

## IFHP Benefit Grid - Expanded Health Coverage

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
<b>Per Diem</b>									
In-patient (up to 45 days)	0164IPU	30-Jun-12		Yes				\$668.70 / day	See NOTES 1, 2 & 118
In-patient (over 45 days)	0164IPO	30-Jun-12		Yes				\$200.65 / day	See NOTES 1, 2 & 118
In-patient Rehabilitation facility (up to 45 days)	0164IPRU	30-Jun-12		Yes				\$668.70 / day	See NOTES 1, 2, 61 & 118
In-patient Rehabilitation facility (over 45 days)	0164IPRO	30-Jun-12		Yes				\$200.65 / day	See NOTES 1, 2, 61 & 118
Inpatient for Only 1 Day - Under 8 Hours	0164IPDU	30-Jun-12		Yes				\$93.70	See NOTE 118 Must include admission and discharge times. Only Emergency room fee is payable.
Inpatient for Only 1 Day - Over 8 Hours	0164IPDO	30-Jun-12		Yes				\$334.35	See NOTE 118 Must include admission and discharge times. Half the per-diem will be reimbursed.
<b>Main Facility fees</b>									
Emergency Room	0155ER	30-Jun-12		Yes				\$93.70 / day	See NOTE 3, 4, 5 & 118 Exception to NOTE 3: CT and MRI secondary facility fees can be billed together with Emergency Room main facility fee.
Outpatient	0155OP	30-Jun-12		Yes				\$26.75 / day	See NOTE 3, 5, 118, & 119
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	30-Jun-12		Yes				\$93.70 / day	See NOTE 3, 5 & 118
Overnight Emergency Room Stay	0155OER	30-Jun-12		Yes				\$200.65 / day	See NOTES 3, 4, 5 & 118 <b>Exception to NOTE 3:</b> CT and MRI secondary facility fees can be billed together with Overnight Emergency Room Stay main facility fee.
Urgent Care Centre Visits	0155UC	30-Jun-12		Yes				\$93.70 / day	See NOTE 3, 6 & 118 <b>Exception to NOTE 3:</b> CT and MRI secondary facility fees can be billed together with Urgent Care Centre Visits main facility fee.
<b>Secondary Facility fees</b>									
Dialysis	0155D	30-Jun-12		Yes				\$200.65 / day	See NOTES 3 & 118 Not payable together with per diem.
Chemotherapy (not including chemo drugs)	0155C	30-Jun-12		Yes				\$60.20 / day	See NOTES 3, 99 & 118 Not payable together with per diem.
Out-patient Day Surgery	0155OPS	30-Jun-12		Yes				\$200.65 / day	See NOTES 3, 7, 8, 9 & 118
Blood Transfusion	0155BT	30-Jun-12		Yes				\$60.20 / day	See NOTES 3 & 118 Not payable together with per diem.

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Radiotherapy	0155RT	30-Jun-12		Yes				\$60.20/ day	See NOTES 3 & 118 Not payable together with per diem.
CT Scans	0155CT	30-Jun-12						\$200.65 / service	See NOTES 3, 10, 11 & 118 <b>Exception to NOTE 3:</b> CT secondary facility fees can be billed together with any of the following: Urgent Care Centre Visits, Overnight Emergency Room Stay, Emergency Room main facility fee.
MRI	0155MRI	30-Jun-12						\$200.65 / service	See NOTES 3, 11, 12 & 118 <b>Exception to NOTE 3:</b> MRI secondary facility fee can be billed together with any of the following: Urgent Care Centre Visits, Overnight Emergency Room Stay, Emergency Room main facility fee.
Abortion	0155A	30-Jun-12						\$573.05 / day	See NOTES 3 & 118 Not payable together with per diem.
Lithotripsy	0155L	30-Jun-12		Yes				\$668.70 / day	See NOTES 3 & 118 Not payable together with per diem.
Physiotherapy	0155P	30-Jun-12		Yes				\$26.75 / day	See NOTES 3 & 118 Not payable together with per diem.
<b>Professional Fees</b>									
PAHA(Post Arrival Health Assessment)	0209PAHA	30-Jun-12	Yes				1/1 LT	\$93.61 / assessment	See NOTES 33 & 118 Coverage is limited to resettled refugees receiving Government resettlement assistance.
Doctor Treatment in a Hospital (Outpatient Basis)	see comment	30-Jun-12		Yes	Yes				See NOTES 13, 14 & 118 Submit bill with provincial health codes.
Doctor Treatment in a Hospital (In-patient Basis)	see comment	30-Jun-12		Yes	Yes				See NOTES 13, 14 & 118 Submit bill with provincial health codes.
Other Home Care Services - Visit by a Nurse	0211CI	30-Jun-12		Yes				\$53.30 / hour	See NOTE 118
Other Home Care Services - Visit by a Home Care Worker/Personal Care Worker/Personal Support Worker	0247CI	30-Jun-12	Yes					\$24.25 / hour	See NOTES 16 & 118
Doctor's Visit in a Clinic - GP	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Doctor's Visit in a Clinic (Psychotherapy - GP)	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.

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Doctor's Visit in a Clinic (Dermatology - GP)	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes. Treatment for cosmetic purposes is not covered.
<b>Physician Specialty Services - refer to Provincial/Territorial medical fee guide</b>									
Physician Services	see comment	30-Jun-12	refer to the NOTES section for billing requirements	Yes	Yes				See NOTES 20, 21, 22, 23, 24, 25, 26 & 118 Submit bill with provincial health codes. For a clinic visit - referral from a GP or NP is required.
Prenatal Care	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes.
Obstetrical Care	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes.
Midwifery Services	103246	30-Jun-12						see comments	See NOTE 118 Fee per Province: (ON = \$3,075 / Full Course of Care) all other (provinces and territories = \$3,042 / Full Course of Care)
Contraceptive Care	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes.
Psychiatry- Hospital In-patient & Outpatient Visits	see comment	30-Jun-12		Yes	Yes	GP or NP			See NOTE 118 Submit bill with provincial health codes.
Psychiatry- Publicly Funded Clinics	see comment	30-Jun-12		Yes	Yes	GP or NP			See NOTE 118 Submit bill with provincial health codes.
Psychotherapy Counselling or Psychology Counselling in a Private Clinic or Addiction Centre	0228CI	30-Jun-12	Yes	Yes		MD			See NOTES 27, 28, 29, 30 & 118
Translation	0294CI	30-Jun-12	Yes					\$28.95 / hour	See NOTES 33 & 118 Can only be billed with Psychiatry and Psychotherapy (for Initial Assessment and Treatment) or Post Arrival Health Assessment (PAHA)
<b>Diagnostic and Therapeutic Procedures and Tests</b>									
Transplants	see comment	30-Jun-12	Yes	Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Anaesthesia	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes.
General Practice	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.

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Cardiology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Clinical Immunology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Community Medicine	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Cardiovascular and Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Emergency Medicine	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
General Surgery	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
General Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Geriatrics	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Haematology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Immunology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Infectious Disease	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Internal Medicine	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Medical Oncology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Neurosurgery	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Nuclear Medicine	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Oral / Maxillofacial Surgeon	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Paediatrics	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Respiratory Disease	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Rheumatology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Orthopaedic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTE 118 Submit bill with provincial health codes.

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Plastic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Vascular Surgery	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Radiation Oncology	see comments	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Critical Care	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Dermatology	see comment	30-Jun-12		Yes	Yes				See NOTES 19 & 118 Submit bill with provincial health codes.
Endocrinology & Metabolism	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Gastroenterology	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Gynaecology & Obstetrics	see comment	30-Jun-12		Yes	Yes				See NOTES 96 & 118 Submit bill with provincial health codes.
Laboratory Medicine	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes.
Nephrology	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes. Prior approval is required for transplant procedures.
Neurology	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Ophthalmology	see comment	30-Jun-12		Yes	Yes				See NOTES 15 & 118 Submit bill with provincial health codes.
Otolaryngology	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Psychiatry	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Urology	see comment	30-Jun-12		Yes	Yes				See NOTES 17 & 118 Submit bill with provincial health codes.
Nerve Blocks	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Integrated Prenatal Screening Tests	420201	30-Jun-12						\$130.75 / day	See NOTES 110 & 118
Maternal Serum Screening Tests	420202	30-Jun-12						\$130.75 / day	See NOTES 110 & 118

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Injections or Infusions or oral administration of substances	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes, or DIN number or drug name for chemotherapy drugs. Chemo drugs must be approved by Health Canada and supported by provincial / territorial Cancer Care Centers' clinical guidelines.
Electrocardiography (ECG)	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Non-invasive Cardiology	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Echocardiography	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes.
Dialysis	120041	30-Jun-12		Yes				\$200.65 / day	See NOTE 118
Sleep Studies	see comment	30-Jun-12	Yes	Yes	Yes				See NOTES 31 & 118 Submit bill with provincial health codes.
Hyperbaric therapy	see comment	30-Jun-12		Yes	Yes				See NOTES 32 & 118 Submit bill with provincial health codes.
Diagnostic Tests (Laboratory)	see comment	30-Jun-12			Yes				See NOTES 18 & 118 Submit bill with provincial health codes. Prenatal tests do not require an ICD code.
Specialized Products for diagnostic tests (radiopharmaceuticals)	420210	1-May-13							See NOTES 118 & 120
Diagnostic Tests (X-Ray)	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes.
Diagnostic Tests (Ultrasound)	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes. Prenatal tests do not require an ICD code.
Molecular genetics, biochemistry genetics and cytology genetic tests	420203	15-Dec-13	Yes	Yes					See NOTES 118 & 121
Hearing Tests	0235CI	30-Jun-12		Yes	Yes				See NOTES 34 & 118 Otolaryngologist specialists, submit bill with provincial / territorial health codes.
Nuclear Medicine in Vivo	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.

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Pulmonary Function Studies	see comment	30-Jun-12		Yes	Yes				See NOTE 118 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
Magnetic Resonance Imaging (MRI)	see comment	30-Jun-12			Yes				See NOTE 118 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
Standard Immunization	249048	30-Jun-12			see comment				See NOTE 118 Standard immunization as per Provincial/Territorial guidelines
<b>Transportation</b>									
Ambulance	0729E	30-Jun-12						\$350.00	See NOTE 118 Invoice cost to a maximum of \$350
Medical Transportation	0729NE	30-Jun-12	Yes						See NOTES 35 & 118
<b>Assistive Devices Hearing Aids (including hearing aid services, repairs and supplies)</b>									
Bone Conduction Hearing Aid, Conventional Analog Left	0304BCL	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 36, 37 & 118
Bone Conduction Hearing Aid, Conventional Analog Right	0304BCR	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 36, 38 & 118
Programmable Analog Hearing Aid - Left	0304PAL	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 36, 39 & 118
Programmable Analog Hearing Aid - Right	0304PAR	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 36, 40 & 118
Digital Hearing Aid, Entry Level - Left	0304DEL	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 36, 41 & 118
Digital Hearing Aid, Entry Level - Right	0304DER	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 36, 42 & 118
CROS/BiCROSS Hearing Aid - Left	327028	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 36, 111 & 118
CROS/BiCROSS Hearing Aid - Right	327036	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 36, 112 & 118
Cochlear Implants	327090	30-Jun-12	Yes			ES	1 / 1 LT	\$30,000	See NOTES 43, 44, 45, 46 & 118 Eligible age range is 12 months to 18 years. Coverage is limited to Resettled Refugees receiving government resettlement assistance.
Bone Anchored Hearing Aids (BAHA) - Left	0304BAHL	30-Jun-12	Yes			ES	1 / 1 LT	\$5,000	See NOTES 48, 113 & 118 Coverage is limited to Resettled Refugees receiving government resettlement assistance.

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Bone Anchored Hearing Aids (BAHA) - Right	0304BAHR	30-Jun-12	Yes			ES	1 / 1 LT	\$5,000	See NOTES 48, 114 & 118 Coverage is limited to Resettled Refugees receiving government resettlement assistance.
Dispensing Fee - Conventional Analog -	0304BCLD	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$430.42	See NOTES 101 & 118
Dispensing Fee - Conventional Analog - Right	0304BCRD	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$430.42	See NOTES 102 & 118
Dispensing Fee - Programmable Analog - Left	0304PALD	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$484.22	See NOTES 103 & 118
Dispensing Fee - Programmable Analog - Right	0304PARD	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$484.22	See NOTES 115 & 118
Dispensing Fee - Digital Entry Level - Left	0304DELD	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$322.81	See NOTES 116 & 118
Dispensing Fee - Digital Entry Level - Right	0304DERD	30-Jun-12	Yes			MD, CA, HP	1 / 5 CY	\$322.81	See NOTES 117 & 118
<b>Assistive Devices for Seeing</b>									
Low Vision Glasses	0600LV	30-Jun-12	Yes			CI, O	1 / 3 CY	\$300	See NOTES 50 & 118
<b>Assistive Devices for Eating and Drinking</b>									
TPN Pumps & Related Supplies	404504	30-Jun-12	Yes			MD, NP			See NOTES 51, 52 & 118
Feeding Pumps, Bags or Containers	404503	30-Jun-12	Yes			MD, NP			See NOTES 52, 53 & 118
Accessories for Feeding Pumps, Bags or Containers	404207	30-Jun-12	Yes			MD, NP			See NOTES 52, 53 & 118
Specialized Feeding Formula / Nutritional Supplements	404505	30-Jun-12				MD, NP			See NOTES 52, 54 & 118
Rental - Feeding Pumps, Bags or Containers	404509	30-Jun-12	Yes			MD, NP	4 / 4 CM		See NOTES 52, 53, 109 & 118
Rental - Accessories for Feeding Pumps, Bags or Containers	404206	30-Jun-12	Yes			MD, NP	4 / 4 CM		See NOTES 52, 53, 109 & 118



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<b>Ostomy and Surgical Supplies</b>									
Ostomy & Colostomy Supplies	402418	30-Jun-12	Yes			MD, NP			See NOTES 49, 52, 55, 95 & 118
Catheters - Indwelling	0403IND	30-Nov-13	Yes			MD, NP	4 / 2 CM		See NOTES 49, 52, 55, 95 & 118
Catheters - Straight	0403STR	30-Nov-13	Yes			MD, NP	70 / 2 CM		See NOTES 49, 52, 55, 95 & 118
External Condom Catheters ( for urinary incontinence)	0403ECC	30-Nov-13	Yes			MD, NP	1 / 2 CM		See NOTES 49, 52, 55, 95 & 118
Urinary Drainage Bags (Waist)	0403UDBB	30-Nov-13	Yes			MD, NP	8 / 2 CM		See NOTES 49, 52, 55, 95 & 118
Urinary Drainage Bags (Leg)	0403UDBL	30-Nov-13	Yes			MD, NP	20 / 2 CM		See NOTES 49, 52, 55, 95 & 118
Urostomy ( Pouch with Drain)	0408UP	30-Nov-13	Yes			MD, NP	30 / 2 CM		See NOTES 49, 52, 55, 95 & 118
Irrigation kits and supplies for ostomy,colostomy and	0408IRG	30-Nov-13	Yes			MD, NP			See NOTES 49, 52, 55, 95 & 118
Surgical Supplies (Dressings, Adhesives, Adhesive Removers, etc.)	402500	30-Jun-12	Yes			MD, NP			See NOTES 52, 55, 95 & 118
<b>Continence Aids</b>									
Pant (brief) Mesh	0406D	30-Jun-12	Yes			MD, NP	3 / 1 CM		See NOTES 52, 56 & 118
Disposable Underpads	0409DU	30-Jun-12	Yes			MD, NP	50 / 1 CM		See NOTES 52, 56 & 118
Reusable Underpads	0409RU	30-Jun-12	Yes			MD, NP	2 / 1 CM		See NOTES 52, 56 & 118

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<b>Pressure Garments</b>									
Compression Stockings & Sleeves	402700	30-Jun-12	Yes			MD, NP	4 / 1 CY		See NOTES 52, 57 & 118
Hypertrophic Scar Compression Garment	0412H	30-Jun-12	Yes			MD, NP	2 / 3 CM		See NOTES 52, 58 & 118
<b>Bathing and Toileting Aids</b>									
Bath Seats	0341BS	30-Jun-12	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 47, 52, 55, 59, 60 & 118
Toilet Seats	0341TS	30-Jun-12	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 52, 55, 59, 60, 62 & 118
Bath Benches	0344P	30-Jun-12	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 52, 55, 59, 60, 63 & 118
Raised Toilet Seats	0341S	30-Jun-12	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 52, 55, 59, 60, 64 & 118
Wall Grab Bars	300118	30-Jun-12	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 52, 55, 59, 60 & 118
Rental - Bath Seats	0341BR	30-Jun-12	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 52, 55, 59, 60, 104, 109 & 118
Rental - Toilet Seats	0341TR	30-Jun-12	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 52, 55, 59, 60, 106, 109 & 118
Rental - Bath Benches	0344PR	30-Jun-12	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 52, 55, 59, 60, 105, 109 & 118
Rental - Raised Toilet Seats	0341SR	30-Jun-12	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 52, 55, 59, 60, 107, 109 & 118
Rental - Wall Grab Bars	300119	30-Jun-12	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 52, 55, 59, 60, 108, 109 & 118
<b>Aids for Oxygen Therapy and Respiratory Aid</b>									
CPAP, Bi-PAP Machines	343011	30-Jun-12	Yes			MD	1 / LT		See NOTES 52, 65 & 118
Ventilators	343714	30-Jun-12	Yes			MD	1 / LT		See NOTES 52 & 118 Diagnosis indicating chronic respiratory failure.
Apnea Monitors	300105	30-Jun-12	Yes			MD	1 / LT		See NOTES 52 & 118 Diagnosis indicating chronic respiratory failure.
Home Oxygen Concentrators , Oxygen Conserving Devices, Tanks & Accessories	0310CI	30-Jun-12	Yes			MD	2 / 1 CY		See NOTES 52, 66, 67, 68 & 118
Postural Drainage Boards, Suction Machines, Percussors, Resuscitators	0362PD	30-Jun-12	Yes			MD	1 / LT		See NOTES 52 & 118 Diagnosis indicating chronic respiratory failure.
Aerochamber for Puffer / Inhaler	400235	30-Jun-12	Yes			MD, NP			See NOTES 52 & 118

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Aerosol Compressor	340615	30-Jun-12	Yes			MD	1 / 5 CY		See NOTES 52 & 118 Not payable with Aerosol Compressor Rental.
Aerosol Compressor Supplies (e.g. Nebulizer, Tubing, Mask, etc.)	402020	30-Jun-12	Yes			MD			See NOTES 52 & 118
Rental - CPAP, Bi-PAP Machines	343019	30-Jun-12	Yes			MD	4 / 4 CM		See NOTES 52, 65, 109 & 118
Rental - Ventilators	343715	30-Jun-12	Yes			MD	4 / 4 CM		See NOTES 52, 109 & 118 Diagnosis indicating chronic respiratory failure.
Rental - Apnea Monitors	300106	30-Jun-12	Yes			MD	4 / 4 CM		See NOTES 52, 109 & 118 Diagnosis indicating chronic respiratory failure.
Rental - Home Oxygen Concentrators , Oxygen Conserving Devices, Tanks & Accessories	0310CR	30-Jun-12	Yes			MD	4 / 4 CM		See NOTES 52, 66, 67, 68, 109 & 118
Rental - Postural Drainage Boards, Suction Machines, Percussors, Resuscitators	0362PR	30-Jun-12	Yes			MD	4 / 4 CM		See NOTES 52, 109 & 118 Diagnosis indicating chronic respiratory failure.
Rental - Aerosol Compressor	340617	30-Jun-12	Yes			MD	1 / 1 CM		See NOTES 52, 109 & 118 Not payable with Aerosol Compressor Purchase.
<b>Assistive Devices for Administering Medicines / Diabetic Supplies</b>									
Injection Syringes	401126	30-Jun-12							See NOTES 49 & 118 Diabetes mellitus or other medical condition requiring daily injections.
Diabetics Supplies - Test Strips	401135	30-Jun-12							See NOTES 49 & 118 Diabetes mellitus requiring testing.
Diabetics Supplies - Lancets	401132	30-Jun-12							See NOTES 49 & 118 Diabetes mellitus requiring testing.
IV Pole	404208	30-Jun-12	Yes			MD	1 / LT		See NOTE 118
Rental - IV Pole	404209	30-Jun-12	Yes			MD	1 / 1 CM		See NOTES 109 & 118
IV Supplies and Accessories	404225	30-Jun-12	Yes			MD			See NOTE 118
<b>Aids for Personal Mobility</b>									
Power wheelchairs - Purchase	360605	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118 Not payable together with code 305202.
Manual wheelchairs - Purchase	305202	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118 Not payable together with code 0302E.

## IFHP Benefit Grid - Expanded Health Coverage

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
Custom Sitting System	304212	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Non-custom Sitting System	0306NC	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - Power Wheelchair	0302EM	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - Manual Wheelchair	0302M	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - Canes	304500	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - Crutches	304503	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - White Canes	0300WM	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - Obstacle Detectors	0300ODM	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Modifications - Walkers	0309M	30-Jun-12	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 69 & 118
Repairs - Power Wheelchair	0302ERE	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Repairs - Manual Wheelchair	0302RE	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Repairs - Canes	304501	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Repairs - Crutches	304504	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Repairs - White Canes	0300WF	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Repairs - Obstacle Detectors	0300ODF	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Repairs - Walkers	0309RE	30-Jun-12	Yes				1 / 1 CY		See NOTES 52, 69, 70 & 118
Canes - Purchase	304506	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118
Crutches - Purchase	304508	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118
Walkers - Purchase	304510	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118
White canes - Purchase	0300WP	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118
Electronic Obstacle Detectors - Purchase	0300ODP	30-Jun-12	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 69 & 118

## IFHP Benefit Grid - Expanded Health Coverage

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
Rental - Power Wheelchair	0302ER	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Rental - Manual Wheelchair	305204	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Rental - Canes	304502	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Rental - Crutches	304505	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Rental - White Canes	0300WR	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Rental - Obstacle Detectors	0300ODR	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Rental - Walkers	0309R	30-Jun-12	Yes			MD, OT, PT	1 / 3 CM		See NOTES 52, 69, 109 & 118
Purchase of portable overhead lifter	0365OTP	30-Nov-13	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 55 , 59, 69, &118
Purchase of battery powered patient lifter	0365BP	30-Nov-13	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 55 , 59, 69, &118
4 Point sling purchase	03654PP	30-Nov-13	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 55 , 59, 69, &118
Professional Sling with Positioning handle purchase	0365PSP	30-Nov-13	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 55 , 59, 69, &118
Sling for Overhead Lifters- Purchase	0365SOP	30-Nov-13	Yes			MD, OT, PT	1 / 2 CY		See NOTES 52, 55 , 59, 69, &118
Battery Powered Bath Chair Lift-Purchase	0365BTP	30-Nov-13	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 55 , 59, 69, &118
Portable Overhead Track Lifter-Rental	0365OTR	30-Nov-13	Yes			MD, OT, PT	1 / 4 CM		See NOTES 52, 55 , 59, 69, 109 &118
Battery Powered Patient Lifter- Rental	0365BPR	30-Nov-13	Yes			MD, OT, PT	1 / 4 CM		See NOTES 52, 55 , 59, 69, 109 &118
4 Point Sling Rental	03654PR	30-Nov-13	Yes			MD, OT, PT	1 / 4 CM		See NOTES 52, 55 , 59, 69, 109 &118
Professional Sling with Positioning handle-Rental	0365PSR	30-Nov-13	Yes			MD, OT, PT	1 / 4 CM		See NOTES 52, 55 , 59, 69, 109 &118
Slings for Overhead Lifters- Rental	0365SOR	30-Nov-13	Yes			MD, OT, PT	1 / 4 CM		See NOTES 52, 55 , 59, 69, 109 &118
Battery Powered Bath Chair Lift-Rental	0365BTR	30-Nov-13	Yes			MD, OT, PT	1 / 4 CM		See NOTES 52, 55 , 59, 69, 109 &118
Purchase - Manual hospital bed, mattress & accessories	0305	30-Nov-13	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 55 , 59, 69 & 118

## IFHP Benefit Grid - Expanded Health Coverage

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
Purchase - electric hospital bed, mattress & accessories	0305E	30-Nov-13	Yes			MD, OT, PT	1 / 5 CY		See NOTES 52, 55, 59, 69 & 118
Rental - Manual Hospital bed, mattress & accessories	0305R	30-Jun-12	Yes			MD, OT, PT	4 / 4 CM		See NOTES 52, 69, 109 & 118
Rental - Electronic Hospital Bed, mattress & accessories	0305ER	30-Jun-12	Yes			MD, OT, PT	4 / 4 CM		See NOTES 52, 69, 109 & 118
<b>Prostheses and Orthoses</b>									
Artificial Left Arm	0500LP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Right Arm	0500RP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Left Breast	0501LP	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Artificial Right Breast	0501RP	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Artificial Left Eye	0502LP	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Artificial Right Eye	0502RP	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Artificial Left Foot	0503LP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Right Foot	0503RP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Left Hand	0504LP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Right Hand	0504RP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Left Leg	0505LP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Right Leg	0505RP	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Larynx	503518	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Limb Supplies - Stump Socks	0515P	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Artificial Limb Supplies - Sheaths	0519P	30-Jun-12	Yes			MD			See NOTES 52, 69 & 118
Braces - Back	0507PB	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118

### IFHP Benefit Grid - Expanded Health Coverage

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
Braces - Neck	0528P	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Left Ankle	0507PLA	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Right Ankle	0507PRA	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Left Arm	0507PLAR	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Right Arm	0507PRAR	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Left Leg	0507PLL	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Right Leg	0507PRL	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Left Wrist	0507PLW	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Right Wrist	0507PRW	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Left Elbow	0507PLE	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Right Elbow	0507PRE	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Left Knee	0507PLK	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Braces - Right Knee	0507PRK	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Orthotics - Custom Arch Supports	503131	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Orthotics - Insoles	504385	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118
Orthotics - Foot Pads	504380	30-Jun-12	Yes			MD, NP			See NOTES 52, 69 & 118

## IFHP Benefit Grid - Expanded Health Coverage

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
<b>Physiotherapy, Occupational Therapy, Speech Therapy</b>									
Physiotherapy - Initial Assessment - In a Clinic	0226IA	30-Jun-12	Yes	Yes		MD	1 / 1 CY		See NOTES 71, 73 & 118
Physiotherapy - Subsequent Visit - In a Clinic	0226CI	30-Jun-12	Yes	Yes		MD	12 / 1 CY		See NOTES 72, 73 & 118
Physiotherapy - Initial Assessment - In a Home	0226IAR	30-Jun-12	Yes	Yes		MD	1 / 1 CY		See NOTES 71, 74 & 118
Physiotherapy - Subsequent Visit - In a Home	0226R	30-Jun-12	Yes	Yes		MD	12 / 1 CY		See NOTES 72, 74 & 118
Physiotherapy - Initial Assessment - In a Hospital	0226H I	30-Jun-12		Yes			1 / 1 CY	\$26.75	See NOTES 73 & 118
Physiotherapy - Subsequent Visit - In a Hospital	0226H	30-Jun-12		Yes			12 / 1 CY	\$27.75	See NOTES 73 & 118
Occupational Therapy - Initial Assessment - In a Clinic	0242CIA	30-Jun-12	Yes	Yes		MD	1 / 1 CY	\$80.00	See NOTES 75 & 118
Occupational Therapy - Subsequent Visit - In a Clinic	0242CI	30-Jun-12	Yes	Yes		MD	20 / 1 CY	\$80.00	See NOTES 75 & 118
Occupational Therapy - Initial Assessment - In a Home	0242RA	30-Jun-12	Yes	Yes		MD	1 / 1 CY	\$80.00	See NOTES 75 & 118
Occupational Therapy - Subsequent Visit - In a Home	0242R	30-Jun-12	Yes	Yes		MD	20 / 1 CY	\$80.00	See NOTES 75 & 118
Occupational Therapy - Initial Assessment - In a Hospital	0242H I	30-Jun-12		Yes			1 / 1 CY	\$26.75	See NOTE 118
Occupational Therapy - Subsequent Visit - In a Hospital	0242H	30-Jun-12		Yes			20 / 1 CY	\$27.75	See NOTE 118
Speech Therapy - Initial Assessment - In a Clinic	0230IA	30-Jun-12	Yes	Yes		MD			See NOTES 76, 78 & 118
Speech Therapy - Subsequent Visit - In a Clinic	0230CI	30-Jun-12	Yes	Yes		MD			See NOTES 77, 78 & 118
Speech Therapy - In a Hospital	0230H	30-Jun-12		Yes		MD		\$26.75	See NOTE 118



## IFHP Benefit Grid - Expanded Health Coverage

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
<b>Vision Care - Eyewear Services</b>									
Single Vision (Frame & Lenses)	0600FL	30-Jun-12					1 / 24 CM	\$123.70	See NOTES 79, 80, 92, 93, 94, 97 & 118
Single Vision with Astigmatism (Frame & Lenses)	0600SALF	30-Jun-12					1 / 24 CM	\$130.40	See NOTES 79, 81, 92, 93, 94, 97 & 118
Regular Bifocals (Frame & Lenses)	0600FB	30-Jun-12					1 / 24 CM	\$170.45	See NOTES 79, 82, 92, 93, 94, 97 & 118
Bifocal with Astigmatism (Frame & Lenses)	0600BAFL	30-Jun-12					1 / 24 CM	\$183.85	See NOTES 79, 83, 92, 93, 94, 97 & 118
Lenses - Single Vision, with Astigmatism	0600LA	30-Jun-12					1 / 24 CM	\$33.20	See NOTES 79, 84, 92, 93, 94, 97 & 118
Lenses - Single Vision, no Astigmatism	0600L	30-Jun-12					1 / 24 CM	\$26.70	See NOTES 79, 85, 92, 93, 94, 97 & 118
Lenses - Bifocals - with Astigmatism	0600BA	30-Jun-12					1 / 24 CM	\$80.20	See NOTES 79, 86, 92, 93, 94, 97 & 118
Lenses - Bifocals - no Astigmatism	0600B	30-Jun-12					1 / 24 CM	\$66.85	See NOTES 79, 92, 93, 94, 97, 100 & 118
Frames	0600F	30-Jun-12					1 / 24 CM	\$33.45	See NOTES 92, 93, 94 & 118
Case	0600CAS	30-Jun-12					1 / 24 CM	\$3.35	See NOTES 92, 93, 94 & 118
Dispensing Fee - Single Vision with New Frame	0600DSNF	30-Jun-12					1 / 24 CM	\$60.20	See NOTES 79, 89, 92, 93, 94 & 118
Dispensing Fee - Single Vision with Existing Frame	0600DSEF	30-Jun-12					1 / 24 CM	\$40.10	See NOTES 79, 90, 92, 93, 94 & 118
Dispensing Fee - Bifocals with New Frame	0600DBNF	30-Jun-12					1 / 24 CM	\$66.85	See NOTES 79, 91, 92, 93, 94 & 118
Dispensing Fee - Bifocals with Existing Frame	0600DBEF	30-Jun-12					1 / 24 CM	\$53.50	See NOTES 79, 92, 93, 94 & 118
Complete Eye Exam	600013	30-Jun-12					1 / 12 CM	\$54.60	See NOTES 98 & 118 Services provided by Medical Doctors will be reimbursed according to Provincial / Territorial fee schedules. Please refer to Professional Fees and Physician Speciality Services sections in the Benefit Grid.
Partial Eye Exam	0600P	30-Jun-12					1 / 12 CM	\$33.30	See NOTES 98 & 118 Services provided by Medical Doctors will be reimbursed according to Provincial / Territorial fee schedules. Please refer to Professional Fees and Physician Speciality Services sections in the Benefit Grid.

## IFHP Benefit Grid - Expanded Health Coverage

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
<b>Residential Care</b>									
Nursing Homes (Private & Public Sector Facility)	0112CI	30-Jun-12	Yes					\$1,736 / month	See NOTE 118
Residential Mental Health Centre	0115M	30-Jun-12	Yes	Yes				\$1,736 / month	See NOTE 118

### 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) Home Visits.

NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed.

NOTE 4 - The emergency room facility fee is an all inclusive rate and includes payment for swabs, bandages, plaster casts, splints, medical supplies and drug packets.

NOTE 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code.

NOTE 6 - For professional fees, hospitals 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 - Two visits on the same day are not allowed.

NOTE 9 - Surgery for a cosmetic purpose is not covered.

NOTE 10 - 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 11 - Examined body/region must be specified on the claim.

NOTE 12 - 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 13 - For professional fees, the appropriate provincial/territorial physician fee code(s), plus time units, (where applicable) must be indicated.

NOTE 14 - For service performed in a hospital, the name of a referring practitioner is not required.

NOTE 15 - Laser eye surgery is not covered.

NOTE 16 - Comprehensive assessment should be conducted by a Home/health care case manager or any other health professional including Nurse, Occupational Therapist, Physiotherapist, Respiratory Therapist, Speech Language Pathologist or Social Worker.

## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 17 - Reversal of sterilisation procedures, male circumcision for non-medical reasons and treatment of impotence are not covered.

NOTE 18 - Allergy tests for uncomplicated seasonal allergies or food allergies are not covered.

NOTE 19 - Tattoo removal, treatment of uncomplicated acne vulgaris and treatment of warts are not covered.

NOTE 20 - For a clinic visit, referral from a GP or NP is required. Services are available from the following physician Specialties: Anaesthesia, Cardiology, Clinical Immunology, Community Medicine, Cardiovascular & Thoracic Surgery, Dermatology, Endocrinology & Metabolism, Emergency Medicine, Gastroenterology, General Surgery, General Thoracic Surgery, Geriatrics, Haematology, Infectious Disease, Laboratory Medicine, Internal Medicine, Medical Oncology, Neurosurgery, Nuclear Medicine, Nephrology, Neurology, Gynaecology, Otolaryngology, Ophthalmology, Paediatrics, Psychiatry, Respiratory Disease, Rheumatology, Urology, Orthopaedic Surgery, Plastic Surgery, Vascular Surgery, Diagnostic Radiology, Radiation Oncology, Pediatric General Surgery, Allergy, Clinical Immunology and Allergy, Anatomic Pathology, Neonatology, Critical Care Medicine, Cardiac Surgery, Cardiac Thoracic Surgery, Forensic Medicine, Microbiology, Haematological Pathology, Medical Biochemistry, Neuropathology, Occupational Medicine, Physical Medicine and Rehabilitation, Paediatric Cardiology.

NOTE 21 - Dermatology - treatment for cosmetic purposes is not covered.

NOTE 22 - General Surgery - Surgery performed for cosmetic or religious purposes, elective surgery and transsexual surgery are not covered.

NOTE 23 - Ophthalmology - referral is not required.

NOTE 24 - Paediatrics - Referral is not required.

NOTE 25 - Orthopaedic Surgery - Limited to acute care or where the timing of surgery will affect a child's development.

NOTE 26 - Plastic Surgery - Surgery / treatments solely for the purpose of altering or restoring appearance, except for severe disfigurements / burns, are not covered.

NOTE 27 - Prior approval requests must be accompanied by a letter from a physician that indicates the diagnosis and prescription for psychotherapy / counselling.

NOTE 28 - The therapist must be a registered clinical psychologist licensed by the provincial/territorial College of Psychologists (where applicable).

NOTE 29 - The IFHP initially will approve 10 sessions. Prior approval requests for additional sessions must be accompanied by a physician's recommendation.

NOTE 30 - Fee per Province for Initial & Subsequent Treatments, per hour: (BC = \$160), (AB = \$170), (SK = \$110), (MB, PE, NL = \$150), (ON = \$205), (QC = \$125), (NB, NT, NU, YT = \$130), (NS = \$140).

NOTE 31 - Patients with:

- (1) Suspected Sleep Disordered Breathing; Major daytime sleepiness, as identified by an Epworth Sleepiness Scale of 15 or greater (the Epworth Scale can be completed by any health care provider); and a safety critical occupation OR;
- (2) Patients with: (A) Suspected SDB; and (B) One or more of the following:
  - Comorbid disease, pregnancy; or
  - Overnight home oximetry that reveals greater than 30 oxygen desaturation (4% or greater) per hour.

## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 32 - Entitlement consideration for the following reasons:

- (1) Air or gas embolism;
- (2) Bone infections (osteomyelitis) that have not improved with other treatments;
- (3) carbon monoxide poisoning;
- (4) gas gangrene;
- (5) crush injury;
- (6) Compartment Syndrome and other acute traumatic problems where blood flow is reduced or cut off (e.g., frostbite);
- (7) decompression sickness;
- (8) healing for wounds such as diabetic foot ulcers;
- (9) exceptional blood loss;
- (10) intracranial abscess;
- (11) necrotizing soft tissue infections;
- (12) delayed radiation injury (e.g., radiation burns that develop after cancer therapy);
- (13) skin grafts and flaps that are not healing well; and
- (14) thermal burns (e.g., from fire or electrical sources).

NOTE 33 - For Resettled Refugees receiving government resettlement assistance undergoing a Post Arrival Health Assessment (PAHA), IFHP will pay for medical translation services up to a total of 2 hours.

NOTE 34 - Audiologists and Speech Language Pathologists: will be reimbursed usual/ customary charges up to \$74.20 per test.

NOTE 35 - Coverage is limited to circumstances where a health-care professional is required to escort the patient due to the severity of the patient's condition. Physician or Nurse Practitioner recommendation is required. The IFHP will reimburse for medical transportation and accommodation costs for the patient and the medical escort (where applicable).

NOTE 36 - (1) An audiogram completed within the last 6 months must be provided. Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db; Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ).  
 (2) A physician, clinical audiologist or hearing aid practitioner must prescribe the hearing aid equipment.  
 (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review.

NOTE 37 - Not payable together with codes: 0304PAL, 0304DEL, 0304BAHL, 327028, 0304PALD, 0304DELD.

NOTE 38 - Not payable together with codes: 0304PAR, 0304DER, 0304BAHR, 327036, 0304PARD, 0304DERD.

NOTE 39 - Not payable together with codes: 0304BCL, 0304DEL, 0304BAHL, 327028, 0304BCLD, 0304DELD.

NOTE 40 - Not payable together with codes: 0304BCR, 0304DER, 0304BAHR, 327036, 0304DCRD, 0304DERD.

NOTE 41 - Not payable together with codes: 0304BCL, 0304PAL, 0304BAHL, 327028, 0304BCLD, 0304PALD.

NOTE 42 - Not payable together with codes: 0304BCR, 0304PAR, 0304BAHR, 327036, 0304BCRD, 0304PARD.

NOTE 43 - Severe-to-Profound sensorineural hearing loss bilaterally.

## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 44 - No medical contraindications.

NOTE 45 - An educational placement where the development of listening and speaking skills is emphasized.

NOTE 46 - Family support that includes the commitment to the rehabilitative process .

NOTE 47 - Not payable together with code 0344P.

NOTE 48 - Eligibility consideration for the following reasons:

- (1) Moderate to severe conductive or mixed hearing loss (unilateral or bilateral), where the patient can still benefit from sound amplification or Unilateral sensorineural deafness, i.e., single-sided deafness AND
- (2) One of the following conditions must be present:
  - Congenital or surgically induced ear malformations, where cochlear function is good, but there are no ear canals; OR.
  - Chronic middle ear disease, OR
  - chronic draining ears, where the use of a conventional hearing aid causes problems such as feedback, poor wearing comfort, poor sound quality or aggravation of infection; OR
  - Tumours of the external ear or tympanic cavity; OR
  - Conductive hearing loss due to ossicular disease where the patient is not appropriate for surgical correction OR
  - conventional hearing aids do not work.

NOTE 49 - Supplies can also be submitted on-line through the pharmacy billing system.

NOTE 50 - Clients must be blind or have low vision that can not be corrected medically, surgically or with ordinary eyeglasses or contact lenses (i.e. visual acuity in each eye is less than 6/21, or whose visual field in each eye is less than 60° in the 180° and 90° meridians, after correction with appropriate ophthalmic lenses (eye glasses or contact lenses but not special optical systems or additions of more than 4 dioptries).

NOTE 51 - TPN Pumps: Must be a client's only means of nourishment.

NOTE 52 - As per usual & customary fees in provinces / territories.

NOTE 53 - Client cannot receive food through gravity.

## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 54 - At least one of the following criteria must be met:

- a) oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia; e.g., head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating or other medical condition which prevents eating;
- b) maldigestion or malabsorption disorder and / or significant gut failure where food is not tolerated; e.g., pancreatic insufficiency, biliary obstruction, short bowel syndrome;
- c) for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated; e.g., Crohn's disease.

EXCLUSIONS: A Nutrition Product will not be reimbursed if it is intended for one of the following uses:

- d) prescribed weight loss in the treatment of obesity
- e) food allergies
- f) body building
- g) voluntary meal replacement
- h) convenience
- i) used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function.

NOTE 55 - Client must not be in acute care facility or long term care institution.

NOTE 56 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented.

NOTE 57 - Client must have a chronic primary or secondary lymphedema and requires a compression garment for a minimum of six (6) months of regular daily use.

NOTE 58 - Client must have hypertrophic scarring and requires a pressure garment for a minimum of six (6) months of regular daily use.

NOTE 59 - Client cannot have more than one assistive device for a function.

NOTE 60 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device.

NOTE 61 - Transfers from hospitals to rehabilitation centres do not require prior approval. In all other cases, clients must have experienced a disabling physical illness or injury including but not limited to: Amputations, Spinal Cord Injuries, Strokes, Lung Disease, Multiple Sclerosis, Chronic Pain.

NOTE 62 - Not payable together with code 0341S.

NOTE 63 - Not payable together with code 0341BS.

NOTE 64 - Not payable together with code 0341TS.

NOTE 65 - CPAP - Documented Sleep Disordered Breathing (SDB); BiPAP - Primary disorders of respiratory muscles. muscular dystrophy, progressive neuromuscular disorders, traumatic spinal injury, chest wall deformities or restrictive disorders of the lung, e.g. kyphoscoliosis.

NOTE 66 - To be considered for the benefit, test results must be obtained when client's condition has stabilized.

## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 67 - Qualifying medical indications for home oxygen include:

- A resting PaO<sub>2</sub> on room air equal or less than 55 mm Hg;
- A resting PaO<sub>2</sub> on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia;
- Persistent PaO<sub>2</sub> between 56 and 59 mm Hg, when there is evidence of:
  - a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG and a walking oximetry is needed) and/or
  - b) nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night and sleep disordered breathing is ruled out (ABG and a nocturnal oximetry is needed).

NOTE 68 - • New York Heart Association Stage IV Heart Disease with supporting documented evidence provided by a cardiologist and ABG; and

- Palliative care (less than three months life expectancy) for Clients demonstrating persistent hypoxemia:
  - a) PaO<sub>2</sub> on room air ≤ 60mmHG;
  - b) O<sub>2</sub> saturation ≤ 92% demonstrated by a resting oximetry; and/or,
  - c) dyspnoea that cannot be improved with medication and/or comfort analgesia (ABG or a resting oximetry is needed along with a clear diagnosis supporting the end stage of palliative condition by a physician, nurse practitioner or palliative care member to document noting that the dyspnea cannot be improved with medication and/or noting that comfort analgesia are needed.

NOTE 69 - The IFHP will pay the least expensive device, modification and / or repair.

NOTE 70 - Repair service cannot exceed the cost of the equipment.

NOTE 71 - Fee per province for Initial Treatment: (BC = \$74), (AB = \$136), (SK = \$148), (MB = \$65), (ON = \$134), (QC = \$80), (NB & PE = \$60), (NS = \$55), (NL = \$75), (NT & NU = \$138), (YT = \$75).

NOTE 72 - Fee per province for Subsequent Treatments: (BC = \$64), (AB = \$95), (SK = \$74), (MB = \$59), (ON = \$84), (QC = \$75), (NB = \$50), (NS = \$55), (PE = \$45), (NL = \$65), (NT & NU = \$88), (YT = \$75).

NOTE 73 - The client presents signs and symptoms of physical deterioration or impairment in one or more of the following areas:

- a) Sensory/motor ability – problems with sensory integration, attention and cognition, circulation, cranial and peripheral nerve integrity, ergonomics and body mechanics, gait, locomotion and balance, integumentary integrity, joint integrity and mobility, motor function, muscle performance, neuromotor development, posture, range of motion, reflex or sensory integrity.
- b) Functional status – inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that involve personal self-care (for example, feeding, dressing, bathing, or continence), functional mobility for home management (for example, making a bed), work, school, or community activities.
- c) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory.
- d) Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.

## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 74 - The client can not attend physiotherapy session in a clinic and presents signs and symptoms of physical deterioration or impairment in one or more of the following areas:

- a) Sensory/motor ability – problems with sensory integration, attention and cognition, circulation, cranial and peripheral nerve integrity, ergonomics and body mechanics gait, locomotion and balance, integumentary integrity, joint integrity and mobility, motor function, muscle performance, neuromotor development, posture, range of motion, reflex or sensory integrity.
- b) Functional status – inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that involve personal self-care (for example, feeding, dressing, bathing, or continence), functional mobility for home management (for example, making a bed), work, school, or community activities.
- c) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory.
- d) Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.

NOTE 75 - Physician referral is required. The client presents signs and symptoms of functional impairment in one or more of the following areas.

- a) Sensory ability – problems with sensation or perception.
- b) Motor ability – problems with range of motion, muscle strength, muscle tone, endurance, balance, dexterity, or coordination.
- c) Functional status – problems with basic or instrumental ADLs that involve functional mobility, personal self-care (for example, feeding, dressing, or bathing), work, or home activities.
- d) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory.
- e) Psychological ability – problems with apathy, depression, anxiety, perceived incompetence, lack of persistence, or decreased coping skills in a social environment.

For occupational therapy in home, prior approval request should include justification why client can not be seen in a clinic.

NOTE 76 - Fee per province for Initial Treatment: (BC = \$100), (AB = \$120), (SK, MB & NS = \$110), (ON = \$165), (QC = \$150), (NB = \$90), (PE = \$80), (NL, NT, NU & YT = \$160).

NOTE 77 - Fee per province for Subsequent Treatments: (BC = \$100), (AB = \$120), (SK, MB & NS = \$110), (ON = \$165), (QC = \$100), (NB = \$90), (PE = \$80), (NL, NT, NU & YT = \$135).

NOTE 78 - The client presents one or more of the following signs and symptoms.

- a) Aphagia – inability to swallow.
- b) Aphasia – Absence or impairment of the ability to communicate through speech, writing, or signs because of brain dysfunction.
- c) Aphonía – inability to produce sounds from the larynx due to paralysis, excessive muscle tension, or disease of laryngeal nerves.
- d) Apraxia – inability to form words to speak, despite an ability to use oral and facial muscles to make sounds.
- e) Dysarthria – difficult or defective speech that involves disturbances in muscular control (paralysis, weakness, or lack of coordination) of the speech mechanism (oral, lingual, pharyngeal, or respiratory muscles) resulting from damage to the central or peripheral nervous system.
- f) Dysphagia – difficulty in swallowing.
- g) Dysphasia – impairment of language from a brain lesion or neurodevelopmental disorder.
- h) Dysphonia – difficulty in speaking due to impaired ability of muscles involving voice production.
- i) Vocal cord dysfunction – impairment of vocal cord mobility due to structural or functional abnormalities resulting from neurological or organic diseases.

NOTE 79 - Claim must include optical information and visual acuities. Proof of visual acuity of 20/40 or weaker in one eye.

NOTE 80 - Not payable together with codes: 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B.

NOTE 81 - Not payable together with codes: 0600FL, 0600BAFL, 0600FB, 0600LA, 0600L, 0600BA, 0600B.

NOTE 82 - Not payable together with codes: 0600FL, 0600SALF, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B.



## IFHP Benefit Grid - Expanded Health Coverage

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
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NOTE 83 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600LA, 0600L, 0600BA, 0600B.

NOTE 84 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600L, 0600BA, 0600B.

NOTE 85 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600BA, 0600B.

NOTE 86 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600B.

NOTE 87 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.

NOTE 88 - Not payable together with codes: 0600DSEF, 0600DBNF, 0600DBEF.

NOTE 89 - Not payable together with codes: 0600DSNF, 0600DBNF, 0600DBEF.

NOTE 90 - Not payable together with codes: 0600DSNF, 0600DSEF, 0600DBEF.

NOTE 91 - Not payable together with codes: 0600DSNF, 0600DSEF, 0600DBNF.

NOTE 92 - Replacement or repair for broken or lost eyewear is only eligible to children 18 years of age, or under.

NOTE 93 - Children (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.

NOTE 94 - Adults may receive new eyewear only when there is a significant change in prescription. A significant change in prescription is defined as a change in refractive error of not less than 0.5 dioptre to the spherical or cylinder lens, or a change in axis equal to or greater than:

- (1) 20 degrees for a cylinder lens of 0.50 dioptres or less;
- (2) 10 degrees for a cylinder lens of more than 0.50 dioptres but not more than 1.0 dioptre; and
- (3) 3 Degrees for a cylinder lens of more than 1.0 dioptre.

NOTE 95 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner.

NOTE 96 - Fertility diagnostic and therapeutic procedures and reversal of sterilisation procedures are not covered.

NOTE 97 - For power 10 dioptres or greater (sphere), add \$35.11; For power 5 dioptres or greater (cylinder), add \$35.11.

NOTE 98 - Routine eye exams are not covered.

NOTE 99 - When billing for Chemo drugs, please refer to the following benefit description: Injections or Infusions or oral administration of substances.

NOTE 100 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.

NOTE 101 - Payable with codes: 0304BCL or 327028.

NOTE 102 - Payable with codes: 0304BCR or 327036.

NOTE 103 - Payable with codes: 0304PAL or 327028.

## IFHP Benefit Grid - Expanded Health Coverage

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
---------------------	--------------	----------------	-------------------------	--	---------------------------------	----------------------	------------	-----------------------	----------

NOTE 104 - Not Payable together with codes: 0341BS, 0344P, 0344PR.

NOTE 105 - Not Payable together with codes: 0341BS, 0344P, 0341BR.

NOTE 106 - Not Payable together with codes: 0341TS, 0341S, 0341SR.

NOTE 107 - Not Payable together with codes: 0341TS, 0341S, 0341TR.

NOTE 108 - Not Payable together with code: 300118.

NOTE 109 - Rental equipment may be approved when:

- a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge;
- b) for terminally ill clients, where purchase of the item would not be warranted;
- c) where frequent medical assessment and follow-up are involved;
- d) requiring frequent and extensive maintenance;
- e) requiring specialized supervision to operate.

NOTE 110 - Claims for Integrated Prenatal Screening Tests and Maternal Serum Screening Tests do not require a provincial / territorial health code or ICD code.

NOTE 111 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 0304BAHL, 0304DELD.

NOTE 112 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 0304BAHR, 0304DERD.

NOTE 113 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 327028.

NOTE 114 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 327036.

NOTE 115 - Payable with codes: 0304PAR or 327036.

NOTE 116 - Payable with code: 0304DEL.

NOTE 117 - Payable with code: 0304DER.

NOTE 118 - Services provided to Canadian citizens, including newborns, are not covered.

NOTE 119 - Outpatient fee 0155OP is not payable where the sole purpose for an outpatient visit is to administer laboratory test, diagnostic radiology or diagnostic ultrasound procedures.

NOTE 120 - 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

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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  
 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)

NOTE 121 - Providers must include on the claim a written diagnosis or ICD code that provides clinical information or diagnosis relating to a disease or symptom for which genetic testing is indicated.