Attending physician, physician assistant (PA) or nursing specialist	No	No	No	12 months	No	
Skull orthosis / skull protection cap	2.6.g			Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	18 months	No	
Semi-orthopaedic shoe (OSB)	2.6.e	2.12		Attending physician, physician assistant (PA) or nursing specialist	No	No	No	18 months (from age 16) 6 months (up to age 16)	No	
Band aid or allergen-free shoe	2.6.k	2.18		Attending physician, physician assistant (PA) or nursing specialist		Attending physician, physician assistant (PA) or nursing specialist. For complex wounds: BIG-registered wound care nurse from a contracted home care organisation	No	No	18 months	No
Provisional orthopaedic shoes (VLOS)	2.6.e	2.12	Yes	Medical specialist or nursing specialist	No	No	Yes	N/A	No	

Medical Aid*	Care Aids Regulation article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber		Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***
				First time	Repeat	First time	Repeat		
Auditive care aids									
BAHA Softband	2.6.c	2.10		ENT specialist or authorised prescriber affiliated to an audiological centre	ENT specialist or authorised prescriber affiliated to an audiological centre	Yes	Yes	60 months	No
Hearing aid	2.6.c	2.10	Yes	Contracted care provider: no prescription required for a visit to an audiologist. The audiologist will assess the need for referral to an ENT specialist or audiological centre. Non-contracted care provider: attending physician	No	No	No	60 months	No
Induction loops, infrared or FM equipment (sound transfer systems)	2.6.c	2.10		Contracted care provider: no prescription required for a visit to an audiologist. The audiologist will assess the need for referral to an ENT specialist or audiological centre. Non-contracted care provider: attending physician	No	No	No	60 months	No
Solo equipment	2.6.c	2.10		ENT specialist or authorised prescriber affiliated to an audiological centre	No	Yes	Yes	60 months	No
Tinnitus masking equipment	2.6.c	2.10		Contracted care provider: no prescription required for a visit to an audiologist. The audiologist will assess the need for referral to an ENT specialist or audiological centre. Non-contracted care provider: attending physician	No	No	No	60 months	No
Visual care aids									
Bandage lens	2.6.k	2.18		Ophthalmologist	No	No	No	1 month	No
Screen magnifier	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	Yes
Magnifiers: (Digital) manual magnifier Magnifier lamp Illuminated magnifier Table-mounted magnifier	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	No
White cane	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	36 months	No
Braille translator	2.6.f			Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	Yes
Spectacle lenses on medical grounds up to age 18	2.6.f	2.13	Yes	Ophthalmologist	No	No	No	12 months	No
Daisy player	2.6.t	2.26.g	Yes	Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	No
Shield glasses	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	N/A	Yes
Lenses on medical grounds	2.6.f	2.13		Ophthalmologist	No	No	No	Depending on lens type	No
Magnifying spectacles / telescopic spectacles	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	Yes

Medical Aid*	Care Aids Regulations article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber	Prescriber	Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***
				First time	Repeat	First time	Repeat		
Memo recorder	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	No
Eye cream and eye drops	2.6.f	2.13		Attending physician	No	Yes	No	N/A	No
Ptosis spectacles	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	N/A	Yes
Scleral lens	2.6.a	2.8		Ophthalmologist	No	No	No	12 months	No
Scleral cover shell	2.6.a	2.8		Medical specialist	No	No	No	24 months	No
Tactile reading aids	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	Yes
Text-to-speech reader	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	72 months	Yes
Text-to-speech scanner	2.6.f	2.13		Authorised prescriber affiliated to an institute for the blind and visually impaired, or attending physician	No	No	No	60 months	Yes
Aids for diabetics									
Blood glucose monitoring device	2.6.o			Medical specialist or BIG-registered diabetes nurse	No	No	No	N/A	No
Continuous Glucose Monitoring (CGM)	2.6.o			Medical specialist or BIG-registered diabetes nurse	No	No	No	Maximum number of sensors per 12 months depends on brand and type	No
Flash Glucose Monitoring (CGM)	2.6.o			Medical specialist or BIG-registered diabetes nurse	No	No	No	A maximum of 28 sensors per 12 months	No
Insulin pump	2.6.o			Medical specialist or BIG-registered diabetes nurse	No	No	No	48 months	No
Insulin pen	2.6.o			Medical specialist or BIG-registered diabetes nurse	No	No	No	36 months	No
Mobility aids and home furnishing aids									
Special needs chair ('AFA' chair)	2.6.e	2.12		Attending physician	No	Yes	Yes	60 months	Yes
Adapted work table	2.6.e	2.12		Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Anti-decubitus bed or mattress	2.6.j	2.17.b	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Anti-decubitus cushion	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Bath board	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Bed accessories (bed frame, trapeze, back support, bed board (for reading etc.))	2.6.j	2.17.c	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Bed shortener, bed extender and bed raiser	2.6.j	2.17.f	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Bed aid up to age 18	2.6.j			Not necessary if obtained from a contracted care provider	No	No	No	36 months	Yes
Shower chair, shower stool or shower toilet chair	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Threshold ramp	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes

Medical Aid*	Care Aids Regulations article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber		Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***
				First time	Repeat	First time	Repeat		
Slide sheets	2.6.j	2.17.e		Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Manual wheelchair	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Adjustable (transfer) bed or carrier, special model including the corresponding mattress	2.6.j	2.17.a	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Walking frame	2.6.e	2.12		Not necessary if obtained from a contracted care provider	No	No	No	84 months	Yes
Wheeled walkers or complex walking aids	2.6.e	2.12		Not necessary if obtained from a contracted care provider	No	No	No	84 months	Yes
Bedpan	2.6.j	2.17.g	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Rollator, made to measure	2.6.e	2.12		Not necessary if obtained from a contracted care provider	No	No	No	84 months	Yes
Patient lift	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Toilet chair, raised toilet seat or toilet frame	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Transfer aid (such as transfer turntable, transfer board, stand-and-transfer frame)	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Caster walk chair (for short-term use)	2.6.e	2.12	Yes	Attending physician	No	Yes	Yes	60 months	Yes
Caster walk chair (for long-term use)	2.6.e	2.12	Yes	Attending physician	No	Yes	Yes	60 months	Yes
Inflatable cushion	2.6.e	2.12	Yes	Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Seating aid up to age 18	2.6.e			Not necessary if obtained from a contracted care provider	No	No	No	36 months	Yes
Blood and lymph transport supports									
Dressing and undressing aid	2.6.m			Attending physician or paramedic	No	No	No	24 months	No
Cuffs and accessories for compression therapy	2.6.m			Medical specialist	No	Yes	No	60 months	No
Lympha Press equipment	2.6.m			Medical specialist	Medical specialist	Yes	Yes	60 months	Yes
Therapeutic elastic stockings	2.6.m		Yes	Attending physician	No	No	No	12 months	No
Care aids for respiratory issues									
Positive expiratory pressure (PEP) equipment	2.6.b	2.9		Medical specialist	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	No
CPAP equipment incl. air humidification chamber and consumer items	2.6.b	2.9	Yes	Lung specialist, ENT specialist or neurologist	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Lung vibrating device	2.6.b	2.9		Attending physician	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	No
Mandibular Reposition Device (MRA)	2.6.b	2.9	Yes	Lung specialist, ENT specialist, neurologist or physician assistant (PA)	No	No	No	60 months	No

Medical Aid*	Care Aids Regulation article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber		Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***
				First time	Repeat	First time	Repeat		
Sleep position trainer (SPT)	2.6b	2.9		Lung specialist, ENT specialist or neurologist	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Mucus extraction equipment	2.6b	2.9		Attending physician	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Mucus extraction equipment, accessories	2.6b	2.9		Attending physician	No	No	No	N/A	No
Voice prostheses or speech amplifiers	2.6a	2.8	Yes	Attending physician	Attending physician	No	No	N/A	No
Tracheostoma cannulas	2.6b	2.9		Attending physician	No	No	No	N/A	No
Tracheostoma accessories and protectors	2.6b	2.9		Attending physician	No	No	No	N/A	No
Inhalers	2.6b	2.9		Attending physician	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Inhaler accessories	2.6b	2.9		Attending physician	No	No	No	N/A	No
Spacers for inhalers	2.6b	2.9		Attending physician	No	No	No	12 months	No
Oxygen equipment with accessories	2.6b	2.9	Yes	Attending physician	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Oxygen equipment, power costs	2.6b	2.9	Yes	Attending physician	No	No	No	N/A	No
Prostheses									
Facial prosthesis	2.6a	2.8		Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	60 months	No
Hair implant	2.6a	2.8.a(4)	Yes	Medical specialist or BIG-registered oncology nurse	No	No	No	12 months	No
Attachments and sockets for arm prosthesis	2.6a	2.8		Attending physician, physician assistant (PA) or nursing specialist	No	No	No	36 months	No
Attachments and sockets for leg prosthesis	2.6a	2.8		Attending physician, physician assistant (PA) or nursing specialist	No	No	No	36 months	No
Breast prostheses	2.6a	2.8	Yes	Medical specialist or breast care nurse	No	No	No	12 months	No
Eye prostheses	2.6a	2.8		Medical specialist	No	No	No	24 months	No
Powered upper extremity prosthesis	2.6a	2.8	Yes	Rehabilitation specialist, demonstrating added value of powered prosthesis compared with standard version	Rehabilitation specialist, demonstrating added value of powered prosthesis compared with standard version	Yes	Yes	60 months	No
Upper extremity prosthesis, up to age 18	2.6a	2.8	Yes	Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	12 months	No
Upper extremity prosthesis, from age 18	2.6a	2.8	Yes	Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	12 months	No

Medical Aid*	Care Aids Regulations article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber		Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***
				First time	Repeat	First time	Repeat		
Powered lower extremity prosthesis	2.6.a	2.8	Yes	Rehabilitation specialist, demonstrating added value of powered prosthesis compared with standard version	Rehabilitation specialist, demonstrating added value of powered prosthesis compared with standard version	Yes	Yes	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Lower extremity prosthesis, up to age 18	2.6.a	2.8	Yes	Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	12 months	No
Lower extremity prosthesis, from age 18	2.6.a	2.8	Yes	Attending physician, physician assistant (PA) or nursing specialist	No	Yes	Yes	Contracted care provider: N/A Non-contracted care provider: 36 months	Yes
Stump sock	2.6.a	2.8	Yes	Attending physician	No	No	No	12 months	No
Swim prosthesis	2.6.a	2.8	Yes	Medical specialist or breast care nurse	No	No	No	12 months	No
Aids for communication, information and signalling									
Alarm devices on medical grounds	2.6.t	2.26.j.2		Attending physician	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Automatic page turner	2.6.e	2.12		Attending physician	No	Yes	Yes	72 months	Yes
Communication aids	2.6.f, 2.6.e, 2.6.s			Attending physician	No	Yes	Yes	60 months	Yes
Home automation devices	2.6.e	2.12		Attending physician	No	Yes	Yes	60 months	Yes
Speech devices	2.6.s		Yes	Attending physician	No	Yes	Yes	60 months	Yes
Speech software for mobile telephony	2.6.f	2.13		Attending physician	No	No	No	N/A	Yes
Wake-up and warning installations	2.6.c	2.10		ENT specialist or authorised prescriber affiliated to an audiological centre If the insured person's hearing loss in one or both ears exceeds 60 dB of in the case of 100% hearing loss, referral by a triage audiologist will suffice	No	No	No	60 months	No
Feeding equipment									
Feed pump consumer items	2.6.r	2.24.b	Yes	Medical specialist or dietician	No	No	No	N/A	No
Feeding pump	2.6.r	2.24.b		Medical specialist or dietician	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Treatment-related care aids									
Electrical nerve stimulation devices (TENS) to fight chronic pain, plus accessories	2.6.y			Medical specialist or TENS nurse	No	No	No	TENS: 60 months Accessories: 6 months	No
Infusion pump	2.6.p	2.22	Yes	Attending physician or BIG-registered nurse	No	No	No	Contracted care provider: N/A Non-contracted care provider: 60 months	Yes
Standard drip	2.6.j	2.17.i		Not necessary if obtained from a contracted care provider	No	No	No	60 months	Yes
Injector equipment	2.6.l	2.19		Attending physician	No	No	No	N/A	No
Eye bandage	2.6.l			Attending physician	No	No	No	N/A	No

Medical Aid*	Care Aids Regulations article	Described in the Healthcare Insurance Regulations, Article	Specific conditions, Article 7 of the Care Aids Regulations	Prescriber		Prior permission required for care aids suppliers with an agreement*		Minimum Period of Use	Care aid on loan with contracted suppliers***
				First time	Repeat	First time	Repeat		
Care aids to support arm, hand and finger function									
Arm support	2.6.e			Attending physician	No	Yes	Yes	60 months	Yes
Drinking support	2.6.e			Attending physician	No	Yes	Yes	60 months	Yes
Feeding device or support	2.6.e	2.12		Attending physician	No	Yes	Yes	60 months	Yes
Robot manipulator	2.6.e	2.12		Attending physician	No	Yes	Yes	60 months	Yes
Care aids for home dialysis									
Home dialysis: costs which are directly related to home dialysis treatment insofar as we deem such costs to be reasonable and no provision is made for them in any other statutory regulation	2.6.hh	2.29.a		Medical specialist	No	Yes	No	N/A	No
Home dialysis: alterations made in and to the home and restoring it to its original condition in relation to home dialysis insofar as we deem such costs to be reasonable and no provision is made for them in any other statutory regulation	2.6.hh	2.29.b		Medical specialist	Medical specialist	Yes	Yes	N/A	No
Care aids for contraceptive purposes									
Copper IUD	2.6.i	2.16.b		Attending physician	No	No	No	N/A	No
Diaphragm	2.6.i	2.16.a		Attending physician	No	No	No	N/A	No
Dogs									
Daily activities service dog, signal dog and guide dog	2.6.e, 2.6.c, 2.6.f	2.12, 2.10, 2.13		Daily activities service dog: attending physician Signal dog: ENT specialist or authorised prescriber affiliated to an audiological centre Guide dog: attending physician or authorised prescriber affiliated to an institute for the blind and visually impaired	No	Yes	Yes	72 months	Yes
Daily activities service dog, signal dog and guide dog, accessories	2.6.e, 2.6.c, 2.6.f	2.12, 2.10, 2.13	Yes	As part of the referral for a daily activities service dog, signal dog or guide dog	No	No	No	N/A	No

* For any aid not included in the above list, you will always need prior permission from ZEM.

** In deviation from Article 3.1, an insured person who goes to a non-contracted supplier always needs ZEM's prior permission.

*** In the case of a non-contracted supplier, the insured person acquires the ownership of the aid and their excess applies.

