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, 3 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes				\$200.65 / day	See NOTES 1, 2, 3 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes				\$93.70 / day	See NOTES 3 & 21 Must include admission and discharge times. Only Emergency room fee is payable. Exceptions to NOTE 3: 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	30-Jun-12		Yes				\$334.35 / day	See NOTES 3 & 21 Must include admission and discharge times. Half the per-diem will be reimbursed. Exceptions to NOTE 3: 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.

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
Main Facility fees									
Emergency Room	0155ER	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 4, 5, 6 & 21 Only emergency room fee is payable. Exceptions to NOTE 3: 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. Exception to NOTE 6: CT and MRI facility fees can be billed together with emergency room fee.
Outpatient	0155OP	30-Jun-12		Yes					See NOTE 3, 6, 21, 22 Exceptions to NOTE 3: 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	30-Jun-12		Yes					See NOTES 3, 4, 5, 6 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes				\$200.65 / day	See NOTES 3, 4, 5, 6 & 21 Exceptions to NOTE 3: 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. Exception to NOTE 6: CT and MRI facility fees can be billed together with Overnight Emergency Room Stay.

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
Urgent Care Centre Visits	0155UC	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 6, 7 & 21 Exceptions to NOTE 3: 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. Exception to NOTE 6: CT and MRI facility fees can be billed together with Urgent Care Centre Visits.
Secondary Facility fee	es								
CT Scans	0155CT	30-Jun-12		Yes				\$200.65 / service	See NOTES 3, 6, 7, 8, 9 & 21 Exceptions to NOTE 3: 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. Exception to NOTE 6: 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	30-Jun-12		Yes				\$200.65 / service	See NOTES 3, 6, 7, 9, 10 & 21 Exceptions to NOTE 3: 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. Exception to NOTE 6: MRI facility fee can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay facility fees.
Professional Fees									
Nursing Services - Vaccination	0212CI	30-Jun-12					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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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
Community Nursing Services	0211CI	30-Jun-12		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. Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 11 & 21 Exceptions to NOTE 3: 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	30-Jun-12			Yes				See NOTES 12, 13 & 21
Cardiology	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.

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
Community Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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.
Cardiovascular and Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12	Yes	Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.

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
Gastroenterology	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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 Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.

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
Infectious Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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.
Laboratory Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.

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
Nuclear Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.
Nephrology	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12, 15 & 21 Exceptions to NOTE 3: 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.

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
Oral / Maxillofacial Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Services must be performed for an in-patient in a hospital. Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.
Ophthalmology	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14, 16 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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.

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
Psychiatry	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12, 17 & 21 Exceptions to NOTE 3: 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.
Orthopaedic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.

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
Plastic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 12, 14 & 21 Exceptions to NOTE 3: 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.
Physical Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 12 & 21 Exceptions to NOTE 3: 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.

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
Diagnostic and Thera	peutic Proce	edures and T	ests						
Diagnostic Tests (Laboratory)	see comments	30-Jun-12		see comments	Yes				See NOTES 3, 7 & 21 Not payable together with per-diem. Exceptions to NOTE 3: 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	01-May-13		Yes					See NOTES 3, 7, 21 & 24. Not payable together with per-diem. Exceptions to NOTE 3: 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	30-Jun-12		Yes	Yes				See NOTES 3, 7 & 21 Not payable together with per-diem. Exceptions to NOTE 3: 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 (Ultrasound)	see comments	30-Jun-12		Yes	Yes				See NOTES 3, 7 & 21 Not payable together with per-diem. Exceptions to NOTE 3: 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.

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9/10 Code or Written Dx Required	Health	Referring Prescriber	Freq Limit	Maximum Dollar Amount	Comments
Standard Immunization	on								
Immunization - Children	249067	30-Jun-12	Yes					\$428 / lifetime	See NOTES 18, 19 & 21 Age restriction: 0 - 17.
Immunization - Adults	249061	30-Jun-12	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);
 - (i) Leprosy (ICD 9: 030, V01.8 Contact or exposure; V74.2 Special screening examination for leprosy; ICD 10: A30);
 - (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);
 - (k) Meningitis, Viral (ICD 9: 047.9; ICD 10: A87);

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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- (I) 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]);
- (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]);
- (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]);
- (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) 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]);
- (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]);
- (r) Chickenpox (Varicella)/Herpes Zoster (ICD 9: 052-053; ICD 10: B01-B02);
- (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]);
- (t) Haemophilius 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);
- (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);
- (v) Invasive Meningococcal Disease (ICD 9: 036.0; ICD 10: A39.0);
- (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);
- (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]; U04.91Probable Severe Acute Respiratory Syndrome [SARS]);

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- (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 (Order Respecting the Interim Federal Health Program of 2012).
- 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.
- 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.

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- 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 Public Health and Public Safety Drug Benefit List.

 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 C-23; (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 Public Health and Public Safety Drug Benefit List.

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

Amylase, serum

ANA Screen

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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 Aminotraspherase (AST)

Alanine Aminotranspherase (ALT)

Automated Reagin Test (ART) Syphilis

Bacterial antigen, rapid detection methods (Latex agglutination for bacterial antigen method)

Bacterial antigen (streptococcus, coagllutination 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

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)

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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

Clostridium difficile / C. difficile

Cold agglutinin test, screen, titre

Compete Blood Count

Complement proteins - C1 esterase inactivator

Copper, serum

Copper, Urine

Coxackie A virus titer

Coxackie 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

Electron miscroscopy

Endometrium culture (amniotic fluid anaerobic culture, cul de sac anaerobic culture, genitourinary anaerobic culture, uterus anaerobic culture)

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Enterovirus Culture

Fecal fat, quantitative, 72 hour collection

Fibrinogen (Factor I, Fibrinogen level, Quantitative fibrinogen)

Fibrinogen breakdown products (FBP, FDP, Fibrin Degration Products, Fibrin Split Products, Staphylococcal clumping test, Thrombo Wellcotest for Fibrin Split products)

FTA-ABS, Cerebrospinal fluid

Gamma Glutamyle 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

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)

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)

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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

Neiseria Gonorrhoea culture

Neiseria Gonorrhoea DNA probe test

Neiseria Gonorrhoea smear

Nitrite, urine

Nitrite, Urine (can be part of urinalysis; Bacterial screen, Urine)

p24 antigen (HIV core antigen)

Partial thromboplastine time

Penicillinase test (Bettalactamase production test, Cefinase (Nitrocefin test) Cephalosporinase test production testing; Penicillinase production granisms 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

Sputum culture

Sputum mycobacterium culture

Stool culture

Stool mycobacterium culture

Streptozyme

Susceptibility testing

T and B lymphocyte subset assay (Lymphocyte marker studies, T and B cell rosette studies, T and B cell typing)

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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)

Wound Culture

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- 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

Bilary 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)

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