

IFHP Benefit Grid - Detainee Plan (excluding dental)

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Freq Limit	Maximum Dollar Amount	Comments
Per Diem									
In-patient (up to 45 days)	0164IPU	30-Jun-12		Yes				\$668.70 / day	See NOTES 1, 2, 8 & 28
In-patient (over 45 days)	0164IPO	30-Jun-12		Yes				\$200.65 / day	See NOTES 1, 2, & 28
In-patient for Only 1 Day - Under 8 Hours	0164IPDU	30-Jun-12		Yes				\$93.70 / day	See NOTES 1, 2, & 28 Must include admission and discharge times. Only Emergency Room fee is payable.
In-patient for Only 1 Day - Over 8 Hours	0164IPDO	30-Jun-12		Yes				\$334.35 / day	See NOTES 1, 2, & 28 Must include admission and discharge times. Half the per-diem will be reimbursed.
Main Facility fees									
Emergency Room	0155ER	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 4, 5 & 28 Exception to note 5: CT and MRI facility fees can be billed together with Emergency Room fee.
Outpatient	0155OP	30-Jun-12		Yes				\$26.75 / day	See NOTES 5, 28 & 29
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 4, 5, & 28
Overnight Emergency Room Stay	0155OER	30-Jun-12		Yes				\$200.65 / day	See NOTES 3, 4, 5 & 28 Exception to NOTE 5: CT and MRI facility fees can be billed together with Overnight Emergency Room Stay.
Urgent Care Centre Visits	0155UC	30-Jun-12		Yes				\$93.70 / day	See NOTES 5, 6 & 28 Exception to NOTE 5: CT and MRI facility fees can be billed together with Urgent Care Centre Visits.
Secondary Facility fees									
Dialysis	0155D	30-Jun-12		Yes				\$200.65 / day	See NOTES 5 & 28. Not payable together with per diem.
Chemotherapy (not including chemo drugs)	0155C	30-Jun-12	Yes	Yes				\$60.20 / day	See NOTSE 5 & 28. Not payable together with per diem. NOTE: For chemo drugs, submit bill with DIN number or drug name. Chemo drugs must be approved by Health Canada and supported by provincial / territorial Cancer Care Centers clinical guidelines.
Out-patient day surgery	0155OPS	30-Jun-12	Yes	Yes				\$200.65 / day	See NOTES 5, 7, 8 & 28. Not payable together with per diem.
Blood Transfusion	0155BT	30-Jun-12		Yes				\$60.20 / day	See NOTES 5 & 28. Not payable together with per diem.
Radiotherapy	0155RT	30-Jun-12		Yes				\$60.20 / day	See NOTES 5 & 28. Not payable together with per diem.

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CT Scans	0155CT	30-Jun-12						\$200.65 / service	See NOTES 5, 9, 10 & 28. Exception to NOTE 5: CT scans can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay facility fees.
MRI	0155MRI	30-Jun-12						\$200.65 / service	See NOTES 5, 10, 11 & 28. Exception to NOTE 5: MRI scans can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay facility fees.
Abortion	0155A	30-Jun-12						\$573.05 / day	See NOTES 5 & 28. Not payable together with per diem.
Lithotripsy	0155L	30-Jun-12		Yes				\$668.70 / day	See NOTES 5 & 28. Not payable together with per diem.
Professional Fees									
Nursing Services - Vaccination	0212CI	30-Jun-12					4 / LT	\$ 26.75 / visit and \$107.00 / lifetime	See NOTE 28 Not payable with per diem. IFHP will pay \$26.75 / visit, when the visit is for vaccination purposes. See the list of approved vaccinations in NOTE 19 and NOTE 27
Community Nursing Services	0211CI	30-Jun-12		Yes			40 CM	\$53.30 / hour and \$2,132.00 / CM	See NOTE 28 Not payable with per diem. IFHP will pay \$53.30 / hour when the visit is for Community Home Care Nursing, for acute care clients. Requires a physician's order as part of hospital discharge. IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
General Practice	see comments	30-Jun-12		Yes	Yes				See NOTES 12 & 28 IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics Pediatricians and Community Nursing Services.
Anaesthesia	see comments	30-Jun-12			Yes				See NOTES 6, 13, & 28
Cardiology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Clinical Immunology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Community Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Cardiovascular and Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28

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Dermatology	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 6, 13 & 28 IFHP does not cover treatment for cosmetic purposes, tattoo removal, treatment of warts and uncomplicated acne vulgaris.
Endocrinology & Metabolism	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Emergency Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28
Gastroenterology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
General Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28 The IFHP does not cover elective surgery, or for surgical procedures performed for cosmetic or religious purposes.
General Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28
Geriatrics	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Haematology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, 28 & 28
Immunology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Infectious Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Laboratory Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Internal Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Medical Oncology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28
Neurosurgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28
Nuclear Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Nephrology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28
Neurology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28

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Gynecology / Obstetrics	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, 14, & 28 IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Oral / Maxillofacial Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, & 28 Coverage is limited to treatment provided in a hospital.
Otolaryngology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 29
Ophthalmology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, 15, & 28
Pediatrics	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28 IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Psychiatry	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Respiratory Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Rheumatology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Urology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, 16, & 28
Orthopaedic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28. Limited to acute care.
Plastic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28 Surgery for cosmetic purposes is not covered.
Vascular Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13, & 28
Radiation Oncology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Diagnostic Radiology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28
Physical Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 13 & 28

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Diagnostic and Therapeutic Procedures and Tests									
Diagnostic Tests (Laboratory)	see comments	30-Jun-12			Yes				See NOTES 6 & 28 IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Specialized Products for diagnostic tests (radiopharmaceuticals)	420210	01-May-13							See NOTES 6, 28 & 30
Diagnostic Tests (Radiology)	see comments	30-Jun-12			Yes				See NOTES 6 & 28 IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Diagnostic Tests (Ultrasound)	see comments	30-Jun-12			Yes				See NOTES 6 & 28 IFHP covers prenatal, obstetrical care and post-partum care up to 28 days after delivery for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Integrated Prenatal Screening Tests	420201	30-Jun-12						\$130.75 / day	See NOTE 28
Maternal Serum Screening Tests	420202	30-Jun-12						\$130.75 / day	See NOTE 28
Transportation									
Ambulance - Ground	0729E	30-Jun-12						\$350.00	See NOTES 17, 18 & 28
Ambulance - Air	0729A	30-Jun-12	Yes	Yes					See NOTES 18 & 28. Actual cost allowed.
Standard Immunization									
Immunization - Children	249067	30-Jun-12	Yes					\$428 / lifetime	See NOTES 20, 27 & 28. Age restriction: 0 - 17.
Immunization - Adults	249061	30-Jun-12	Yes					\$446 / lifetime	See NOTES 19, 20 & 28. Age restriction: 18 and older.
ASSISTIVE DEVICES									
Ostomy and Surgical Supplies									
Ostomy and Ostomy Supplies	402418	30-Jun-12	Yes	Yes		MD, NP			See NOTES 21, 22, 23, 24 & 28

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Surgical Supplies (dressings, adhesives, adhesive removers, etc.)	402500	30-Jun-12	Yes	Yes		MD, NP			See NOTES 22, 23, 24 & 28
Continence Aids									
Pant (brief) Mesh	0406D	30-Jun-12	Yes	Yes		MD, NP	3 / CM		See NOTES 22, 25 & 28
Disposable Underpads	0409DU	30-Jun-12	Yes	Yes		MD, NP	50 / CM		See NOTES 22, 25 & 28
Reusable Underpads	0409RU	30-Jun-12	Yes	Yes		MD, NP	2 / CM		See NOTES 22, 25 & 28
Assistive Devices for Administering Medicines / Diabetic Supplies									
Injection Syringes	401126	30-Jun-12		Yes		MD, NP			See NOTE 21, 23 & 28 Diabetes mellitus or other medical condition requiring daily injections.
Diabetic Supplies and Test Strips	401135	30-Jun-12		Yes		MD, NP			See NOTE 21, 23 & 28 Diabetes mellitus requiring testing.
Diabetic Supplies - Lancets	401132	30-Jun-12		Yes		MD, NP			See NOTE 21, 23 & 28 Diabetes mellitus or other medical condition requiring daily injections.
Rental - IV Pole	404209	30-Jun-12	Yes	Yes		MD, NP	1 / CM		See NOTE 23, 26 & 28
IV Supplies and Accessories	404225	30-Jun-12	Yes	Yes		MD, NP			See NOTE 21, 23 & 28
Aids for Personal Mobility									
Rental - Manual Wheelchair	305204	30-Jun-12	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26 & 28 IFHP will pay the least expensive device.
Rental - Canes	304502	30-Jun-12	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26 & 28 IFHP will pay the least expensive device.
Rental - Crutches	304505	30-Jun-12	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26 & 28 IFHP will pay the least expensive device.
Rental - White Canes	0300WR	30-Jun-12	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26 & 28 IFHP will pay the least expensive device.
Rental - Obstacle Detectors	0300ODR	30-Jun-12	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26 & 28 IFHP will pay the least expensive device.
Rental - Walkers	0309R	30-Jun-12	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26 & 28 IFHP will pay the least expensive device.

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NOTES:

- NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) Telephones, etc.
- NOTE 2 - Facility Fee charges for the following services will be rejected if they occur during the time of the hospital stay: (1) X-rays, (2) Ultrasounds, (3) Pharmaceuticals, (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient; and (11) Nurse Visits.
- NOTE 3 - The Emergency Room Facility Fee is an all inclusive rate and includes payment for: (1) Swabs; (2) Bandages; (3) Plaster casts; (4) Splints; (5) Medical supplies; and (6) Drug packets.
- NOTE 4 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code.
- NOTE 5 - When fee is claimed together with a main or secondary facility fee on the same day, only one facility fee for the service with the highest reimbursement rate can be claimed.
- NOTE 6 - For professional fees, hospitals / practitioners must indicate the appropriate provincial / territorial physician fee code(s), plus time units, where applicable.
- NOTE 7 - Type of surgery performed should be indicated on the claim form.
- NOTE 8 - The following services are not covered: (1) Two visits on the same day; (2) Surgery for cosmetic purposes; (3) Elective surgery.
- NOTE 9 - More than one CT Scan per patient, per day is payable IF: (1) CT Scans were for a different area of the body; OR; (2) Several CT Scans were performed at different times during the day. Not payable together with per diem.
- NOTE 10 - Examined body / region must be specified on the claim.
- NOTE 11 - More than one MRI per patient, per day is payable IF: (1) MRI Scans were for a different area of the body; OR; (2) Several MRI Scans were performed at different times during the day. Not payable together with per diem.
- NOTE 12 - For professional fees, the appropriate provincial / territorial physician fee code(s), plus units of time, (where applicable) must be indicated. Services not covered: (1) Periodic oculo-visual assessments for all age groups; (2) Annual health examinations; (3) Genetic assessments; (4) Smoking cessation.
- NOTE 13 - For service performed in a hospital, the name of the referring practitioner is not required. For clinic visits - referral from a GP or NP is required.
- NOTE 14 - The following services are not covered: (1) Tubal occlusion / interruption / removal by any method or approach for the purpose of sterilization; (2) Fertility diagnostic and treatment procedures.
- NOTE 15 - Services not covered: (1) Periodic oculo-visual assessment for all age groups; (2) Services for the purpose of prescription of eye glasses; (3) Pterigium surgery with or without graft for all age groups; (4) Refractive surgery.
- NOTE 16 - The following services are not covered: (1) Circumcision performed for ritual, cultural, religions or cosmetic reasons, at any age; (2) Circumcision for neonatal phimosis; (3) Vasectomy for sterilization purposes; (4) Vasectomy reversal; (5) Fertility diagnostic and treatment procedures.
- NOTE 17 - IFHP follows the provincial / territorial fee guidelines. Where no provincial / territorial fee guidelines exist, IFHP will pay up to a maximum \$350 for ground ambulance transportation.

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NOTE 18 - Ground or air conveyance, used or intended to be used for a person who:

- (a) injured in a traffic or industrial accident or otherwise have suffered an illness that poses an immediate threat to a person's life, limb or a function;
- (b) transported to a health facility or between two health facilities, as arranged by an attending physician or health care provider designated by a physician.

NOTE 19 - Include vaccines: (1) Varicella; (2) Meningococcal C; (3) Pneumococcal C-23; (4) T-dap; (5) Td; (6) MMR; (7) Hep B; (8) Hep A; (9) Influenza vaccine; AND (10) Combinations/Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or high risks).

NOTE 20 - IFHP will cover immunizations as per NACI guidelines for immunization of adults with inadequate/without immunization records or high risks. Can be claimed together with:
(1) provincial physician fee codes for vaccination; OR (2) injections fee; OR (3) IFHP Nursing Services - Vaccination code. Once max dollar amount is reached, (whether reached during the initial or subsequent service), only professional fees are payable (nursing visits or physician fees).

NOTE 21 - Supplies can also be submitted on-line through the pharmacy billing system.

NOTE 22 - As per usual & customary fees in provinces / territories.

NOTE 23 - Client must not be in an acute care facility.

NOTE 24 - Clients must have an ostomy or other medical condition as certified by a Doctor or Nurse Practitioner.

NOTE 25 - Chronic uncontrolled incontinence of a daily loss of a moderate, heavy or total loss of urine or stool, despite all interventions implemented.

NOTE 26 - Rental equipment may be approved when prescribed for use during a limited period of time.

NOTE 27 - Include vaccines: (1) Varicella; (2) Hep B; (3) Hep A; (4) Meningococcal C; (5) Pneumococcal C-7; (6) T-Dap; (7) DTaP; (8) Td; (9) MMR; (10) IPV; (11) Hib, (12) Influenza vaccine AND (13) Combinations / Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).

NOTE 28 - Services provided to Canadian citizens, including newborns, are not covered.

NOTE 29 - Out-patient fee 0155OP is not payable when the sole purpose for an out-patient visit is to administer laboratory tests, diagnostic radiology or diagnostic ultrasound procedures.

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NOTE 30 - IFH will reimburse for the cost of radiopharmaceuticals (products) to hospitals/lab/imaging clinics:

- a) when product purchased/ordered in advance of a service and the client ceases to be eligible after the product is purchased/ordered but before the scheduled service date.
- b) the product was purchased/ordered within a maximum of 2 weeks before the scheduled procedure, and the client was eligible on the date the product was purchased/ordered (submit the printout of the eligibility query screen with time stamp, copy of a dated order confirmation or receipt),
- c) IFH will reimburse only for the cost of the product as per invoice amount. All other fees/services will not be reimbursed.
- d) Note, in situations where the client is still covered under the same plan on the date of service, providers will be reimbursed as per respective P/T fee code and/or IFH main or secondary facility fee.

e) The following procedures are eligible:

Venography
 Cardioangiography
 Myocardial Perfusion Scintigraphy
 Myocardial Scintigraphy
 Myocardial Wall Motion
 Adrenal Scintigraphy
 Thyroid Scintigraphy
 Thyroid uptake and repeat
 Parathyroid Scintigraphy
 Shilling test
 Malabsorption test
 Gastrointestinal (protein/ blood loss, transit)
 Calcium absorption
 Abdominal Scintigraphy
 Calcium absorption/excretion
 Gastro-oesophageal reflux and absorption
 Abdominal Scintigraphy
 Biliary Scintigraphy
 Salivary Gland Scintigraphy
 Liver Scintigraphy
 Spleen Scintigraphy
 Renal Scintigraphy
 Bone marrow Scintigraphy
 Bone Scintigraphy
 Gallium Scintigraphy

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CSF Circulation
 Brain Scintigraphy
 Perfusion lung Scintigraphy
 Ventilation Lung Scintigraphy
 Lymphangiogram
 Scintimammography
 Testicular and Scrotal Scintigraphy
 Leukocyte Scintigraphy
 Positron Emission Tomography
 Single-photon emission computed tomography (SPECT)