



QUICK REFERENCE BENEFITS LIST

The following list includes, but is not limited to, the benefits that have been requested and/or covered to date. Additional limitations and procedures are described in the Benefit Handbook. Additional benefits may potentially be covered for an individual based on medical necessity but are not on this list because they have not been requested, prescribed, or paid to date. Always check with your Nurse Case Manager if something is not included on this list.

For an original request for most benefits, you will need:

- Letter of Medical Necessity (LMN)
- Explanation of Benefits (EOB) or denial of coverage
- Receipt, proof of purchase, or direction to pay to the provider or another party

Some benefits do not require an LMN after the original request – for example, replacement items, drugs already approved, ongoing therapy already approved, and other ongoing or recurring items. Check with your Nurse Case Manager if you are not sure whether a specific item needs an LMN.



BENEFITS

- One-time lump sum Parental Award of \$250,000
- Professional Nursing Care: Agency-provided care for up to 24 hours/day as recommended by the physician. Family-provided care in lieu of Professional Nursing Care as recommended by physician (limitations apply)
- Doctor visits (related to neurological birth injury), including copays and deductibles where applicable
- Hospital treatment (related to neurological birth injury) and facilities charges
- Prescription Drugs related to neurological birth injury
- Insurance policies and premiums, copays, deductibles (related to neurological birth injury)

Therapy:

- Physical therapy
- Occupational therapy
- Speech therapy
- Aqua therapy
- Intensive therapy
- Music therapy
- Hippotherapy
- Massage therapy
- Annual Therapy Camp (Limited to \$2,000/year)
- Behavior therapy

- Psychotherapeutic services for individual family member living with participant (up to \$10,000 year)
- Other therapies as recommended by physician and approved

Augmentative Communication Technology:

- Computer (limit \$1,000 if no adaptive programs)
- iPad (limit \$500 if no adaptive programs)
- Adaptive programs for computer or iPad
- Dynavox
- Other technology as approved

SUPPLIES

- Diapers, wipes, and incontinence supplies
- Feeding bags
- Trach supplies
- Enteral formulas
- Gloves
- Sanitizer
- Bibs
- Toothettes
- Special socks for AFOs, braces, or other orthotics (4 pairs)
- Special cups and utensils for feeding
- Washcloths or drool cloths
- Mouth swabs
- Under pads (bed linen savers)
- Sterile saline for wound care
- Shoes to fit with AFOs, braces, or other orthotics (2 pairs per year)

(Routine supplies of daily living are not covered, such as trash bags)

Pre-Packaged or Pureed Foods:

- Provided after age 2
(baby food – some price limitations)
- Blender up to \$500 every 3 years

Annual Special Benefit:

- \$500 per calendar year (no LMN necessary)

Transportation:

- Reliable method of transportation for medical appointments
- Handicap modified van and van-related expenses
- Replacement every 7 years or 150,000 miles

Other travel expenses for medically necessary travel related to the neurological injury:

- Mileage
- Hotel and meals if overnight stay is required (over 50 miles from home)

Housing Assistance Up to \$100,000 for:

- New home construction
- Purchase of handicap-accessible home
- Construction of handicap modifications to existing home

(limitations apply – see Benefit Handbook)

Death Benefit:

- \$50,000

Guardianship costs:

- Up to \$2,500 as a one-time benefit

Experimental Therapy or Drugs

as approved: *(see Benefit Handbook for details)*

- See Benefit Handbook for benefits that are not specifically addressed in this list.

ELECTRIC STIPEND

Upon request, NICA may provide families with a monthly stipend of up to \$100 to offset the additional electricity costs associated with the use of medically necessary equipment related to the child's neurological injury, such as oxygen concentrators and suction machines.

