

IFHP Benefit Grid - Detainee Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Per Diem									
In-patient (up to 45 days)	0164IPU	5-Nov-14		Yes				\$668.70 / day	See NOTES 1, 2, 28, 29 & 33
In-patient (over 45 days)	0164IPO	5-Nov-14		Yes				\$200.65 / day	See NOTES 1, 2, 28, 29 & 33
In-patient for Only 1 Day - Under 8 Hours	0164IPDU	5-Nov-14		Yes				\$93.70 / day	See NOTES 1, 2, 28, 29 & 33 Must include admission and discharge times. Only Emergency Room fee is payable.
In-patient for Only 1 Day - Over 8 Hours	0164IPDO	5-Nov-14		Yes				\$334.35 / day	See NOTES 1, 2, 28, 29 & 33 Must include admission and discharge times. Half the per-diem will be reimbursed.
Main Facility Fees									
Emergency Room	0155ER	5-Nov-14		Yes				\$93.70 / day	See NOTES 3, 4, 5, 29 & 33 Exception to note 5: CT and MRI facility fees can be billed together with Emergency Room fee.
Outpatient	0155OP	5-Nov-14		Yes				\$26.75 / day	See NOTES 5, 28, 29, 30 & 33
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	5-Nov-14		Yes				\$93.70 / day	See NOTES 3, 4, 5, 28, 29 & 33
Overnight Emergency Room Stay	0155OER	5-Nov-14		Yes				\$200.65 / day	See NOTES 3, 4, 5, 29 & 33 Exception to NOTE 5: CT and MRI facility fees can be billed together with Overnight Emergency Room Stay.
Urgent Care Centre Visits	0155UC	5-Nov-14		Yes				\$93.70 / day	See NOTES 5, 6, 29 & 33 Exception to NOTE 5: CT and MRI facility fees can be billed together with Urgent Care Centre Visits.
Secondary Facility Fees									
Dialysis	0155D	5-Nov-14		Yes				\$200.65 / day	See NOTES 5, 29 & 33. Not payable together with per diem.
Chemotherapy (not including chemo drugs)	0155C	5-Nov-14		Yes				\$60.20 / day	See NOTSE 5, 29 & 33. Not payable together with per diem. For chemo drugs please refer to benefit code 101729.
Out-patient day surgery	0155OPS	5-Nov-14		Yes				\$200.65 / day	See NOTES 5, 7, 8, 29 & 33. Not payable together with per diem.

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Blood Transfusion	0155BT	5-Nov-14		Yes				\$60.20 / day	See NOTES 5, 29 & 33. Not payable together with per diem.
Radiotherapy	0155RT	5-Nov-14		Yes				\$60.20 / day	See NOTES 5, 29 & 33. Not payable together with per diem.
CT Scans	0155CT	5-Nov-14						\$200.65 / service	See NOTES 5, 9, 10, 29 & 33. 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	5-Nov-14						\$200.65 / service	See NOTES 5, 10, 11, 29 & 33. 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	5-Nov-14						\$573.05 / day	See NOTES 5, 29 & 33. Not payable together with per diem.
Lithotripsy	0155L	5-Nov-14		Yes				\$668.70 / day	See NOTES 5, 29 & 33. Not payable together with per diem.
Professional Fees & Diagnostic and Therapeutic Procedures and Tests									
Nursing Services - Vaccination	0212CI	5-Nov-14						\$ 26.75 / visit	See NOTE 29 & 33 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	5-Nov-14		Yes				\$53.30 / hour	See NOTE 29 & 33 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.
General Practice	see comments	5-Nov-14		Yes	Yes				See NOTES 12, 29 & 33
Anaesthesia	see comments	5-Nov-14			Yes				See NOTES 6, 13, 28, 29 & 33
Cardiology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Clinical Immunology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Community Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Cardiovascular and Thoracic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Dermatology	see comments	5-Nov-14	Yes	Yes	Yes				See NOTES 6, 13, 29 & 33 IFHP does not cover treatment for cosmetic purposes, tattoo removal, treatment of warts and uncomplicated acne vulgaris.

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Endocrinology & Metabolism	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Emergency Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Gastroenterology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
General Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33 The IFHP does not cover elective surgery, or for surgical procedures performed for cosmetic or religious purposes.
General Thoracic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Geriatrics	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Haematology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Immunology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Infectious Disease	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Laboratory Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Internal Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Medical Oncology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Neurosurgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Nuclear Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Nephrology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Neurology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Gynecology /Obstetrics	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 14, 28, 29 & 33
Oral / Maxillofacial Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 28, 29 & 33 Coverage is limited to treatment provided in a hospital.
Otolaryngology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Ophthalmology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 15, 28, 29 & 33
Pediatrics	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Psychiatry	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Respiratory Disease	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33

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Rheumatology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Urology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 16, 28, 29 & 33
Orthopaedic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33. Limited to acute care.
Plastic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33 Surgery for cosmetic purposes is not covered.
Vascular Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 28, 29 & 33
Radiation Oncology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Diagnostic Radiology	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Physical Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 6, 13, 29 & 33
Injections or Infusions or oral administration of substances	101729	5-Nov-14	Yes	Yes					See NOTES 29, 32 & 33
Diagnostic Tests (Laboratory)	see comments	5-Nov-14			Yes				See NOTES 6, 29 & 33
Specialized Products for diagnostic tests (radiopharmaceuticals)	420210	5-Nov-14							See NOTES 6, 29, 30 & 33
Diagnostic Tests (Radiology)	see comments	5-Nov-14			Yes				See NOTES 6, 29 & 33
Diagnostic Tests (Ultrasound)	see comments	5-Nov-14			Yes				See NOTES 6, 29 & 33
Integrated Prenatal Screening Tests	420201	5-Nov-14						\$130.75 / day	See NOTE 29 & 33
Maternal Serum Screening Tests	420202	5-Nov-14						\$130.75 / day	See NOTE 29 & 33
Transportation									
Ambulance - Ground	0729E	5-Nov-14						\$350.00	See NOTES 17, 18, 29 & 33
Ambulance - Air	0729A	5-Nov-14	Yes	Yes					See NOTES 18, 29 & 33. Actual cost allowed.
Standard Immunization									
Immunization - See Notes	249067	5-Nov-14	Yes					\$428 / lifetime	See NOTES 20, 27, 29 & 33. Age restriction: 0 - 17.
Immunization -See Notes	249061	5-Nov-14	Yes					\$446 / lifetime	See NOTES 19, 20, 29 & 33. Age restriction: 18 and older.
ASSISTIVE DEVICES									

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Ostomy and Surgical Supplies									
Ostomy and Ostomy Supplies	402418	5-Nov-14	Yes	Yes		MD, NP			See NOTES 21, 22, 23, 24, 29 & 33
Surgical Supplies (dressings, adhesives, adhesive removers, etc.)	402500	5-Nov-14	Yes	Yes		MD, NP			See NOTES 22, 23, 24, 29 & 33
Continence Aids									
Pant (brief) Mesh	0406D	5-Nov-14	Yes	Yes		MD, NP	3 / CM		See NOTES 22, 25, 29 & 33
Disposable Underpads	0409DU	5-Nov-14	Yes	Yes		MD, NP	50 / CM		See NOTES 22, 25, 29 & 33
Reusable Underpads	0409RU	5-Nov-14	Yes	Yes		MD, NP	2 / CM		See NOTES 22, 25, 29 & 33
Assistive Devices for Administering Medicines / Diabetic Supplies									
Injection Syringes	401126	5-Nov-14		Yes		MD, NP			See NOTE 21, 23, 29 & 33 Diabetes mellitus or other medical condition requiring daily injections.
Diabetic Supplies and Test Strips	401135	5-Nov-14		Yes		MD, NP			See NOTE 21, 23, 29 & 33 Diabetes mellitus requiring testing.
Diabetic Supplies - Lancets	401132	5-Nov-14		Yes		MD, NP			See NOTE 21, 23, 29 & 33 Diabetes mellitus or other medical condition requiring daily injections.
Rental - IV Pole	404209	5-Nov-14	Yes	Yes		MD, NP	1 / CM		See NOTE 23, 26, 29 & 33
IV Supplies and Accessories	404225	5-Nov-14	Yes	Yes		MD, NP			See NOTE 21, 23, 29 & 33
Aids for Personal Mobility									
Rental – Manual Wheelchair	305204	5-Nov-14	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26, 29 & 33 IFHP will pay the least expensive device.
Rental - Canes	304502	5-Nov-14	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26, 29 & 33 IFHP will pay the least expensive device.
Rental - Crutches	304505	5-Nov-14	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26, 29 & 33 IFHP will pay the least expensive device.
Rental - White Canes	0300WR	5-Nov-14	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26, 29 & 33 IFHP will pay the least expensive device.
Rental – Obstacle Detectors	0300ODR	5-Nov-14	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26, 29 & 33 IFHP will pay the least expensive device.
Rental - Walkers	0309R	5-Nov-14	Yes	Yes		MD	1 / 3 CM		See NOTE 22, 26, 29 & 33 IFHP will pay the least expensive device.

NOTES:

- NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) Telephones, etc., 5) Charges from a person who receives a remuneration from hospital.
- 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 (excluding chemo drugs), (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 or religious purposes; (3) Elective surgery; (4) Transsexual 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, religious 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.
- 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 persons 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 - Transplant procedures are not covered with exception of blood transfusions, skin and bone autografts. Cancer surgery / procedures require prior approval. Contact Medavie Blue Cross prior to cancer surgery / procedures.
- NOTE 29 - Services provided to Canadian citizens, including newborns, are not covered.
- NOTE 30 - 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 and 0155OP submitted together with provincial fee(s) for above procedures which include a technical component.
- NOTE 31 - 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:
- | | | |
|---|--|--|
| Abdominal Scintigraphy | Gastro-Oesophageal Reflux and Absorption | Salivary Gland Scintigraphy |
| Adrenal Scintigraphy | Leukocyte Scintigraphy | Scintimammography |
| Biliary Scintigraphy | Liver Scintigraphy | Shilling Test |
| Bone Marrow Scintigraphy | Lymphangiogram | Single-Photon Emission Computed Tomography (Spect) |
| Bone Scintigraphy | Malabsorption Test | Spleen Scintigraphy |
| Brain Scintigraphy | Myocardial Perfusion Scintigraphy | Testicular and Scrotal Scintigraphy |
| Calcium Absorption | Myocardial Scintigraphy | Thyroid Scintigraphy |
| Calcium Absorption/Excretion | Myocardial Wall Motion | Thyroid Uptake and Repeat |
| Cardioangiography | Parathyroid Scintigraphy | Venography |
| CSF Circulation | Perfusion Lung Scintigraphy | Ventilation Lung Scintigraphy |
| Gallium Scintigraphy | Positron Emission Tomography | |
| Gastrointestinal (Protein/ Blood Loss, Transit) | Renal Scintigraphy | |
- NOTE 32 - Payable only if billed together with 0155C, 0164IPU, 0164IPO. Submit bill with DIN number or drug name. Chemo drugs must be approved by Health Canada and supported by provincial / territorial Cancer Care Centre's clinical guidelines. For provinces without definitive cancer drug formularies, IFHP will reimburse for the cost of drugs included in the BC Cancer Agency formulary or the Cancer Care Ontario drug formulary.
- NOTE 33 - Services and products must be provided in Canada