

IFHP Benefit Grid - Health Care 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
Per Diem									
In-patient (up to 45 days)	0164IPU	30-Jun-12		Yes				\$668.70 / day	See NOTES 1 & 2
In-patient (over 45 days)	0164IPO	30-Jun-12		Yes				\$200.65 / day	See NOTES 1 & 2
In-patient for Only 1 Day - Under 8 Hours	0164IPDU	30-Jun-12		Yes				\$93.70 / day	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	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. Only emergency room fee is payable. Exception to note 5: CT and MRI can be billed together with Emergency Room fee.
Outpatient	0155OP	30-Jun-12		Yes				\$26.75 / day	See NOTE 5
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 4 & 5
Overnight Emergency Room Stay	0155OER	30-Jun-12		Yes				\$200.65 / day	See NOTES 3, 4 & 5 Exception to NOTE 5: CT and MRI 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 Exception to NOTE 5: CT and MRI can be billed together with Urgent Care Centre Visits.
Secondary Facility fees									
Dialysis	0155D	30-Jun-12		Yes				\$200.65 / day	See NOTE 5. Not payable together with per diem.
Chemotherapy (excluding the cost of chemo drugs)	0155C	30-Jun-12		Yes				\$60.20 / day	See NOTE 5 Not payable together with per diem. IFHP does not cover chemo drugs.
Out-patient day surgery	0155OPS	30-Jun-12	Yes	Yes				\$200.65 / day	See NOTES 5, 7 & 8. Not payable together with per diem.
Blood Transfusion	0155BT	30-Jun-12		Yes				\$60.20 / day	See NOTE 5. Not payable together with per diem.
Radiotherapy	0155RT	30-Jun-12		Yes				\$60.20 / day	See NOTE 5. Not payable together with per diem.
CT Scans	0155CT	30-Jun-12						\$200.65 / service	See NOTES 5, 9 & 10 Exception to NOTE 5: CT scans can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay.

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MRI	0155MRI	30-Jun-12						\$200.65 / service	See NOTES 5, 9 & 10 Exception to NOTE 5: MRI scans can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay.
Abortion	0155A	30-Jun-12						\$573.05 / day	See NOTE 5. Not payable together with per diem.
Lithotripsy	0155L	30-Jun-12		Yes				\$668.70 / day	See NOTE 5. Not payable together with per diem.
Professional Fees									
Nursing Services - Vaccination	0212CI	30-Jun-12					4 / LT	\$ 26.75 / visit and \$107.00 / lifetime	Not payable with per diem. IFHP will pay \$26.75 / visit, when the visit is for vaccination purposes.
Community Nursing Services	0211CI	30-Jun-12		Yes			40 CM	\$53.30 / hour and \$2,132.00 / CM	Not payable with per diem. IFHP will pay as per invoice up to a maximum of \$53.30 / hour when the visit is for Community Nursing services, for acute care clients. Requires a physician's order as part of hospital discharge.
General Practice	see comments	30-Jun-12		Yes	Yes				See NOTE 12
Anaesthesia	see comments	30-Jun-12			Yes				See NOTES 6 & 13
Cardiology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Clinical Immunology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Community Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Cardiovascular and Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Dermatology	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 6 & 14 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 & 14
Emergency Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 13
Gastroenterology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14

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General Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14 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 & 14
Geriatrics	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Haematology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Immunology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Infectious Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Laboratory Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Internal Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Medical Oncology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Neurosurgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Nuclear Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Nephrology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Neurology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Gynaecology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 14 & 15
Oral / Maxillofacial Surgeon	see comments	30-Jun-12		Yes	Yes				See NOTE 6 Coverage is limited to treatment provided in a hospital.
Otolaryngology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Ophthalmology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 14 & 16
Paediatrics	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 13
Psychiatry	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14

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Respiratory Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Rheumatology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Urology	see comments	30-Jun-12		Yes	Yes				See NOTES 6, 14 & 17
Orthopaedic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 6 & 14 Limited to acute care.
Plastic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 6 & 14 Surgery for cosmetic purposes is not covered.
Vascular Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Radiation Oncology	see comments	30-Jun-12		Yes	Yes				See NOTES 6 & 14
Diagnostic and Therapeutic Procedures and Tests									
Diagnostic Tests (Laboratory)	see comments	30-Jun-12			Yes				See NOTE 6
Diagnostic Tests (Radiology)	see comments	30-Jun-12			Yes				See NOTE 6
Diagnostic Tests (Ultrasound)	see comments	30-Jun-12			Yes				See NOTE 6
Integrated Prenatal Screening Tests	420201	30-Jun-12						\$130.75 / day	
Maternal Serum Screening Tests	420202	30-Jun-12						\$130.75 / day	
Transportation									
Ambulance - Ground	0729E	30-Jun-12						\$350.00	See NOTES 18 & 19
Ambulance - Air	0729A	30-Jun-12	Yes	Yes					See NOTE 19. Actual cost allowed.
Standard Immunization									
Immunization - Children	249067	30-Jun-12	Yes					\$428 / lifetime	See NOTES 20 & 21. Age restriction: 0 - 17.
Immunization - Adults	249061	30-Jun-12	Yes					\$446 / lifetime	See NOTES 21 & 22. Age restriction: 18 and older.

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 received remuneration from the hospital.

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- 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 the 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.
- NOTE 14 - 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 15 - 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 and (3) Elective procedures.
- NOTE 16 - 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; and (4) Refractive surgery.
- NOTE 17 - 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) Vasetomy reversal; (5) Fertility diagnostic and treatment procedures.
- NOTE 18 - 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 19 - 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

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NOTE 20 - Include vaccines: (1) Varicella; (2) Hep B; (3) Meningococcal C; (4) Pneumococcal C-7; (5) T-Dap; (6) DTaP; (7) Td; (8) MMR; (8) IPV; (9) Hib or (10) Combinations/Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).

NOTE 21 - IFHP will cover immunizations as per NACI guidelines for children and adults with inadequate/without immunization records or risk factors. 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 22 - Include vaccines: (1) Varicella; (2) Meningococcal C; (3) Pneumococcal C-23; (4) T-dap; (5) Td; (6) MMR; (7) Hep B; (8) Influenza vaccine and (9) Combinations/Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).