

## Public Health Public Safety Basic 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	5-Nov-14		Yes				\$668.70 / day	See NOTES 1, 2, 3 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
In-patient (over 45 days)	0164IPO	5-Nov-14		Yes				\$200.65 / day	See NOTES 1, 2, 3 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Inpatient for Only 1 Day - Under 8 Hours	0164IPDU	5-Nov-14		Yes				\$93.70 / day	See NOTES 3 & 21 Must include admission and discharge times. Only Emergency room fee is payable. <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Inpatient for Only 1 Day - Over 8 Hours	0164IPDO	5-Nov-14		Yes				\$334.35 / day	See NOTES 3 & 21 Must include admission and discharge times. Half the per-diem will be reimbursed. <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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<b>Main Facility fees</b>									
Emergency Room	0155ER	5-Nov-14		Yes				\$93.70 / day	See NOTES 3, 4, 5, 6 & 21 Only emergency room fee is payable. <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concerns, services cannot be claimed for reimbursement. <b>Exception to NOTE 6:</b> CT and MRI facility fees can be billed together with emergency room fee.
Outpatient	0155OP	5-Nov-14		Yes				\$26.75 / day	See NOTE 3, 6, 21, 22 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	5-Nov-14		Yes				\$93.70 / day	See NOTES 3, 4, 5, 6 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Overnight Emergency Room Stay	0155OER	5-Nov-14		Yes				\$200.65 / day	See NOTES 3, 4, 5, 6 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement. <b>Exception to NOTE 6:</b> CT and MRI facility fees can be billed together with Overnight Emergency Room Stay.

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Urgent Care Centre Visits	0155UC	5-Nov-14		Yes				\$93.70 / day	See NOTES 3, 6, 7 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement. <b>Exception to NOTE 6:</b> CT and MRI facility fees can be billed together with Urgent Care Centre Visits.
<b>Secondary Facility fees</b>									
CT Scans	0155CT	5-Nov-14		Yes				\$200.65 / service	See NOTES 3, 6, 7, 8, 9 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement. <b>Exception to NOTE 6:</b> CT Scans facility fee can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay facility fees.
MRI	0155MRI	5-Nov-14		Yes				\$200.65 / service	See NOTES 3, 6, 7, 9, 10 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement. <b>Exception to NOTE 6:</b> MRI facility fee can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay facility fees.
<b>Professional Fees</b>									
Nursing Services - Vaccination	0212CI	5-Nov-14					4 / LT	\$ 26.75 / visit and \$107.00 / lifetime	See NOTE 21 Not payable with per diem. IFHP will pay as per invoice up to a maximum of \$26.75 / visit, when the visit is for vaccination purposes. See the list of approved vaccinations in NOTE 18 and NOTE 20

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Community Nursing Services	0211CI	5-Nov-14		Yes			40 CM	\$53.30 / hour and \$2.132.00 / CM	See NOTES 3 & 21 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. <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
General Practice	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 11 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Anaesthesia	see comments	5-Nov-14			Yes				See NOTES 12, 13 & 21
Cardiology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Clinical Immunology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Community Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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Cardiovascular and Thoracic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTES 23 and Appendix A. For ICD codes and codes related to diagnostic and / or prophylactic interventions payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Dermatology	see comments	5-Nov-14	Yes	Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Endocrinology & Metabolism	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Emergency Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Gastroenterology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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General Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
General Thoracic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Geriatrics	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Haematology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Infectious Disease	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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Laboratory Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTES 22 & 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Internal Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Medical Oncology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Neurosurgery	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Nuclear Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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Nephrology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Neurology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Gynaecology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 15 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Oral / Maxillofacial Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 Services must be performed for an in-patient in a hospital. <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Otolaryngology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.



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Ophthalmology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14, 16 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Pediatrics	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Psychiatry	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Respiratory Disease	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Rheumatology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Urology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 17 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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Orthopaedic Surgery	see comments	5-Nov-14	Yes	Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Plastic Surgery	see comments	5-Nov-14	Yes	Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Vascular Surgery	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Radiation Oncology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Diagnostic Radiology	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12, 14 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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Physical Medicine	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 12 & 21 <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
<b>Diagnostic and Therapeutic Procedures and Tests</b>									
Diagnostic Tests (Laboratory)	see comments	5-Nov-14		see comments	Yes				See NOTES 3, 7 & 21 Not payable together with per-diem. <b>Exceptions to NOTE 3:</b> see NOTES 22 & 23 & Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Specialized Products for diagnostic tests (radiopharmaceuticals)	420210	5-Nov-14		Yes					See NOTES 3, 7, 21 & 24. Not payable together with per-diem. <b>Exceptions to NOTE 3:</b> see NOTE 23 & Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
Diagnostic Tests (Radiology)	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 7 & 21 Not payable together with per-diem. <b>Exceptions to NOTE 3:</b> see NOTE 23 & Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.

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Diagnostic Tests (Ultrasound)	see comments	5-Nov-14		Yes	Yes				See NOTES 3, 7 & 21 Not payable together with per-diem. <b>Exceptions to NOTE 3:</b> see NOTE 23 and Appendix A. For ICD codes payable under Public Health or Public Safety Coverage, see NOTE 3. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, services cannot be claimed for reimbursement.
<b>Standard Immunization</b>									
Immunization - See Note	249067	5-Nov-14	Yes					\$428 / lifetime	See NOTES 18, 19 & 21 Age restriction: 0 - 17.
Immunization - See Note	249061	5-Nov-14	Yes					\$446 / lifetime	See NOTES 19, 20 & 21 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.

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 - (1) Claims must include the following ICD 9 or ICD 10 code(s) or written diagnosis:

- (a) Tuberculosis (ICD 9: 010-018, V01.1 Contact or exposure to TB; V74.1 Special screening examination for TB; ICD 10: A15-A19, Z20.1 Contact and exposure to TB ; Z11.1 Special screening examination for respiratory tuberculosis);
- (b) Syphilis (ICD 9:090-096, 097.9, 097.1; ICD 10: A50- A53);
- (c) HIV/AIDS (ICD 9: 042-044, 279.5; ICD 10: B20-B24, Z21 Asymptomatic human immunodeficiency virus [HIV] infection status, Z20.6 Contact and exposure to HIV/AIDS, Z11.4 Special screening examination for HIV; Z71.7 HIV counselling);
- (d) Meningitis Other Bacterial (ICD 9: 320, ; ICD 10: G00; G00.2; G00.3; G00.8; G00.9);
- (e) Chancroid (ICD 9: 099.0; ICD 10: A57);
- (f) Genital Chlamydia (ICD 9: 099.8, 099.5, 099.41, 099.50, 099.52, 099.53, 099.54, 099.55; ICD 10: A56);
- (g) Cholera (ICD 9: 001; V01.0 Contact or exposure to cholera; V74.0 Special screening examination for cholera; V02.0 Carrier or suspected carrier of cholera; ICD 10: A00; A00.1, A00.9);
- (h) Gonorrhoea (ICD 9: 098.0-098.3, V02.7 Carrier or suspected carrier of gonorrhoea; ICD 10: A54.0, A54.1, A54.2, A54.5, A54.6 , A54.9);

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<p>(i) Leprosy (ICD 9: 030, V01.8 Contact or exposure; V74.2 Special screening examination for leprosy; ICD 10: A30);</p> <p>(j) Invasive Group A Streptococcal Disease (ICD 9: 038.0; 041.01 - Group A Streptococcus as the cause of diseases classified elsewhere, e.g.: 040.82; 670; 728.86); 711.0; 320.2; 034.0; 684; 686; 034.1; ICD 10: A40.0, A 49.1, B 95.0 - Group A Streptococcal infection of unspecified site and in conditions classified elsewhere, e.g.: A 48.3 O85, M72.6, M00, G00.2 J02.0, J03.0; L01, L01.0; L08.0; A38);</p> <p>(k) Meningitis, Viral (ICD 9: 047.9; ICD 10: A87);</p> <p>(l) Diphtheria (ICD 9: 032, V74.3 Special screening examination for diphtheria, V02.4 Carrier or suspected carrier of diphtheria, V03.5, V06.1, V06.3; ICD 10: A36, Z22.2 Carrier of diphtheria, Z23.6 Need for immunization against diphtheria alone, Z27.1 Need for immunization against diphtheria-tetanus-pertussis, combined [DTP], Z27.3 Need for immunization against diphtheria-tetanus-Pertussis with poliomyelitis [DTP + polio]);</p> <p>(m) Tetanus (ICD 9: 037, V03.7, V06.1, V06.3; ICD 10: A35, Z23.5 Need for immunization against tetanus alone, Z27.1 Need for immunization against diphtheria-tetanus-pertussis, combined [DTP], Z27.3 Need for immunization against diphtheria-tetanus-Pertussis with poliomyelitis [DTP + polio]);</p> <p>(n) Pertussis (ICD 9: 033.0; 033.9; 033.1, V03.6, V06.1, V06.3; ICD 10: A37.0, A37.9, A37.1, Z23.7 Need for immunization against Pertussis alone, Z27.1 Need for immunization against diphtheria-tetanus-Pertussis, combined [DTP], Z27.3 Need for immunization against diphtheria-tetanus-Pertussis with poliomyelitis [DTP + polio]);</p> <p>(o) Measles (ICD 9: 055, V73.2 Special screening examination for measles, V04.2, V06.4 Vaccination against MMR; ICD 10: B05, Z24.4 Need for immunization against measles alone, Z27.4 Need for immunization against measles-mumps-rubella [MMR]);</p> <p>(p) Mumps (ICD 9: 072, V04.6 Need for vaccination against mumps alone, V06.4 Need for vaccination against MMR; ICD 10: B26, Z25.0 Need for immunization against mumps alone, Z27.4 Need for immunization against measles-mumps-rubella [MMR]);</p> <p>(q) Rubella (ICD 9: 056, V01.4 contact or exposure to rubella, V73.3 Special screening examination for rubella, V04.3, V06.4 Vaccination against MMR; ICD 10: B06, Z20.4 Contact with and exposure to rubella, Z24.5 Need for immunization against rubella alone, Z27.4 Need for immunization against measles-mumps-rubella [MMR]);</p> <p>(r) Chickenpox (Varicella)/Herpes Zoster (ICD 9: 052-053; ICD 10: B01-B02);</p> <p>(s) Acute Flaccid Paralysis (Poliomyelitis) (ICD 9: 045, V01.2 Contact or exposure to polio, V73.0 Special screening examination for polio, V04.0 Need for vaccination against polio, V06.3 Need for vaccination against DTP + polio; ICD 10: A80, Z24.0 Need for immunization against poliomyelitis, Z27.3 Need for immunization against diphtheria-tetanus-Pertussis with poliomyelitis [DTP + polio]);</p> <p>(t) Haemophilus Influenzae Type B (ICD 9: 320.0, 038.41, 041.5, 464.3, 482.2 ; ICD 10: G00.0, A41.3, A49.2, B96.3, J05.1, J14, P23.6);</p> <p>(u) Influenza (ICD 9: 487, V04.8 Need for vaccination against influenza, V06.6 Need for prophylactic vaccination and inoculation against streptococcus pneumoniae [pneumococcus] and influenza; ICD 10: J09-J11, Z25.1 Need for immunization against influenza);</p> <p>(v) Invasive Meningococcal Disease (ICD 9: 036.0; ICD 10: A39.0);</p> <p>(w) Invasive Pneumococcal Disease (ICD 9: 038.2, 041.2, 320.1, 481, 711.0, V06.6 Need for prophylactic vaccination and inoculation against streptococcus pneumoniae [pneumococcus] and influenza ; ICD 10: A40.3, B95.3, G00.1, J13, M00.1);</p>									

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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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(x) Hepatitis B (ICD 9: 070.3, V02.61, 070.32, 070.22, 070.23; ICD 10: B16, B18.0, B18.1, Z20.5 Contact with and exposure to viral hepatitis, Z22.5 Carrier of viral hepatitis, Z24.6 Need for immunization against viral hepatitis);

(y) Noroviral infection (ICD 9: 008.63 Norwalk virus; Norwalk-like agent ; ICD 10: A08.1 Acute gastroenteropathy due to Norwalk agent);

(z) SARS (ICD 9: N/A; ICD 10: U04 Severe Acute Respiratory Syndrome [SARS]; U04.90 Suspected Severe Respiratory Syndrome [SARS]; U04.91 Probable Severe Acute Respiratory Syndrome [SARS] );

(aa) Viral hemorrhagic Fevers (Crimean Congo, Ebola, Lassa, Marburg) (ICD 9: Crimean Congo VHF: 065.0; Lassa VHF: 078.89; Ebola VHF: 065.8; Marburg VHF: 078.8; ICD 10: Crimean Congo VHF: A98.0; Lassa VHF: A96.2; Ebola VHF: A98.4; Marburg VHF: A98.3);

(bb) Smallpox (ICD 9: 050; ICD 10: B03);

(cc) Cryptosporidiosis (ICD 9: 007.4; ICD 10: A07.2);

(dd) Giardiasis (ICD 9: 007.1; ICD 10: A07.1);

(ee) Verotoxigenic E. Coli (ICD 9: 008.04; ICD 10: A04.3);

(ff) Shigellosis (ICD 9: 004; 004.0; 004.1; 004.2; 004.3; 004.8; 004.9; ICD 10: A03; A03.0; A03.1; A03.2; A03.3; A03.8; A03.9);

(gg) Salmonellosis (incl. typh and paratyph) (ICD 9: 002.1; 002.2; 002.3; 002.4; 003; 003.0; 003.1; 003.2; 003.8; 003.9); ICD 10: A01.1; A01.2; A01.3; A01.4; A02; A02.0; A02.1; A02.2; A02.8; A02.9);

(hh) Clostridium difficile (C. difficile) (ICD 9: 008.45; ICD 10: A04.7);

(ii) Viral Hepatitis A (ICD 9: 070.0; 070.1 ICD 10: B15.0; B15.9);  
OR

(2) Beneficiary must have a condition of public safety concern, - a mental health condition in a person who has been examined by a physician licensed in Canada and for which the physician is of the opinion that the person will likely cause harm to others.

NOTE 4 - 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 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code.

NOTE 6 - 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 7 - For professional fees, hospitals / practitioners must indicate the appropriate provincial / territorial physician fee code(s), plus time units, where applicable.

NOTE 8 - 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 9 - Examined body / region must be specified on the claim.

NOTE 10 - 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 11 - 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.

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

NOTE 13 - Service must be performed for an in-patient, in a hospital or in the emergency department. 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; and (2) Fertility diagnostic and treatment 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; (4) Refractive surgery.

NOTE 17 - The following services are not covered: (1) Circumcision performed for ritual, cultural, religious or cosmetic reasons, at any age; (2) Vasectomy for sterilization purposes; (3) Vasectomy reversal; (4) Fertility diagnostic and treatment procedures.

NOTE 18 - 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 - for list of vaccines, please see the IFHP Benefit List - Public Health and Public Safety Prescription Drug Coverage Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).

NOTE 19 - IFHP will cover immunization as per NACI guidelines for children and adults with inadequate/without immunization records or high 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 20 - Include vaccines: (1) Varicella; (2) Meningococcal C; (3) Pneumococcal (4) T-dap; (5) Td; (6) MMR; (7) Hep B; (8) Hep A; (9) Influenza vaccine AND (10) Combinations / Other - for list of vaccines, please see the IFHP Benefit List - Public Health and Public Safety Prescription Drug Coverage Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).

NOTE 21 - Services provided to Canadian citizens, including newborns, are not covered.

NOTE 22 - The following laboratory services are payable without ICD or written diagnosis:

QuantiFERON®-TB Gold In-Tube (QFT) assay

The Cobas Amplicor® test TB

T-SPOT®.TB assay

AGG Reaction titre / Titre - serial tube single antigen

Acid fast stain (AFB smear, TB smear, Ziehl Neelsen Stain)

Albumin/Globulin ratio

Aldolase, serum

Alkaline Phosphatase, serum

Alpha1 - Antitrypsin phenotyping

Alpha1 - Antitrypsin, serum

Alpha1-fetoprotein, serum

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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
Amylase, serum									
ANA Screen									
Antideoxyribonuclease - B Titer, Serum (ADNase-B; Antistreptococcal Dnase-B titer, Streptodornase)									
Anti-DNA									
Anti-HBC IGM									
Anti-HBC (total)									
Anti-HBE									
Anti-mitochondrial screen									
Anti-Transglutaminase									
Tissue Transglutaminase AB IGA									
Antihyaluronidase Titer (AH titer, Antistreptococcal hyaluronidase Titer)									
Antinuclear antibody - virology									
Antistreptolysin O titer, serum (ASO)									
Aspartate Aminotransferase (AST)									
Alanine Aminotransferase (ALT)									
Automated Reagin Test (ART) Syphilis									
Bacterial antigen, rapid detection methods (Latex agglutination for bacterial antigen method)									
Bacterial antigen (streptococcus, coagglutination method)									
Bacterial antigen (streptococcus, lancefield)									
Bacterial culture body fluids/microscopy									
Bacterial culture CSF/microscopy									
Bacterial culture sputum/microscopy									
Bacterial serology									
Bile, urine									
Bilirubin									
Biochemical Id micro-org									
Biopsy of body fluids anaerobic bacterial culture									
Biopsy or body fluid Mycobacterium culture									
Blood culture aerobic and anaerobic (aerobic culture, blood; anaerobic culture, blood; Culture, blood)									
Blood gases arterial									
Blood urine (Occult blood, urine; Haemoglobin, urine)									
Bordetella Pertussis nasopharyngeal culture									
Bordetella Pertussis serology (Bordetella Pertussis antibodies, Bordetella Pertussis titer, Pertussis serology)									
Bordetella Pertussis smear (Bordetella Pertussis direct fluorescent antibody)									
C3 complement, serum									
C4 complement, serum									

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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
Capillary fragility test (Rumpel-Leede Test; Rumpel-Leede Tourniquet Test; Tourniquet test, Negative Pressure Suction Cup Capillary Fragility Test)									
Cerebrospinal fluid anaerobic culture (Anaerobic culture, cerebrospinal fluid)									
Cerebrospinal fluid analysis (Cell count, CSF; CSF analysis)									
Cerebrospinal fluid culture									
Cerebrospinal fluid cytology (CSF cytology)									
Cerebrospinal fluid glucose (CSF glucose)									
Cerebrospinal fluid lactate dehydrogenase (CSF LD)									
Cerebrospinal fluid lactic acid (CSF lactic acid)									
Cerebrospinal fluid mycobacterium culture									
Cerebrospinal fluid protein electrophoresis (CSF protein electrophoresis)									
Cerebrospinal fluid proteins (CSF proteins)									
Ceruloplasmine									
Cervical vaginal culture									
Cervical vaginal cytology									
Chlamydia group titer (antibody titer to Chlamydia)									
Chlamydia trachomatis culture (LVC culture, TRIC agent culture)									
Chlamydia trachomatis DNA probe test (Chlamydia DNA detection test, DNA hybridization test for Chlamydia trachomatis, PACE2)									
ChlamydiaTrachomatis Direct FA test (Micro Trak)									
Chlamydia trachomatis and Neisseria gonorrhoeae by Amplified Detection (NAAT)									
Cholesterol									
Chemistry panel / routine chemistry serum / plasma / urine / fluids - single analyte									
Clostridium difficile / C. difficile									
Cold agglutinin test, screen, titre									
Compete Blood Count									
Complement proteins - C1 esterase inactivator									
Copper, serum									
Copper, Urine									
Coxsackie A virus titer									
Coxsackie B Virus titer									
C-reactive protein									
Creatinine, serum									
Creatinine clearance									
Cryoglobulin qualitative									
Cryoglobulin, quantitative, serum									
Darkfield microscopy examination, Syphilis									
Drug susceptibility tests (for any of the drugs covered for TB under PH&PS drug Benefit List)									

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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
Electron microscopy									
Endometrium culture (amniotic fluid anaerobic culture, cul de sac anaerobic culture, genitourinary anaerobic culture, uterus anaerobic culture)									
Enterovirus Culture									
Fecal fat, quantitative, 72 hour collection									
Fibrinogen (Factor I, Fibrinogen level, Quantitative fibrinogen)									
Fibrinogen breakdown products (FBP, FDP, Fibrin Degradation Products, Fibrin Split Products, Staphylococcal clumping test, Thrombo Wellcotest for Fibrin Split products)									
FTA-ABS, Cerebrospinal fluid									
Gamma Glutamyl Transferase (GGT)									
Genital culture									
Gram stain/microscopy									
HBEAG									
Hepatitis B core antibody									
Hepatitis B DNA detection (HBV viral load)									
Hepatitis B-e antibody									
Hepatitis B-e antigen									
Hepatitis B-surface antibody									
Hepatitis B-surface antigen									
Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay									
Herpes cytology (Herpetic inclusion bodies, Inclusion body cytology, Tzanck smear)									
Herpes simplex viral culture									
Histopathology (bronchoscopy, synovial fluid, aspiration etc)									
HIV culture ( AIDS virus culture, HTLV-III culture)									
HIV DNA amplification assay (HIV DNA PCR test, HIV previral DNA by Polymerase Chain Reaction, PCR for HIV DNA)									
HIV RNA amplification assay (PCR, NASBA, bDNA)									
HIV-1/HIV-2 Serology (AIDS serology, AIDS screen, HIV antibody, HIV serology, RIBA test for HIV antibody, Western Blot Test for HIV antibody)									
Immunoglobulin A									
Immunoglobulin E									
Immunoglobulin G (IgG, Quantative IgG)									
Immunoglobulin G subclasses (IgG1, IgG2, IgG3, IgG4, IgG subclasses)									
Immunoglobulin M									
Influenza A and B titer (Influenza A and B antibody test)									
INNO-LIA (syphilis)									
Influenza virus culture									
Iron and total iron binding capacity/transferin									
Lactat dehydrogenase (total, isoenzymes)									
Leukocyte esterase, urine (can be part of urinalysis; Bacteria screen, Urine; Esterase, Leukocyte, Urine)									

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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
Liver battery test (Liver panel may include ALT/AST/GGT,LD, prothrombine time)									
Lymph node biopsy									
Lymphocyte Subset Enumeration (Immunodeficiency profile, CD 4 count, immunophenotyping)									
Lymphogranuloma venereum titer (LGV titer)									
Muramidase, blood and urine (Lysozyme, blood; Lysozyme, urine)									
Measles antibody (Rubeola antibody, Rubeola serology CSF)									
Methylene Blue Stain, Stool									
MHA-TP (Microheamagglutination, Treponema pallidum)									
Microalbumin									
Mumps serology (mumps antibodies)									
Mycobacterium by DNA probe									
Neisseria Gonorrhoea culture									
Neisseria Gonorrhoea DNA probe test									
Neisseria Gonorrhoea smear									
Nitrite, urine									
Nitrite, Urine (can be part of urinalysis; Bacterial screen, Urine)									
p24 antigen (HIV core antigen)									
Partial thromboplastine time									
Penicillinase test (Betalactamase production test, Cefinase (Nitrocefin test) Cephalosporinase test production testing; Penicillinase producing organisms susceptibility testing)									
Peripheral blood, differential leukocyte Count									
Poliomyelitis I, II,III Titer (Poliovirus Titer)									
Protein electrophoresis, serum									
Protein total, serum									
Prothrombin time									
RPR (Rapid Plasma Reagin Test, Syphilis)									
Rubella culture, CSF									
Rubella serology (rubella antibodies, German measles serology)									
RT-PCR- microbiology/virology									
Rubella Virus culture (German measles culture, Measles culture 3 day)									
Skin mycobacterium culture									
Skin test, Tuberculosis (TST, PPT)									
Smooth muscle antibody									
Specimen referral fee - blood, urine									
Sputum culture									
Sputum mycobacterium culture									
Stool culture									
Stool mycobacterium culture									

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Streptozyme									
Susceptibility testing									
T and B lymphocyte subset assay (Lymphocyte marker studies, T and B cell rosette studies, T and B cell typing)									
The Ligase Chain Reaction test (LCx)® TB									
The Amplicor®TB									
The MTD® and the enhanced MTD® test									
Therapeutic drug level									
Throat Culture									
Throat Culture (B haemolytic Strep Culture, Throat; Group B Beta haemolytic Streptococcus Culture, Throat; Screening culture for Group A Beta Haemolytic Streptococcus;									
Throat Culture for Corynebacterium diphtheriae									
TORCH (TORCH battery, TORCH screen, TORCH titer)									
Urinalysis									
Urinalysis / One or more parts of above without microscopy									
Urine culture									
Urine Culture Clean Catch (CMVS Culture, Midstream Urine Culture)									
Urine cytology									
Urine Mycobacterium culture									
Varicella Zoster culture, rapid									
Varicella Zoster dermatological culture									
Varicella Zoster viral serology									
Varicella Zoster virus culture									
Varicella Zoster virus culture (chickenpox culture; Culture, VZV, Shingles culture, VZV culture)									
Vasoactive Intestinal polypeptide									
VDRL Cerebrospinal fluid (Venereal Disease Research Laboratory, Spinal fluid)									
VDRL serum (Venereal Disease Research Laboratory, Serum)									
Viral culture body fluids									
Viral culture CSF (cerebrospinal fluid)									
Viral culture, blood									
Viral culture, body fluids									
Viral culture, dermatological									
Viral Culture, stool									
Viral culture, tissue									
Viral culture, urine									
Viral serology (serological test)									
Virus direct detection by fluorescent antibody (virus fluorescent antibody test)									
Wet preparation - for fungus, trichomonas, parasites									
White blood count (leukocyte count, total WBC)									

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Wound Culture

NOTE 23 - If the claim includes a written diagnosis or diagnostic code(s) listed in Appendix A, IFHP will pay for the initial clinic / hospital visits, diagnostic investigations (imaging, laboratory etc.) required to confirm or rule out a disease posing a risk to public health or condition of public safety concern. Once it is determined that the disease / condition is not a disease posing a risk to public health or condition of public safety concern, further services can not be claimed for reimbursement. Claims will be subject to audit.

NOTE 24 - IFH will reimburse for the cost of radiopharmaceuticals (products) to hospitals/lab/imaging clinics:

a) when product purchased/ordered in advance of a service and the client ceases to be eligible after the product is purchased/ordered but before the scheduled service date.

b) the product was purchased/ordered within a maximum of 2 weeks before the scheduled procedure, and the client was eligible on the date the product was purchased/ordered (submit the printout of the eligibility query screen with time stamp, copy of a dated order confirmation or receipt),

c) IFH will reimburse only for the cost of the product as per invoice amount. All other fees/services will not be reimbursed.

d) Note, in situations where the client is still covered under the same plan on the date of service, providers will be reimbursed as per respective P/T fee code and/or IFH main or secondary facility fee

e) The following procedures are eligible

Venography

Cardioangiography

Myocardial Perfusion Scintigraphy

Myocardial Scintigraphy

Myocardial Wall Motion

Adrenal Scintigraphy

Thyroid Scintigraphy

Thyroid uptake and repeat

Parathyroid Scintigraphy

Shilling test

Malabsorption test

Gastrointestinal (protein/ blood loss, transit)

Calcium absorption

Abdominal Scintigraphy

Calcium absorption/excretion

Gastro-oesophageal reflux and absorption

Abdominal Scintigraphy

Biliary Scintigraphy

Salivary Gland Scintigraphy

Liver Scintigraphy

Spleen Scintigraphy

Renal Scintigraphy

Bone marrow Scintigraphy

Bone Scintigraphy

Gallium Scintigraphy

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