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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Per Diem									
0164IPU In-patient (up to 45 days)		5-Nov-14		Yes				$668.70 / day	See NOTES 1, 2, & 42
	NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) telephones, etc., (5) Charges from a person who receives a remuneration from hospital. 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 (excluding chemo drugs), (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient and (11) Home Visits. NOTE 42 - Services and Products must be provided in Canada.								
0164IPO In-patient (over 45 days)		5-Nov-14		Yes				$200.65 / day	See NOTES 1, 2, & 42
	NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) telephones, etc., (5) Charges from a person who receives a remuneration from hospital. 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 (excluding chemo drugs), (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient and (11) Home Visits. NOTE 42 - Services and Products must be provided in Canada.								
0164IPRU In-patient Rehabilitation facility (up to 45 days)		5-Nov-14		Yes				$668.70 / day	See NOTES 1, 2, 28, & 42
	NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) telephones, etc., 5) Charges from a person who receives a remuneration from hospital. 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 (excluding chemo drugs), (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient and (11) Home Visits. NOTE 28 - Transfers from hospitals to rehabilitation centres do not require prior approval. In all other cases, clients must have experienced a disabling physical illness or injury including but not limited to: Amputations, Spinal Cord Injuries, Strokes, Lung Disease, Multiple Sclerosis, Chronic Pain. NOTE 42 - Services and Products must be provided in Canada.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0164IPRO In-patient Rehabilitation facility (over 45 days)		5-Nov-14		Yes				$200.65 / day	See NOTES 1, 2, 28, & 42
	NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) telephones, etc., 5) Charges from a person who receives a remuneration from hospital. 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 (excluding chemo drugs), (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient and (11) Home Visits. NOTE 28 - Transfers from hospitals to rehabilitation centres do not require prior approval. In all other cases, clients must have experienced a disabling physical illness or injury including but not limited to: Amputations, Spinal Cord Injuries, Strokes, Lung Disease, Multiple Sclerosis, Chronic Pain. NOTE 42 - Services and Products must be provided in Canada.								
0164IPDU Inpatient for Only 1 Day - Under 8 Hours		5-Nov-14		Yes				$93.70	See NOTES 42 Must include admission and discharge times. Only Emergency room fee is payable.
	NOTE 42 - Services and Products must be provided in Canada.								
0164IPDO Inpatient for Only 1 Day - Over 8 Hours		5-Nov-14		Yes				$334.35	See NOTES 42 Must include admission and discharge times. Half the per-diem will be reimbursed.
	NOTE 42 - Services and Products must be provided in Canada.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Main Facility Fees									
0155ER Emergency Room		1-Jan-21		Yes				$359.00 / day	See NOTES 3, 4, 5, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 4 - The emergency room facility fee is an all-inclusive rate and includes payment for swabs, bandages, plaster casts, splints, medical supplies and drug packets. NOTE 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
0155OP Standard Outpatient		1-Jan-21		Yes				$359.00 / day	See NOTES 3, 5, 12, 33 & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code. NOTE 12 - Not payable together with per diem. NOTE 33 - An out-patient is an individual who has been officially accepted by a hospital and receives one or more health services without being admitted as an inpatient. May include the following high cost diagnostic imaging procedures: - Nuclear medicine including single photon emission computed tomography (SPECT) but excluding nuclear medicine scans superimposed on images from modalities such as CT or MRI (e.g. SPECT/CT), which have their own IFHP service codes. - Fluoroscopy. - Ultrasound. - Interventional/Angiography Studies. NOTE 42 - Services and Products must be provided in Canada.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0155LAB Outpatient Lab/ Imaging		1-Jan-21						$180.00 / day	See NOTES 3, 8, 10, & 12
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 8 - This is a composite fee for all specimens in relation to one patient referred to an institution for laboratory tests or for general radiography for screening or diagnostic purposes. In jurisdictions where provincial codes exist for **laboratory** services, the providers may claim the outpatient lab/ imaging fee or provincial codes but not both. In jurisdictions where provincial codes exist for **radiology** services, the providers may claim the outpatient lab/imaging fee or provincial radiography codes but not both. NOTE 10 - Excludes the following imaging services: Nuclear Medicine, Fluoroscopy, Ultrasound, Interventional/Angiography studies, which are payable under the standard outpatient code 0155OP. NOTE 12 - Not payable together with per diem.								
0155OPB Outpatient - Patient in a bed (kept for observation under 24 hours)		1-Jan-21		Yes				$359.00 / day	See NOTES 3, 5, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
0155OER Overnight Emergency Room Stay		1-Jan-21		Yes				$359.00 / day	See NOTES 3, 4, 5, 12, 32 & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 4 - The emergency room facility fee is an all-inclusive rate and includes payment for swabs, bandages, plaster casts, splints, medical supplies and drug packets. NOTE 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0155UC Urgent Care Centre Visits		1-Jan-21		Yes				$359.00 / day	See NOTES 3, 6, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 6 - For professional fees, hospitals must indicate the appropriate provincial / territorial physician fee code(s), plus time units, where applicable. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
Secondary Facility Fees									
0155D Dialysis		1-Jan-21		Yes				$496.00 / day	See NOTES 3, 12, & 42.
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
0155C Chemotherapy (not including chemo drugs)		1-Jan-21		Yes				$359.00 / day	See NOTES 3, 12, 30, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 12 - Not payable together with per diem. NOTE 30 - When billing for Chemo drugs or Hormones, please refer to the following benefit code 101729: Injections or Infusions or oral administration of substances. NOTE 42 - Services and Products must be provided in Canada.								
0155AZT Cyclosporine/ Tacrolimus AZT/Activase/ Erythropoietin/ Growth Hormone Thrpy		1-Jan-21						$251.00 / day	See NOTES 3, 12, 30, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 12 - Not payable together with per diem. NOTE 30 - When billing for Chemo drugs or Hormones, please refer to the following benefit code 101729: Injections or Infusions or oral administration of substances. NOTE 42 - Services and Products must be provided in Canada.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0155OPS Out-patient Day Surgery		1-Jan-21		Yes				$1385.00 / day	See NOTES 3, 7, 9, 12, 21, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 7 - A day care surgery patient is one who has been pre-booked and registered to receive services from a functional centre that is equipped and staffed to provide day surgery (e.g. an operating room, an endoscopy suite, a cardiac catheterization lab). Includes high cost interventions of hyperbaric oxygen therapy, Video Capsule Endoscopy and cardiac catheterization (both the diagnostic imaging technical and the nursing clinical care components of this procedure). Type of surgery performed should be indicated on the claim form. NOTE 9 - Surgery for a cosmetic purpose is not covered. NOTE 12 - Not payable together with per diem. NOTE 21 - General Surgery - Surgery performed for cosmetic or religious purposes, elective surgery and transsexual surgery are not covered. NOTE 42 - Services and Products must be provided in Canada.								
0155RT Radiotherapy		1-Jan-21		Yes				$435.00 / day	See NOTES 3, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
0155CT CT Scans		1-Jan-21						$786.00 / day	See NOTES 3, 11, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 11 - Examined body/region must be specified on the claim. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0155MRI MRI		1-Jan-21						$749.00 / day	See NOTES 3, 11, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 11 - Examined body/region must be specified on the claim. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
0155A Abortion		5-Nov-14						$573.05 / day	See NOTES 3, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
0155L Lithotripsy		1-Jan-21		Yes				$1399.00 / day	See NOTES 3, 12, & 42
	NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed. NOTE 12 - Not payable together with per diem. NOTE 42 - Services and Products must be provided in Canada.								
Professional Fees, Diagnostic and Therapeutic Procedures, Devices and Tests									
404504 TPN Pumps & Related Supplies		31-Jul-26	Yes	Yes		MD, NP		See Comments	See NOTES 12, 45, 50 & 51
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees NOTE 51 - TPN Pumps: Must be a client's only means of nourishment								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
404503 Feeding Pumps, Bags or Containers		31-Jul-26	Yes	Yes		MD, NP	See comments	See Comments	See NOTES 12, 45, 50, 52 & 53
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fee NOTE 52 - 1) The client cannot receive food through gravity, 2) The client must receive at least 50% of their nutritional intake via tube feeding NOTE 53 - Frequency limits: Feeding Pumps: 1/1 CY Bag/containers 1/1 CM								
404207 Accessories for Feeding Pumps, Bags or Containers		31-Jul-26	Yes	Yes		MD, NP		See comments	See NOTES 12, 45, 50 & 52
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees NOTE 52 - 1) The client cannot receive food through gravity, 2) The client must receive at least 50% of their nutritional intake via tube feeding								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
404509 Rental – Feeding Pumps, Bags or Containers		31-Jul-26	Yes	Yes		MD, NP	1/ 1 CM	See comments	See NOTES 12, 46, 50 & 52
	NOTE 12 - Not payable together with per diem. NOTE 46 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) Requiring specialized supervision to operate. NOTE 50 - Not payable with main or secondary facility fees NOTE 52 - 1) The client cannot receive food through gravity, 2) The client must receive at least 50% of their nutritional intake via tube feeding.								
404206 Rental – Accessories for Feeding Pumps, Bags or Containers		31-Jul-26	Yes	Yes		MD, NP	1 / 1 CM	See comments	See NOTES 12, 46, 50 & 52
	NOTE 12 - Not payable together with per diem. NOTE 46 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) requiring specialized supervision to operate. NOTE 50 - Not payable with main or secondary facility fees. NOTE 52 - 1) The client cannot receive food through gravity, 2) The client must receive at least 50% of their nutritional intake via tube feeding								
343714 Ventilators		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 1 CY	See Comments	See NOTES 12, 45, 50 & 54
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees NOTE 54 - Diagnosis indicating chronic respiratory failure								

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300105 Apnea Monitors		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 1 CY	See Comments	See NOTES 12, 45, 50 & 54.
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees NOTE 54 - Diagnosis indicating chronic respiratory failure								
0310CI Home Oxygen Concentrators, Oxygen Conserving Devices, Tanks & Accessories		31-Jul-26	Yes	Yes		MD, NP, RT	2 / 1 CY	See Comments	See NOTES 12, 45, 46, 47 & 50.
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 46 - To be considered for the benefit, ABG or oximetry test results must be obtained when client's condition has stabilized. Exception: The ABG or oximetry tests are not required for individuals who are at the end stage of a terminal illness. NOTE 47 - Qualifying medical indications for home oxygen include one of the following: • A resting PaO2 on room air equal or less than 55 mm Hg; • A resting PaO2 on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a Physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia; • Persistent PaO2 between 56 and 59 mm Hg, when there is evidence of: a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG OR a walking oximetry is needed) and/or b) nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night and sleep disordered breathing is ruled out (ABG **OR** a nocturnal oximetry is needed). • Palliative care (less than three months life expectancy) or diagnosis indicating New York Heart Association Stage IV Heart Disease. • If an arterial blood cannot be taken due to documented medical risk, one of the following criteria must be met: - Chronic hypoxemia at rest (SpO2 ≤88), or - SpO2 89- 90 and diagnosis of core pulmonale, pulmonary hypertension, secondary polycythemia, or - Exercise limited by hypoxemia confirmed by assessment SpO2 less than 88% Long-term oxygen clients must be reassessed at least once a year. The assessment must show the indication for oxygen therapy. NOTE 50 - Not payable with main or secondary facility fees								

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341528 Oxygen Refill – Gas		31-Jul-26	Yes	Yes		MD, NP, RT	1/ 1 CM	See Comments	See NOTES 12, 45, 46, & 47 & 50.

NOTE 12 - Not payable together with per diem.

NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim.

NOTE 46 - To be considered for the benefit, ABG or oximetry test results must be obtained when client's condition has stabilized.

Exception: The ABG or oximetry tests are not required for individuals who are at the end stage of a terminal illness.

NOTE 47 - Qualifying medical indications for home oxygen include one of the following:

- A resting PaO2 on room air equal or less than 55 mm Hg;
- A resting PaO2 on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a Physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia;
- Persistent PaO2 between 56 and 59 mm Hg, when there is evidence of:
  a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG OR a walking oximetry is needed) and/or
  b) nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night and sleep disordered breathing is ruled out (ABG OR a nocturnal oximetry is needed).
- Palliative care (less than three months life expectancy) or diagnosis indicating New York Heart Association Stage IV Heart Disease.
- If an arterial blood cannot be taken due to documented medical risk, one of the following criteria must be met:
  - Chronic hypoxemia at rest (SpO2 ≤88), or
  - SpO2 89- 90 and diagnosis of core pulmonale, pulmonary hypertension, secondary polycythemia, or
  - Exercise limited by hypoxemia confirmed by assessment SpO2 less than 88%

Long-term oxygen clients must be reassessed at least once a year. The assessment must show the indication for oxygen therapy.

NOTE 50 - Not payable with main or secondary facility fees.

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
341015 Oxygen Refill - Liquid		31-Jul-26	Yes	Yes		MD, NP, RT	1/ 1 CM	See Comments	See NOTES 12, 45, 46, 47 & 50.
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 46 - To be considered for the benefit, ABG or oximetry test results must be obtained when client's condition has stabilized. Exception: The ABG or oximetry tests are not required for individuals who are at the end stage of a terminal illness. NOTE 47 - Qualifying medical indications for home oxygen include one of the following: • A resting PaO2 on room air equal or less than 55 mm Hg; • A resting PaO2 on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a Physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia; • Persistent PaO2 between 56 and 59 mm Hg, when there is evidence of: a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG OR a walking oximetry is needed) and/or b) nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night and sleep disordered breathing is ruled out (ABG OR a nocturnal oximetry is needed). • Palliative care (less than three months life expectancy) or diagnosis indicating New York Heart Association Stage IV Heart Disease. • If an arterial blood cannot be taken due to documented medical risk, one of the following criteria must be met: - Chronic hypoxemia at rest (SpO2 ≤88), or - SpO2 89- 90 and diagnosis of core pulmonale, pulmonary hypertension, secondary polycythemia, or - Exercise limited by hypoxemia confirmed by assessment SpO2 less than 88% Long-term oxygen clients must be reassessed at least once a year. The assessment must show the indication for oxygen therapy. NOTE 50 - Not payable with main or secondary facility fees								
0362PD Postural Drainage Boards, Suction Machines, Percussors, Resuscitators		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 5 CY	See Comments	See NOTES 12, 45, 50 & 54.
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees NOTE 54 - Diagnosis indicating chronic respiratory failure								

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340615 Aerosol Compressor		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 5 CY	See Comments	See NOTES 12, 45, 50 & 55
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees. NOTE 55 - Not payable with Aerosol Compressor Rental.								
402020 Aerosol Compressor Supplies (e.g. Nebulizer, Tubing, Mask, etc.)		31-Jul-26	Yes	Yes		MD, NP, RT	1 /1 CM	See Comments	See NOTES 12, 45 & 50
	NOTE 12 - Not payable together with per diem. NOTE 45 - Submit a copy of the supplier's/manufacturer's invoice with your claim. NOTE 50 - Not payable with main or secondary facility fees.								
343715 Rental – Ventilators		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 4CM	See Comments	See NOTES 12, 48, 50 & 54.
	NOTE 12 - Not payable together with per diem. NOTE 48 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) Requiring specialized supervision to operate NOTE 50 - Not payable with main or secondary facility fees NOTE 54 - Diagnosis indicating chronic respiratory failure								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
300106 Rental – Apnea Monitors		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 4 CM	See Comments	See NOTES 12, 48, 50 & 54
	NOTE 12 - Not payable together with per diem. NOTE 48 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) Requiring specialized supervision to operate. NOTE 50 - Not payable with main or secondary facility fees NOTE 54 - Diagnosis indicating chronic respiratory failure								
0310CR Rental - Home Oxygen Concentrators , Oxygen Conserving Devices, Tanks & Accessories		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 4 CM	See Comments	See NOTES 12, 47, 48 & 50
	NOTE 12 - Not payable together with per diem. NOTE 47 - Qualifying medical indications for home oxygen include one of the following: • A resting PaO2 on room air equal or less than 55 mm Hg; • A resting PaO2 on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a Physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia; • Persistent PaO2 between 56 and 59 mm Hg, when there is evidence of: a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG OR a walking oximetry is needed) and/or b) nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night and sleep disordered breathing is ruled out (ABG OR a nocturnal oximetry is needed). • Palliative care (less than three months life expectancy) or diagnosis indicating New York Heart Association Stage IV Heart Disease. • If an arterial blood cannot be taken due to documented medical risk, one of the following criteria must be met: - Chronic hypoxemia at rest (SpO2 ≤88), or - SpO2 89- 90 and diagnosis of core pulmonale, pulmonary hypertension, secondary polycythemia, or - Exercise limited by hypoxemia confirmed by assessment SpO2 less than 88% Long-term oxygen clients must be reassessed at least once a year. The assessment must show the indication for oxygen therapy. NOTE 48 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) Requiring specialized supervision to operate. NOTE 50 - Not payable with main or secondary facility fees								

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0362PR Rental – Postural Drainage Boards, Suction Machines, Percussors, Resuscitators		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 4 CM	See Comments	See NOTES 12, 48 & 50
	NOTE 12 - Not payable together with per diem. NOTE 48 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) Requiring specialized supervision to operate. NOTE 50 - Not payable with main or secondary facility fees								
340617 Rental – Aerosol Compressor		31-Jul-26	Yes	Yes		MD, NP, RT	1 / 4 CM	See Comments	See NOTES 12, 48 & 50
	NOTE 12 - Not payable together with per diem. NOTE 48 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of time and when purchase of the item would exceed projected total rental charge; b) for terminally ill clients, where purchase of the item would not be warranted; c) where frequent medical assessment and follow-up are involved; d) requiring frequent and extensive maintenance; e) Requiring specialized supervision to operate. NOTE 50 - Not payable with main or secondary facility fees								
0112CI Nursing Homes (Private & Public Sector Facility)		31-Jul-26	Yes	Yes		MD, NP		$1,736 / month	See NOTES 12, 49, 50 & 57
	NOTE 12 - Not payable together with per diem NOTE 49 - Comprehensive assessment required (i.e interRAI HC or equivalent). Submit a copy of the report with prior approval. NOTE 50 - Not payable with main or secondary facility fees NOTE 57 - Cannot be billed together with code 0247CI and 0211CI								
0230H In-hospital Speech Therapy		1-May-26		Yes				$26.75	

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0226HI In-hospital Physiotherapy (initial exam)		1-May-26		Yes			1 / 1CY	$26.75	See NOTE 56
	NOTE 56 - The client presents signs and symptoms of physical deterioration or impairment in one or more of the following areas: a) Sensory/motor ability – problems with sensory integration, attention and cognition, circulation, cranial and peripheral nerve integrity, ergonomics and body mechanics, gait, locomotion and balance, integumentary integrity, joint integrity and mobility, motor function, muscle performance, neuromotor development, posture, range of motion, reflex or sensory integrity. b) Functional status – inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that involve personal self-care (for example, feeding, dressing, bathing, or continence), functional mobility for home management (for example, making a bed), work, school, or community activities. c) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory. d) Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.								
0226H In-hospital Physiotherapy (follow-up)		1-May-26		Yes			12 / 1CY	$27.75	See NOTE 56
	NOTE 56 - The client presents signs and symptoms of physical deterioration or impairment in one or more of the following areas: a) Sensory/motor ability – problems with sensory integration, attention and cognition, circulation, cranial and peripheral nerve integrity, ergonomics and body mechanics, gait, locomotion and balance, integumentary integrity, joint integrity and mobility, motor function, muscle performance, neuromotor development, posture, range of motion, reflex or sensory integrity. b) Functional status – inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that involve personal self-care (for example, feeding, dressing, bathing, or continence), functional mobility for home management (for example, making a bed), work, school, or community activities. c) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory. d) Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.								
0242HI In-hospital Occupational Therapy (initial exam)		1-May-26		Yes			1/ 1CY	$26.75	
0242H In-hospital Occupational Therapy (follow-up)		1-May-26		Yes			20/ 1CY	$27.75	

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0155PAC Pacemakers or defib/ /PCI With stents/ endovascular coils		1-Jan-21		Yes				Payable at the invoiced price of the device (invoice required).	See NOTES 42 & 43
	NOTE 42 - Services and Products must be provided in Canada. NOTE 43 - Payable at the invoiced price of the device (invoice required). Can be claimed together with either the Standard Outpatient or Day Surgery Facility Fees.								
327090 Cochlear Implants/BAHA (incl. Softband)		1-Jan-21	See NOTE 32	Yes				Payable at the invoiced price of the device (invoice required).	See NOTES 32, 42 & 43
	NOTE 32 - Cochlear Implants: Prior approval required. Claims must meet the following criteria: 1. Severe-to-Profound sensorineural hearing loss bilaterally. 2. No medical contraindications. 3. An educational placement where the development of listening and speaking skills is emphasized. 4. Family support that includes the commitment to the rehabilitative process. Eligible age range is 12 months to 18 years NOTE 42 - Services and Products must be provided in Canada. NOTE 43 - Payable at the invoiced price of the device (invoice required). Can be claimed together with either the Standard Outpatient or Day Surgery Facility Fees.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Physician Services		5-Nov-14	Refer to the NOTES section for billing requirements	Yes	Yes				See NOTES 13, 14, 19, 20, 21, 22, 23, 24, 25, & 42 Submit bill with provincial health codes. For a clinic visit - referral from a GP or NP is required.
	NOTE 13 - For professional fees, the appropriate provincial/territorial physician fee code(s), plus time units, (where applicable) must be indicated. NOTE 14 - For service performed in a hospital, the name of a referring practitioner is not required. NOTE 19 - For a clinic visit, referral from a GP or NP is required. Services are available from the following physician Specialties: Anaesthesia, Cardiology, Clinical Immunology, Community Medicine, Cardiovascular & Thoracic Surgery, Dermatology, Endocrinology & Metabolism, Emergency Medicine, Gastroenterology, General Surgery, General Thoracic Surgery, Geriatrics, Haematology, Infectious Disease, Laboratory Medicine, Internal Medicine, Medical Oncology, Neurosurgery, Nuclear Medicine, Nephrology, Neurology, Gynaecology, Otolaryngology, Ophthalmology, Paediatrics, Psychiatry, Respiratory Disease, Rheumatology, Urology, Orthopaedic Surgery, Plastic Surgery, Vascular Surgery, Diagnostic Radiology, Radiation Oncology, Pediatric General Surgery, Allergy, Clinical Immunology and Allergy, Anatomic Pathology, Neonatology, Critical Care Medicine, Cardiac Surgery, Cardiacthoracic Surgery, Forensic Medicine, Microbiology, Haematological Pathology, Medical Biochemistry, Neuropathology, Occupational Medicine, Physical Medicine and Rehabilitation, Paediatric Cardiology. NOTE 20 - Dermatology - treatment for cosmetic purposes is not covered. NOTE 21 - General Surgery - Surgery performed for cosmetic or religious purposes, elective surgery and transsexual surgery are not covered. NOTE 22 - Ophthalmology - referral is not required. NOTE 23 - Paediatrics - Referral is not required. NOTE 24 - Orthopaedic Surgery - Limited to acute care or where the timing of surgery will affect a child's development. NOTE 25 - Plastic Surgery - Surgery / treatments solely for the purpose of altering or restoring appearance, except for severe disfigurements / burns, are not covered. NOTE 42 - Services and Products must be provided in Canada.								
0211CI Other Home Care Services - Visit by a Nurse		5-Nov-14		Yes				$53.30 / hour	See NOTE 42
	NOTE 42 - Services and Products must be provided in Canada.								
0212CI Community Nursing Services-Vaccination		5-Nov-14		Yes				$26.75 / visit	See NOTE 42
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
103246 Midwifery Services		5-Nov-14						see comments	See NOTE 42 Fee per Province: (ON = $3,075 / Full Course of Care) all other (provinces and territories = $3,042 / Full Course of Care)
	NOTE 42 -	Services and Products must be provided in Canada.							
Transplants		5-Nov-14	Yes	Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Anaesthesia		5-Nov-14			Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
General Practice		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes .
	NOTE 42 -	Services and Products must be provided in Canada.							
Cardiology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Clinical Immunology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Community Medicine		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Cardiovascular and Thoracic Surgery		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Emergency Medicine		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
General Surgery		5-Nov-14		Yes	Yes				See NOTES 21 & 42 Submit bill with provincial health codes.
	NOTE 21 - General Surgery - Surgery performed for cosmetic or religious purposes, elective surgery and transsexual surgery are not covered. NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
General Thoracic Surgery		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Geriatrics		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Haematology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Immunology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Infectious Disease		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Internal Medicine		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Medical Oncology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Neurosurgery		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Nuclear Medicine		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							
Oral / Maxillofacial Surgeon		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 -	Services and Products must be provided in Canada.							

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Paediatrics		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Respiratory Disease		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Rheumatology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Orthopaedic Surgery		5-Nov-14	Yes	Yes	Yes				See NOTES 24 & 42 Submit bill with provincial health codes.
	NOTE 24 - Orthopaedic Surgery - Limited to acute care or where the timing of surgery will affect a child's development. NOTE 42 - Services and Products must be provided in Canada.								
Plastic Surgery		5-Nov-14	Yes	Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Vascular Surgery		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Radiation Oncology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Critical Care		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Dermatology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes .
	NOTE 42 - Services and Products must be provided in Canada.								
Endocrinology & Metabolism		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Gastroenterology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Gynaecology & Obstetrics		5-Nov-14		Yes	Yes				See NOTES 29 & 42 Submit bill with provincial health codes.
	NOTE 29 - Fertility diagnostic and therapeutic procedures and reversal of sterilisation procedures are not covered. NOTE 42 - Services and Products must be provided in Canada.								
Laboratory Medicine		5-Nov-14			Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Nephrology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes. Prior approval is required for transplant procedures.
	NOTE 42 - Services and Products must be provided in Canada.								
Neurology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Ophthalmology		5-Nov-14		Yes	Yes				See NOTES 15 & 42 Submit bill with provincial health codes.
	NOTE 15 - Laser eye surgery is not covered. NOTE 42 - Services and Products must be provided in Canada.								
Otolaryngology		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Psychiatry		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Urology		5-Nov-14		Yes	Yes				See NOTES 16 & 42 Submit bill with provincial health codes.
	NOTE 16 - Reversal of sterilization procedures, male circumcision for non-medical reasons and treatment of impotence are not covered. NOTE 42 - Services and Products must be provided in Canada.								
Nerve Blocks		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
420201 Integrated Prenatal Screening Tests		5-Nov-14						$130.75 / day	See NOTES 31 & 42
	NOTE 31 - Claims for Integrated Prenatal Screening Tests and Maternal Serum Screening Tests do not require a provincial / territorial health code or ICD code. NOTE 42 - Services and Products must be provided in Canada.								
420202 Maternal Serum Screening Tests		5-Nov-14						$130.75 / day	See NOTES 31 & 42
	NOTE 31 - Claims for Integrated Prenatal Screening Tests and Maternal Serum Screening Tests do not require a provincial / territorial health code or ICD code. NOTE 42 - Services and Products must be provided in Canada.								
101729 Injections or Infusions or oral administration of substances		5-Nov-14	Yes	Yes	Yes				See NOTES 41 & 42
	NOTE 41 - Payable only if billed together with 0155C, 0164IPU, 0164IPO. Submit bill with DIN number or drug name. Chemo drugs must be approved by Health Canada and supported by provincial / territorial Cancer Care Centre's clinical guidelines. For provinces without definitive cancer drug formularies, IFHP will reimburse for the cost of drugs included in the BC Cancer Agency formulary or the Cancer Care Ontario drug formulary. NOTE 42 - Services and Products must be provided in Canada.								
Electrocardiography (ECG)		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Non-invasive Cardiography		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Echocardiography		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Dialysis		5-Nov-14		Yes					See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Sleep Studies		5-Nov-14	Yes	Yes	Yes				See NOTES 26 & 42 Submit bill with provincial health codes.
	NOTE 26 - Patients with: (1) Suspected Sleep Disordered Breathing; Major daytime sleepiness, as identified by an Epworth Sleepiness Scale of 15 or greater (the Epworth Scale can be completed by any health care provider); and a safety critical occupation OR; (2) Patients with: (A) Suspected SDB; and (B) One or more of the following: • Comorbid disease, pregnancy; or • Overnight home oximetry that reveals greater than 30 oxygen desaturation (4% or greater) per hour. NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Hyperbaric therapy		5-Nov-14		Yes	Yes				See NOTES 27 & 42 Submit bill with provincial health codes.
	NOTE 27 - Hyperbaric treatment must be prescribed and supervised by a Medical Doctor (M.D) whose scope of practice includes this treatment and is licensed to practice medicine in the province or territory where the hyperbaric facility is located Entitlement consideration for the following reasons: (1) Air or gas embolism; (2) Bone infections (osteomyelitis) that have not improved with other treatments; (3) carbon monoxide poisoning; (4) gas gangrene; (5) crush injury;(6) Compartment Syndrome and other acute traumatic problems where blood flow is reduced or cut off (e.g., frostbite); (7) decompression sickness; (8) healing for wounds such as diabetic foot ulcers; (9) exceptional blood loss; (10) intracranial abscess; (11) necrotizing soft tissue infections; (12) delayed radiation injury (e.g., radiation burns that develop after cancer therapy); (13) skin grafts and flaps that are not healing well; and (14) thermal burns (e.g., from fire or electrical sources). For IFHP coverage, Health Canada guidance must be followed: - the chamber is properly installed according to municipal and provincial regulations; - operators and attendants are properly trained; and - a certified hyperbaric physician is either on site or can be reached easily and quickly. NOTE 42 - Services and Products must be provided in Canada.								
Diagnostic Tests (Laboratory)		5-Nov-14			Yes				See NOTES 17 & 42 Submit bill with provincial health codes. Prenatal tests do not require an ICD code.
	NOTE 17 - Allergy tests for uncomplicated seasonal allergies or food allergies are not covered. NOTE 42 - Services and Products must be provided in Canada.								

420210		5-Nov-14							See NOTES 34 & 42

Specialized Products for diagnostic tests (radiopharmaceuticals)

NOTE 34 - IFHP 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) IFHP 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 IFHP on the date of service, providers will be reimbursed as per respective P/T fee code or IFHP Standard Outpatient Fee.

e) The following procedures are eligible:

Abdominal Scintigraphy
Adrenal Scintigraphy
Biliary Scintigraphy
Bone marrow Scintigraphy
Bone Scintigraphy
Brain Scintigraphy
Calcium absorption
Calcium absorption/excretion
Cardioangiography
CSF Circulation
Gallium Scintigraphy
Gastrointestinal (protein/ blood loss, transit)
Gastro-oesophageal reflux and absorption
Leukocyte Scintigraphy
Liver Scintigraphy
Lymphangiogram
Malabsorption test
Myocardial Perfusion Scintigraphy
Myocardial Scintigraphy
Myocardial Wall Motion
Parathyroid Scintigraphy
Perfusion lung Scintigraphy
Positron Emission Tomography
Renal Scintigraphy
Salivary Gland Scintigraphy
Scintimammography
Shilling test
Single-photon emission computed tomography (SPECT)
Spleen Scintigraphy
Testicular and Scrotal Scintigraphy
Thyroid Scintigraphy
Thyroid uptake and repeat
Venography
Ventilation Lung Scintigraphy

NOTE 42 - Services and Products must be provided in Canada.

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Diagnostic Tests (X Ray)		5-Nov-14			Yes				See NOTE 42 Submit bill with provincial health codes.
	NOTE 42 - Services and Products must be provided in Canada.								
Diagnostic Tests (Ultrasound)		5-Nov-14			Yes				See NOTE 42 Submit bill with provincial health codes. Prenatal tests do not require an ICD code.
	NOTE 42 - Services and Products must be provided in Canada.								
420203 Molecular genetics, biochemistry genetics and cytology genetic tests		5-Nov-14	Yes	Yes					See NOTES 35 & 42
	NOTE 35 - Providers must include on the claim a written diagnosis or ICD code that provides clinical information or diagnosis relating to a disease or symptom for which genetic testing is indicated. NOTE 42 - Services and Products must be provided in Canada.								
Nuclear Medicine in Vivo		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
	NOTE 42 - Services and Products must be provided in Canada.								
Pulmonary Function Studies		5-Nov-14		Yes	Yes				See NOTE 42 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
	NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Magnetic Resonance Imaging (MRI)		5-Nov-14			Yes				See NOTE 42 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
	NOTE 42 - Services and Products must be provided in Canada.								
0209PAHA PAHA (Post Arrival Health Assessment)		5-Nov-14					1/1LT	$93.61 / assessment	See NOTE 42 & 44
	NOTE 42 - Services and Products must be provided in Canada. NOTE 44 - For clients undergoing a Post Arrival Health Assessment (PAHA), IFHP will pay for medical translation services up to a total of 2 hours.								
Transportation									
0729E Ambulance – Ground		5-Nov-14						$350.00	See NOTES 39 & 42
	NOTE 39 - IFHP follows the provincial / territorial fee guidelines. Where no provincial / territorial fee guidelines exist, IFHP will pay up to a maximum $350 for ground ambulance transportation. NOTE 42 - Services and Products must be provided in Canada.								
0729NE Medical Transportation		5-Nov-14	Yes						See NOTES 40 & 42
	NOTE 40 - Coverage is limited to circumstances where a health-care professional is required to escort the patient due to the severity of the patient's condition. Physician or Nurse Practitioner recommendation is required. The IFHP will reimburse for medical transportation for the patient and the medical escort (where applicable). NOTE 42 - Services and Products must be provided in Canada.								

IFHP Benefit Grid - Basic Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Standard Immunization									
		5-Nov-14	Yes					$428/lifetime	See NOTES 36, 37 & 42 Age Restriction: 0-17
249067 Immunization - See Notes	NOTE 36 - 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. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors). NOTE 37 - IFHP will cover immunizations as per NACI guidelines for immunization of persons with inadequate/without immunization records or risk factors. Can be claimed together with: (1) provincial physician fee codes for vaccination; OR (2) injections fee; OR (3) IFHP Nursing Services - Vaccination code. Once max dollar amount is reached, (whether reached during the initial or subsequent service), only professional fees are payable (nursing visits or physician fees). NOTE 42 - Services and Products must be provided in Canada.								
		5-Nov-14	Yes					$446/lifetime	See NOTES 37, 38 & 42 Age Restriction: 18 and older
249061 Immunization- See Notes	NOTE 37 - IFHP will cover immunizations as per NACI guidelines for immunization of persons with inadequate/without immunization records or risk factors. Can be claimed together with: (1) provincial physician fee codes for vaccination; OR (2) injections fee; OR (3) IFHP Nursing Services - Vaccination code. Once max dollar amount is reached, (whether reached during the initial or subsequent service), only professional fees are payable (nursing visits or physician fees). NOTE 38 - 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. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors). NOTE 42 - Services and Products must be provided in Canada.								