

IFHP Benefit Grid - Public Health and Public Safety

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 & 16
In-patient (over 45 days)	0164IPO	30-Jun-12		Yes				\$200.65 / day	See NOTES 1, 2 & 16
Inpatient for Only 1 Day - Under 8 Hours	0164IPDU	30-Jun-12		Yes				\$93.70 / day	See NOTE 16. Must include admission and discharge times. Only Emergency room fee is payable.
Inpatient for Only 1 Day - Over 8 Hours	0164IPDO	30-Jun-12		Yes				\$334.35 / day	See NOTE 16. Must include admission and discharge times. Half the per-diem will be reimbursed.
Main Facility fees									
Emergency Room	0155ER	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 4, 5 & 6. Only emergency room fee is payable. Exception to note 6: CT and MRI facility fees can be billed together with emergency room fee.
Outpatient	0155OP	30-Jun-12		Yes				\$26.75 / day	See NOTE 3 & 6.
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 4, 5 & 6
Overnight Emergency Room Stay	0155OER	30-Jun-12		Yes				\$200.65 / day	See NOTES 4, 5, 6 & 7. Exception to NOTE 6: CT and MRI facility fees can be billed together with Overnight Emergency Room Stay.
Urgent Care Centre Visits	0155UC	30-Jun-12		Yes				\$93.70 / day	See NOTES 3, 6 & 8. Exception to NOTE 6: CT and MRI facility fees can be billed together with Urgent Care Centre Visits.
Secondary Facility fees									
CT Scans	0155CT	30-Jun-12		Yes				\$200.65 / service	See NOTES 3, 6, 8, 9 & 10. 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, 8, 10 & 11. 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									

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Nursing Services - Vaccination	0212CI	30-Jun-12					4 / LT	\$ 26.75 / visit and \$107.00 / lifetime	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.
Community Nursing Services	0211CI	30-Jun-12		Yes			40 CM	\$53.30 / hour and \$2,132.00 / CM	See NOTE 3. 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.
General Practice	see comments	30-Jun-12		Yes	Yes				See NOTES 12 & 13. Exception to Note 12: (1) IFHP may authorize payment for one initial and one follow up clinic visit when laboratory or other diagnostic investigation is required to confirm Dx, OR (2) vaccination visits
Anaesthesia	see comments	30-Jun-12			Yes				See NOTES 14 & 15.
Cardiology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Clinical Immunology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Community Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 12, 14 & 17
Cardiovascular and Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Dermatology	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 12, 14 & 17. IFHP does not cover treatment for cosmetic purposes, tattoo removal, treatment of warts and uncomplicated acne vulgaris.
Endocrinology & Metabolism	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Emergency Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Gastroenterology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
General Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16. The IFHP does not cover elective surgery, or for surgical procedures performed for cosmetic or religious purposes.
General Thoracic Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Geriatrics	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16

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Haematology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Infectious Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 12, 14 & 17
Laboratory Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Internal Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 12, 14 & 17
Medical Oncology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Neurosurgery	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Nuclear Medicine	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Nephrology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Neurology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Gynaecology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15, 16 & 18
Oral / Maxillofacial Surgeon	see comments	30-Jun-12		Yes	Yes				See NOTES 14 & 16. Service must be performed for an in-patient in a hospital.
Otolaryngology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Ophthalmology	see comments	30-Jun-12		Yes	Yes				See NOTES 12, 14, 17 & 19
Psychiatry	see comments	30-Jun-12		Yes	Yes				See NOTES 12, 14 & 17
Respiratory Disease	see comments	30-Jun-12		Yes	Yes				See NOTES 12, 14 & 17
Rheumatology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Urology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15, 16 & 20
Orthopaedic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 14, 15 & 16. Limited to acute care.
Plastic Surgery	see comments	30-Jun-12	Yes	Yes	Yes				See NOTES 14, 15 & 16. Surgery for cosmetic purposes is not covered.

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Vascular Surgery	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Radiation Oncology	see comments	30-Jun-12		Yes	Yes				See NOTES 14, 15 & 16
Diagnostic and Therapeutic Procedures and Tests									
Diagnostic Tests (Laboratory)	see comments	30-Jun-12		Yes	Yes				See NOTES 3 & 8 Limited to diagnostic investigations for diseases of public health or conditions of public safety. Not payable together with per diem.
Diagnostic Tests (X-Ray)	see comments	30-Jun-12		Yes	Yes				See NOTES 3 & 8 Limited to diagnostic investigations for diseases of public health or conditions of public safety. Not payable together with per diem.
Diagnostic Tests (Ultrasound)	see comments	30-Jun-12		Yes	Yes				See NOTES 3 & 8 Limited to diagnostic investigations for diseases of public health or conditions of public safety. Not payable together with per diem.
Standard Immunization									
Immunization - Children	249067	30-Jun-12	Yes					\$428/lifetime	See NOTES 21 & 22. Age restriction: 0 - 17.
Immunization - Adults	249061	30-Jun-12	Yes					\$446/lifetime	See NOTES 22 & 23. 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.

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NOTE 3 - (1) Diagnosis must indicate a disease of public health:

- (a) Tuberculosis (ICD 9: 010-018; ICD 10: A15-A19);
- (b) Syphilis (ICD 9:090-096; ICD 10: A50-A52);
- (c) HIV/AIDS (ICD 9: 042-044; 279.5; ICD 10: B20-B24);
- (d) Meningitis, Other Bacterial (ICD 9: 320; ICD 10: G00; G00.2; G00.3; G00.8; G.00.9);
- (e) Chancroid (ICD 9: 099.0; ICD 10: A57);
- (f) Genital Chlamydia (ICD 9: 099.8; ICD 10: A56);
- (g) Cholera (ICD 9: 001; ICD 10: A00; A00.1, A00.9);
- (h) Gonorrhoea (ICD 9: 098.0-098.3; ICD 10: A54.0, A54.1, A54.2);
- (i) Leprosy (ICD 9: 030; 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, L01; L08; A38);
- (k) Meningitis, Viral (ICD 9: 047.9; ICD 10: A87);
- (l) Diphtheria (ICD 9: 032; ICD 10: A36);
- (m) Tetanus (ICD 9: 037; ICD 10: A35);
- (n) Pertussis (ICD 9: 033.0; 033.9; 033.1; ICD 10: A37.0, A37.9, A37.1);
- (o) Measles (ICD 9: 055; ICD 10: B05);
- (p) Mumps (ICD 9: 072; ICD 10: B26);
- (q) Rubella (ICD 9: 056; ICD 10: B06);
- (r) Chickenpox (Varicella)/Herpes Zoster (ICD 9: 052-053; ICD 10: B01-B02);
- (s) Acute Flaccid Paralysis (Poliomyelitis) (ICD 9: 045; ICD 10: A80);
- (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);
- (u) Influenza (ICD 9: 487; ICD 10: J10-11);
- (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; ICD 10: A40.3; B95.3; G00.1; J13; M00.1);
- (x) Hepatitis B (ICD 9: 070.3; ICD 10: B16); 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 April 25, 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 - ICD codes or written diagnosis must indicate a disease of public health or condition of public safety (See NOTE 3).

NOTE 8 - For professional fees, hospitals / practitioners must indicate the appropriate provincial / territorial physician fee code(s), plus time units, where applicable.

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- NOTE 9 - More than one CT Scan per patient, per day is payable IF: (1) CT Scans were for a different area of the body; OR; (2) several CT Scans were performed at different times during the day. Not payable together with per diem.
- NOTE 10 - Examined body / region must be specified on the claim.
- NOTE 11 - More than one MRI per patient, per day is payable IF: (1) MRI Scans were for a different area of the body; OR; (2) Several MRI Scans were performed at different times during the day. Not payable together with per diem.
- NOTE 12 - (1) Diagnosis must indicate disease posing a risk to public health (See NOTE 3) ; OR; (2) Beneficiary must have a condition of public safety concern (See NOTE 3), except for service performed for an in-patient in a hospital.
- NOTE 13 - 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 14 - For professional fees, the appropriate provincial / territorial physician fee code(s), plus units of time, (where applicable) must be indicated.
- NOTE 15 - Service must be performed for an in-patient, in a hospital. For service performed in a hospital, the name of the referring practitioner is not required.
- NOTE 16 - Most responsible / admitting diagnosis must indicate a disease of public health (See NOTE 3) or a beneficiary must have a condition of public safety (See NOTE 3).
- NOTE 17 - 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 18 - 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 19 - Services not covered: (1) Periodic oculo-visual assessment for all age groups; (2) Services for the purpose of prescription of eye glasses; (3) Pterigium surgery with or without graft for all age groups; and (4) Refractive surgery.
- NOTE 20 - The following services are not covered: (1) Circumcision performed for ritual, cultural, religions or cosmetic reasons, at any age; (2) Vasectomy for sterilization purposes; (3) Vasectomy reversal; (4) Fertility diagnostic and treatment procedures.
- NOTE 21 - Include vaccines: (1) Varicella; (2) Hep B; (3) Meningococcal C; (4) Pneumococcal C-7; (5) T-Dap; (6) DTaP; (7) Td; (8) MMR; (8) IPV; (9) Hib or (10) Combinations/Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).
- NOTE 22 - 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 23 - Include vaccines: (1) Varicella; (2) Meningococcal C; (3) Pneumococcal C-23; (4) T-dap; (5) Td; (6) MMR; (7) Hep B; (8) Influenza vaccine or (9) Combinations/Other . Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).

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