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IFHP Benefit Grid - Supplemental Coverage

Legend of Acronyms

Legend of Frequency Limitations:

CM – Calendar Month

CY – Calendar Year

LT – Lifetime

Legend of Prescriber Types:

CA – Clinical Audiologist

CI – Canadian Institute for the Blind

ES – Ear, Nose, Throat Specialist / Oto-Rhino-Laryngologist

GS – General Surgeon

HP – Hearing Instrument Practitioner

IM – Internal Medicine

MD – Medical Doctor

NP – Nurse Practitioner

O – Optometrist

ON – Oncologist

OS – Orthopedic Surgeon

OT – Occupational Therapist

PE – Pediatrician

PS – Plastic Surgeon / Plastic Medicine

PT – Physiotherapist

VS – Vascular Surgeon

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
Professional Fees									
0228PI or 0228PIV Tele-services Psychotherapy Counselling or Psychology Counselling in a Private Clinic or Addiction Centre – Assessment		13-Mar-20		Yes	MD, NP	4 hours / CY	See Note 107	See Note 5	See NOTES 3, 5 & 107 Can only bill one code. 0228PIV used for virtual care (tele-services) only
	NOTE 3 -	The provider must be a Registered Clinical Psychologist, Registered Psychotherapist, Registered Counselling Therapist or a Social Worker licensed in the province or territory in which they practice with their provincial licensing body.							
	NOTE 5 -	Fee per Province for Initial Assessment and Subsequent Individual Treatments, per hour: (BC = $160), (AB = $170), (SK = $110), (MB, PE, NL = $150), (ON = $205), (QC = $125), (NB, NT, NU, YT = $130), (NS = $140).							
	NOTE 107 -	Fee per Province for Initial Assessment and Subsequent Individual Treatments, per hour: (BC = $112), (AB = $119), (SK = $77), (MB, PE, NL = $105), (ON = $143), (QC = $87.50), (NB, NT, NU, YT = $91), (NS = $98).							

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0228CI or 0228CIV Tele-services Psychotherapy Counselling or Psychology Counselling in a Private Clinic or Addiction Centre -Treatment		13-Mar-20	See comments	Yes		10 hours /CY	See Note 107	See Note 5	See NOTES 2, 3, 4, 5 & 107 Can only bill one code, per client, per treatment. 0228CIV used for virtual care (tele-services) only
	NOTE 2 -	Prior approval requests must be accompanied by: (1) A letter from a Physician or Nurse Practitioner that indicates the diagnosis and prescription for psychotherapy / counselling therapy and (2) Initial Assessment report The report should outline the clinical history and interview information including: ▪ Results of psychometric screening (where administered). ▪ DSM IV or V diagnosis. ▪ A treatment plan outlining the goals of treatment and expected duration of treatment. Payment for reports is included in the fee for assessments. The provider should not proceed until prior authorization has been obtained.							
	NOTE 3 -	The provider must be a Registered Clinical Psychologist, Registered Psychotherapist, Registered Counselling Therapist or a Social Worker licensed in the province or territory in which they practice with their provincial licensing body.							
	NOTE 4 -	Benefit provides up to a maximum of 10 one-hour treatment sessions per calendar year. <u>Exclusions</u>: Psychiatric and family physician services (included under IFHP Basic Coverage) Psychoanalysis Psycho-educational assessments Life skills training Expressive arts therapy Hypnotherapy Sex therapy							
	NOTE 5 -	Fee per Province for Initial Assessment and Subsequent Individual Treatments, per hour: (BC = $160), (AB = $170), (SK = $110), (MB, PE, NL = $150), (ON = $205), (QC = $125), (NB, NT, NU, YT = $130), (NS = $140).							
	NOTE 107 -	Fee per Province for Initial Assessment and Subsequent Individual Treatments, per hour: (BC = $112), (AB = $119), (SK = $77), (MB, PE, NL = $105), (ON = $143), (QC = $87.50), (NB, NT, NU, YT = $91), (NS = $98).							

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0235CI Hearing Tests		01-Apr-19		Yes		1/5 CY	$51.94	$74.20	Otolaryngologist specialists, submit bill with provincial / territorial health codes.
0247PI Comprehensive Assessment for Home Care/Personal Care Services		30-May-18				3 hours / Assessment	$37.31 / hour	$53.30 / hour	See NOTE 1
	NOTE 1 - Comprehensive assessment must be conducted by a Home/Health Care case manager or health professional including Medical Doctor, Nurse, Occupational Therapist, Physiotherapist, Respiratory Therapist, Speech Language Pathologist or Social Worker. Comprehensive Assessment fee: $53.3 (payable by IFHP: 37.30/hour). Max 3 hours. The report must include diagnosis, and extent of disability, clinical history, current prescribed treatment, availability of home facilities (including their location) and the ability of the patient to function in the home or to get outside; Summary of functioning and needs pertinent to sight, hearing, communication, ambulation, toileting, transferring, eating, dressing, bathing, foot care, supplies-equipment, prosthesis (if applicable). The assessment should include the recommended level of care required and number of hours per week.								
0247CI Other Home Care Services - Visit by a Home Care Worker /Personal Care Worker/Personal Support Worker		30-May-18	Yes			140 hours / CM	$16.98 / hour	$24.25 / hour	Comprehensive Assessment report (**0247PI**) must be submitted before the services can be authorized. Cannot be billed together with code 0112CI.
0294CI Interpretation/ Translation Services		05-Nov-14	Yes				$20.27 / hour	$28.95 / hour	Can only be billed with Psychiatry services, **0228PI, 0228PIV, 0228CI or 0228CIV**

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
Assistive Devices Hearing Aids (including hearing aid services, repairs and supplies)									
0304BCL Bone Conduction Hearing Aid, Conventional Analog - Left		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$409.78	$585.40	See NOTES 8 & 9
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 9 - Not payable together with codes: 0304PAL, 0304DEL, 327028, 0304PALD, 0304DELD.								
0304BCR Bone Conduction Hearing Aid, Conventional Analog - Right		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$409.78	$585.40	See NOTES 8 & 10
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 10 - Not payable together with codes: 0304PAR, 0304DER, 327036, 0304PARD, 0304DERD.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0304PAL Programmable Analog Hearing Aid - Left		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$409.78	$585.40	See NOTES 8 & 11
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 11 - Not payable together with codes: 0304BCL, 0304DEL, 327028, 0304BCLD, 0304DELD.								
0304PAR Programmable Analog Hearing Aid - Right		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$409.78	$585.40	See NOTES 8 & 12
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 12 - Not payable together with codes: 0304BCR, 0304DER, 327036, 0304BCRD, 0304DERD.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0304DEL Digital Hearing Aid, Entry Level - Left		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$1,050	$1,500	See NOTES 8 & 13
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 13 - Not payable together with codes: 0304BCL, 0304PAL, 327028, 0304BCLD, 0304PALD.								
0304DER Digital Hearing Aid, Entry Level - Right		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$1,050	$1,500	See NOTES 8 &14
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 14 - Not payable together with codes: 0304BCR, 0304PAR, 327036, 0304BCRD, 0304PARD.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
327028 CROS/BiCROS Hearing Aid - Left		01-Apr-19	Yes		MD, CA, HP	1 / 5 CY	$1,050	$1,500	See NOTES 8, 80 & 95
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 80 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 0304DELD, 0304BCR, 0304PAR, 0304DER, 0304DERD NOTE 95 - BiCROS – The purchase price includes the cost of the receiver transmitter and the hearing aid. CROS – The purchase price includes the cost of the receiver, transmitter and the hearing aid.								

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327036 CROS/BiCROS Hearing Aid - Right		01-Apr-19	Yes		MD, CA, HP	1 / 5 CY	$1,050	$1,500	See NOTES 8, 81 & 95
	NOTE 8 - (1) An audiogram completed within the last 6 months must be provided. (a) All hearing aids, except CROS and BiCROS: • Age 12 and younger: have hearing impairment that can compromise his/her speech / language development; Persons 12 to 18 inclusive: average hearing loss of at least 25 db • Persons aged 19 or older who have an average hearing loss at least 35 db in their better ear. (b) CROS (all ages): Clients must have unaidable hearing loss in one ear and normal or mild (25-35 db) hearing loss in their good ear; BiCROS (all ages): Clients must have unaidable hearing loss in one ear and at least moderate (35-65 db) hearing loss in their better ear. Average means Pure Tone Average (PTA) of four frequencies from 500, 1,000, 2,000 and 4,000 Hertz (HZ). (2) A Physician, Clinical Audiologist or Hearing Aid Practitioner must prescribe the hearing aid equipment. (3) A needs assessment and rationale for the particular benefits recommended must be submitted for review. NOTE 81 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 0304DERD, 0304BCL, 0304PAL, 0304DEL, 0304DELD NOTE 95 - BiCROS – The purchase price includes the cost of the receiver, transmitter and the hearing aid. CROS – The purchase price includes the cost of the receiver transmitter and the hearing aid.								
0304TF Dispensing Fee for CROS /BiCROS		01-Apr-19	Yes		MD, CA, HP	1/5 CY	$315	$450	See NOTE 95
	NOTE 95 - BiCROS – The purchase price includes the cost of the receiver transmitter and the hearing aid. CROS – The purchase price includes the cost of the receiver transmitter and the hearing aid.								
0304BCLD Dispensing Fee -Conventional Analog – Left		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$301.29	$430.42	See NOTES 71
	NOTE 71 - Payable with codes: 0304BCL or 327028.								
0304BCRD Dispensing Fee -Conventional Analog - Right		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$301.29	$430.42	See NOTES 72
	NOTE 72 - Payable with codes: 0304BCR or 327036.								

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0304PALD Dispensing Fee -Programmable Analog - Left		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$338.95	$484.22	See NOTES 73
	NOTE 73 - Payable with codes: 0304PAL or 327028.								
0304PARD Dispensing Fee Programmable Analog - Right		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$338.95	$484.22	See NOTES 84
	NOTE 84 - Payable with codes: 0304PAR or 327036.								
0304DELD Dispensing Fee –Digital Entry Level - Left		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$225.97	$322.81	See NOTES 85
	NOTE 85 - Payable with code: 0304DEL.								
0304DERD Dispensing Fee – Digital Entry Level - Right		05-Nov-14	Yes		MD, CA, HP	1 / 5 CY	$225.97	$322.81	See NOTES 86
	NOTE 86 - Payable with code: 0304DER.								
0304EM Ear Mold (new or replacement)		01-Apr-19	Yes		MD, CA, HP	Children <4 years old: 1/3 CM Children 4-17 years old: 1/6 CM Adults >18: 1/1 CY	$49.00	$70.00	

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0304SF Service Fee for Replacement Ear Mold		01-Apr-16	Yes		MD, CA, HP	2/1 CY	$28.00	$40.00	
0304TH Hearing Impaired Alerting System; Smoke Detector, Bed Shaker, Vibrating Alarm Clock		01-Apr-19	Yes		MD, CA, HP	1/5 CY	$210.00	$300.00	See NOTE 93
	NOTE 93 - The patient must have visual acuity in both eyes with proper refractive lenses is 20/70 or less with the Snellen Chart, or equivalent, or if the greatest diameter of the field of vision is severely restricted; and sever to profound hearing loss that is 71 decibels or greater in both ears.								
0304TI Frequency Modulation (FM) or Digital Modulation (DM) System Hearing Aids		01-Apr-19	Yes		MD, CA, HP	1/5 CY	$945.00	$1,350.00	See NOTE 94
	NOTE 94 - The patient must be a full-time student between the ages of 18-24 years or children under 18 years of age and present a permanent, unaidable, unilateral hearing loss.								
0304TJ Frequency Modulation (FM) or Digital Modulation (DM) System Hearing Aids; Fitting / Dispensing Fee		01-Apr-19	Yes		MD, CA, HP	1/5 CY	$315.00	$450.00	See NOTE 94
	NOTE 94 - The patient must be a full-time student between the ages of 18-24 years or children under 18 years of age and present a permanent, unaidable, unilateral hearing loss.								

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0304TK Frequency Modulation (FM) or Digital Modulation (DM) System Hearing Aids; Repairs		01-Apr-19	Yes		MD, CA, HP	1/5 CY	$49.00	$70.00	See NOTE 94
	NOTE 94 - The patient must be a full-time student between the ages of 18-24 years or children under 18 years of age and present a permanent, unaidable, unilateral hearing loss.								
Assistive Devices for Seeing									
0600LV Low Vision Glasses		05-Nov-14	Yes		CI, O	1 / 3 CY	$210	$300	See NOTES 22
	NOTE 22 - Clients must be blind or have low vision that cannot be corrected medically, surgically or with ordinary eyeglasses or contact lenses (i.e. visual acuity in each eye is less than 6/21, or whose visual field in each eye is less than 60° in the 180° and 90° meridians, after correction with appropriate ophthalmic lenses (eye glasses or contact lenses but not special optical systems or additions of more than 4 dioptres).								
Continence Aids, Ostomy, Colostomy and Surgical Supplies									
402418 Ostomy & Colostomy Supplies		05-Nov-14	Yes		MD, NP		See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount.								
	NOTE 27 - Client must not be in acute care facility or long-term care institution.								
	NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse								
	NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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0403IND Catheters - Indwelling		05-Nov-14	Yes		MD, NP	70 / 2 CM	See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0403STR Catheters - Straight		05-Nov-14	Yes		MD, NP	70 / 2 CM	See Comments	See Comments	See NOTES 24, 27, 66 & 112
	\NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0403ECC External Condom Catheters (for urinary incontinence)		05-Nov-14	Yes		MD, NP	70 / 2 CM	See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0403UDBB Urinary Drainage Bags (Bedside)		05-Nov-14	Yes		MD, NP	8/ 2 CM	See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0403UDBL Urinary Drainage Bags (Leg)		05-Nov-14	Yes		MD, NP	8 / 2 CM	See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0408UP Urostomy (Pouch with Drain)		05-Nov-14	Yes		MD, NP	30 / 2 CM	See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0408IRG Irrigation kits and supplies for ostomy, colostomy and urostomy		05-Nov-14	Yes		MD, NP		See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
402500 Surgical Supplies (Dressings, Adhesives, Adhesive Removers, etc.)		05-Nov-14	Yes		MD, NP		See Comments	See Comments	See NOTES 24, 27, 66 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0406D Pant (brief) Mesh		05-Nov-14	Yes		MD, NP	3 / 1 CM	See Comments	See Comments	See NOTES 24, 28 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 28 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0409DU Disposable Underpads		05-Nov-14	Yes		MD, NP	150 / 1 CM	See Comments	See Comments	See NOTES 24, 28 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 28 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0409RU Reusable Underpads		05-Nov-14	Yes		MD, NP	2 / 1 CM	See Comments	See Comments	See NOTES 24, 28 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 28 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0409DD Disposable Diapers		05-Nov-14	Yes		MD, NP	150 / 1 CM	See Comments	See Comments	See NOTES 24, 28 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 28 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
402700 Vascular Compression Garments		01-Apr-16	Yes		MD, NP, OT, PT, VS, OS, ON, IM, PE, PH, PS, GS	4 / 1 CY	See Comments	See Comments	See NOTES 24, 29, 100, 101 & 112
	NOTE 24 -	IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount.							
	NOTE 29 -	Client must have a Chronic Venous Insufficiency (CVI) Class 2 or 3 OR Chronic Lymphedema, paraplegia, deep venous thrombosis, sever varicose vein and/or leg ulcers. Benefits prescribed for the following conditions are not eligible: - in-patient; short term interventions; pre or post-operative use; CVI class 1; pregnancy; cellulitis; blood clots; thrombophlebitis; phlebitis; post-phlebitis syndromes; edema management; systemic edema; arterial insufficiency; hypotension; short-term intervention; night-time use; osteoarthritis; prevention; simple varices.							
	NOTE 100 -	Compression garments of 20mmHg to 30mmHg, and 30mmHg to 40mmHG and lymphedema compression devices are to be prescribed by MD or nurse practitioner.							
	NOTE 101 -	Compression garments over 40mmgHg, and all hypertrophic scar pressure garments are to be prescribed by vascular surgeon (VS), orthopedic surgeon (OS), oncologist (ON), internist (IM), pediatrician (PE), plastic surgeon (PS), physiatrist (PH) or general surgeon (GS).							
	NOTE 112 -	Submit a copy of the supplier's/manufacturer's invoice with your claim.							

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0412H Hypertrophic Scar Compression Garment		01-Apr-19	Yes		MD, NP, OT, PT, VS, OS, ON, IM, PE, PH, PS, GS	2 / 3 CM	See Comments	See Comments	See NOTES 24, 30, 100, 101 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 30 - Client must have hypertrophic scarring and requires a pressure garment for a minimum of six (6) months of regular daily use. NOTE 100 - Compression garments of 20mmHg to 30mmHg, and 30mmHg to 40mmHG and lymphedema compression devices are to be prescribed by MD or nurse practitioner. NOTE 101 - Compression garments over 40mmgHg, and all hypertrophic scar pressure garments are to be prescribed by vascular surgeon (VS), orthopedic surgeon (OS), oncologist (ON), internist (IM), pediatrician (PE), plastic surgeon (PS), physiatrist (PH) or general surgeon (GS). NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0337CIR Negative Pressure Wound Therapy Device/ rental		05-Apr-22	Yes	Yes	MD, NP, PH, OT	2 / 3 CM	See Comments	See Comments	See NOTES 24 & 104
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 104 - A comprehensive wound assessment must be conducted, documented and submitted with a prior-approval request for equipment rental. Maximum length of rental for NPWT is 10 weeks. Rental of NPWT equipment may be approved for the following conditions: a) Abdominal compartment syndrome b) Fasciotomy wounds c) Skin grafts: placed in operating room to stabilize the new graft d) Large open surgical wounds (once debrided and any infection is being treated) as a wound management enabler and only on extremely large, heavily exudating, difficult to dress wounds (e.g. large dehisced abdominal wounds)								
Bathing and Toileting Aids									
0341BS Bath Seats		01-Apr-19	Yes		MD, NP, OT, PT	1 / 4 CY	See Comments	See Comments	See NOTES 19, 24, 27, 31, 32, 99 & 112
	NOTE 19 - Not payable together with code 0344P. NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 99 - Patients must have a disability requiring bathing and toileting aids for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0341TS Toilet Seats		01-Apr-19	Yes		MD, NP, OT, PT	1 / 4 CY	See Comments	See Comments	See NOTES 24, 27, 31, 32, 33, 99 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 33 - Not payable together with code 0341S. NOTE 99 - Patients must have a disability requiring bathing and toileting aids for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0344P Bath Benches		01-Apr-19	Yes		MD, NP, OT, PT	1 / 4 CY	See Comments	See Comments	See NOTES 24, 27, 31, 32, 34, 99 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 34 - Not payable together with code 0341BS. NOTE 99 - Patients must have a disability requiring bathing and toileting aids for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0341S Raised Toilet Seats		01-Apr-19	Yes		MD, NP, OT, PT	1 / 4 CY	See Comments	See Comments	See NOTES 24, 27, 31, 32, 35, 99 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 35 - Not payable together with code 0341TS. NOTE 99 - Patients must have a disability requiring bathing and toileting aids for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
300118 Wall Grab Bars		01-Apr-19	Yes		MD, NP, OT, PT	3 / 4 CY	See Comments	See Comments	See NOTES 24, 27, 31, 32, 99 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 99 - Patients must have a disability requiring bathing and toileting aids for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0341BR Rental - Bath Seats		01-Apr-19	Yes		MD, NP, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 32, 74 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 74 - Not Payable together with codes: 0341BS, 0344P, 0344PR. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0341TR Rental - Toilet Seats		01-Apr-19	Yes		MD, NP, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 32, 76 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 76 - Not Payable together with codes: 0341TS, 0341S, 0341SR. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
0344PR Rental - Bath Benches		01-Apr-19	Yes		MD, NP, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 32, 75 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 75 - Not Payable together with codes: 0341BS, 0344P, 0341BR. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0341SR Rental - Raised Toilet Seats		01-Apr-19	Yes		MD, NP, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 32, 77 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 77 - Not Payable together with codes: 0341TS, 0341S, 0341TR. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
300119 Rental - Wall Grab Bars		01-Apr-19	Yes		MD, NP, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 32, 78 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 32 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device. NOTE 78 - Not Payable together with code: 300118. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
Aids for Oxygen Therapy and Respiratory Aid									
343011 CPAP, Bi-PAP Machines		30-May-18	Yes		MD, NP	1 / LT	See Comments	See Comments	See NOTES 24, 36 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 36 - CPAP - Documented Sleep Disordered Breathing (SDB); BiPAP - Primary disorders of respiratory muscles, muscular dystrophy, progressive neuromuscular disorders, traumatic spinal injury, chest wall deformities or restrictive disorders of the lung, e.g. kyphoscoliosis. The benefit includes CPAP/BiPAP device, a heated humidifier, a basic mask and headgear, carrying case, 6 ft tubing, and all necessary caps/filters. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
343019 Rental - CPAP, Bi-PAP Machines		30-May-18	Yes		MD, NP	4 / 4 CM	See Comments	See Comments	See NOTES 24, 36, 79 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 36 - CPAP - Documented Sleep Disordered Breathing (SDB); BiPAP - Primary disorders of respiratory muscles, muscular dystrophy, progressive neuromuscular disorders, traumatic spinal injury, chest wall deformities or restrictive disorders of the lung, e.g. kyphoscoliosis. NOTE 79 - 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 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
Assistive Devices for Administering Medicines									
404208 IV Pole		05-Nov-14	Yes		MD	1 / LT			See NOTES 24 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
404209 Rental - IV Pole		05-Nov-14	Yes		MD	1 / 1 CM	See Comments	See Comments	See NOTES 24 and 79
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 79 - 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.								
404225 IV Supplies and Accessories		05-Nov-14	Yes		MD				See NOTES 24 and 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
Aids for Personal Mobility									
360605 Power wheelchairs - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98, 105 & 112 Not payable together with code 305202.
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 105 - Individuals must meet the following requirements: • cannot propel a manual wheelchair independently to meet his/her basic and essential mobility requirements. • must require a power wheelchair for more than 6 hours per day for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
305202 Manual wheelchairs - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112 Not payable together with code 360605 and 0302ER.
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
304212 Custom Wheelchair Sitting System		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98, 106 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 106 - Individuals must meet the following requirements: • Must have clinically assessed needs for postural support as documented/assessed by an MD, OT or PT. • Must be full-time wheelchair user, defined as daily use of at least 6 continuous hours, who also has one of the following: a) Inability to sit independently, defined as Level of Sitting Scale 1-4 (Based on Level of Sitting Scale from 1-8) b) Have a significant, documented postural deformity, defined as a deformity in at least 1 anatomic plane of ≥ 20º or ≥ 2" (5cm). NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0306NC Non-custom Sitting System		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0302EM Modifications – Power Wheelchair		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0302M Modifications - Manual Wheelchair		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
304500 Modifications - Canes		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
304503 Modifications - Crutches		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0300WM Modifications - White Canes		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0300ODM Modifications – Obstacle Detectors		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0309M Modifications - Walkers		01-Apr-19	Yes		MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0302ERE Repairs – Power Wheelchair		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0302RE Repairs – Manual Wheelchair		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
304501 Repairs - Canes		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
304504 Repairs - Crutches		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0300WF Repairs - White Canes		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0300ODF Repairs – Obstacle Detectors		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0309RE Repairs - Walkers		01-Apr-19	Yes			1 / 1 CY	See Comments	See Comments	See NOTES 24, 40, 41, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 41 - Repair service cannot exceed the cost of the equipment. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
304506 Canes - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
304508 Crutches - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
304510 Walkers - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0300WP White canes - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0300ODP Electronic Obstacle Detectors - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0302ER Rental – Power Wheelchair		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
305204 Rental – Manual Wheelchair		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
304502 Rental - Canes		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
304505 Rental - Crutches		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0300WR Rental - White Canes		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
0300ODR Rental – Obstacle Detectors		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
0309PSTR Purchase - Pediatric adaptive/special needs strollers		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0326PS Purchase - Pediatric standers		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0309R Rental - Walkers		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 3 CM	See Comments	See Comments	See NOTES 24, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0365OTP Purchase of portable overhead lifter		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0365BP Purchase of battery powered patient lifter		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
03654PP 4 Point Sling - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0365PSP Professional Sling with Positioning Handle - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0365SOP Sling for Overhead Lifters - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 2 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0365BTP Battery Powered Bath Chair Lift - Purchase		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 98 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								
0365OTR Portable Overhead Track Lifter - Rental		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 40, 103 & 112
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0365BPR Battery Powered Patient Lifter-Rental		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
03654PR 4 Point Sling - Rental		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

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IFHP Benefit Grid - Supplemental Coverage

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0365PSR Professional Sling with Positioning Handle - Rental		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								
0365SOR Slings for Overhead Lifters - Rental		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0365BTR Battery Powered Bath Chair Lift - Rental		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 4 CM	See Comments	See Comments	See NOTES 24, 27, 31, 40 & 103
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 91, 97 & 112
0305 Purchase - Manual Hospital Bed, Mattress & Accessories	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 91 - A Hospital bed is covered if one or more of the following criteria (1-4) are met: 1. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or 2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or 3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out, or 4. The patient requires traction equipment which can only be attached to a hospital bed. NOTE: Hospital beds that allow the height of the bed to vary are covered for patients that require this feature to permit transfers to a chair, wheelchair, or standing position. Electric bed is covered for a patient who requires frequent changes in body position and/or has an immediate need for a change in body position. NOTE 97 - The maximum cost will be the least expensive device that covers the patient's medical needs. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
		01-Apr-19	Yes	Yes	MD, OT, PT	1 / 5 CY	See Comments	See Comments	See NOTES 24, 27, 31, 40, 91, 97 & 112
0305E Purchase - Electric Hospital Bed, Mattress & Accessories	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 27 - Client must not be in acute care facility or long-term care institution. NOTE 31 - Client cannot have more than one assistive device for a function. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 91 - A Hospital bed is covered if one or more of the following criteria (1-4) are met: 1. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or 2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or 3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out, or 4. The patient requires traction equipment which can only be attached to a hospital bed. NOTE: Hospital beds that allow the height of the bed to vary are covered for patients that require this feature to permit transfers to a chair, wheelchair, or standing position. Electric bed is covered for a patient who requires frequent changes in body position and/or has an immediate need for a change in body position. NOTE 97 - The maximum cost will be the least expensive device that covers the patient's medical needs. NOTE 112 - Submit a copy of the supplier's/manufacturer's invoice with your claim.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
		01-Apr-19	Yes	Yes	MD, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 40, 91 & 103
0305R Rental - Manual Hospital Bed, Mattress & Accessories	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 91 - A Hospital bed is covered if one or more of the following criteria (1-4) are met: 1. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or 2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or 3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out, or 4. The patient requires traction equipment which can only be attached to a hospital bed. NOTE: Hospital beds that allow the height of the bed to vary are covered for patients that require this feature to permit transfers to a chair, wheelchair, or standing position. Electric bed is covered for a patient who requires frequent changes in body position and/or has an immediate need for a change in body position. NOTE 103 - Rental equipment may be approved for one of the following: a) prescribed for use during a limited period of 6 months or less; 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.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
		01-Apr-19	Yes	Yes	MD, OT, PT	4 / 4 CM	See Comments	See Comments	See NOTES 24, 40, 91 & 103
0305ER Rental – Electronic Hospital Bed, Mattress & Accessories	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 91 - A Hospital bed is covered if one or more of the following criteria (1-4) are met: 5. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or 6. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or 7. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out, or 8. The patient requires traction equipment which can only be attached to a hospital bed. NOTE: Hospital beds that allow the height of the bed to vary are covered for patients that require this feature to permit transfers to a chair, wheelchair, or standing position. Electric bed is covered for a patient who requires frequent changes in body position and/or has an immediate need for a change in body position. NOTE 103 - Rental equipment may be approved for one of the following: f) prescribed for use during a limited period of 6 months or less; g) for terminally ill clients, where purchase of the item would not be warranted; h) where frequent medical assessment and follow-up are involved; i) requiring frequent and extensive maintenance; j) requiring specialized supervision to operate.								
Prostheses and Orthoses									
		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40, & 92
0500LP Artificial Left Arm	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0500RP Artificial Right Arm		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0501LP Artificial Left Breast		30-May-18	Yes		MD, NP	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0501RP Artificial Right Breast		30-May-18	Yes		MD, NP	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0502LP Artificial Left Eye		30-May-18	Yes		MD, NP	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

Effective May 1, 2026, the Interim Federal Health Program (IFHP) will pay providers up to 70% of the baseline amount or 70% of usual and customary costs for eligible services and products. Clients will be responsible for the remaining 30%, known as a copayment. Providers must inform clients of the copayment amount before rendering their services. For more details, please consult https://ifhp.medaviebc.ca

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0502CIRL Artificial Left Eye – Repair/ Polish		01-Apr-22				1 / 1 CY	$35/service	$50/service	
0502RP Artificial Right Eye		30-May-18	Yes		MD, NP	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0502CIRR Artificial Right Eye – Repair/ Polish		01-Apr-22				1 / 1 CY	$35/service	$50/service	
0503LP Artificial Left Foot		30-May-18	Yes		MD, NP	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0503RP Artificial Right Foot		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0504LP Artificial Left Hand		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0504RP Artificial Right Hand		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0505LP Artificial Left Leg		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0505RP Artificial Right Leg		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
503518 Artificial Larynx		30-May-18	Yes		MD	See comments	See Comments	See Comments	See NOTES 24, 40 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0515P Artificial Limb Supplies - Stump Socks		05-Nov-14	Yes		MD		See Comments	See Comments	See NOTES 24 & 40
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair.								
0519P Artificial Limb Supplies - Sheaths		05-Nov-14	Yes		MD		See Comments	See Comments	See NOTES 24 & 40
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount. NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0507PB Braces - Back		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0528P Braces - Neck		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PLA Braces - Left Ankle		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0507PRA Braces – Right Ankle		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PLAR Braces - Left Arm		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PRAR Braces - Right Arm		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0507PLL Braces - Left Leg		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PRL Braces - Right Leg		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PLW Braces - Left Wrist		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0507PRW Braces - Right Wrist		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PLE Braces - Left Elbow		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PRE Braces - Right Elbow		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0507PLK Braces - Left Knee		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0507PRK Braces - Right Knee		30-May-18	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
0528CIC Braces - Cranial		01-Apr-2022	Yes	Yes	MD, NP	See Comments	See Comments	See Comments	See NOTES 24, 40, 89 & 92
	NOTE 24 - IFHP covers its portion (70%) of the invoice fee as per usual & customary fees in provinces / territories. Clients are responsible for the remaining 30% of the invoice amount NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 89 - Can be provided by an Orthotist, Prosthetist or a Physiotherapist. NOTE 92 - Frequency limits: clients 18 years old or under – 1 / 1 CY; clients over 18 years old – 1 / 5 CY.								
503131 Orthotics – Custom Arch Supports		30-May-18	Yes	Yes	MD, NP	1 pair /1 CY	$175.00	$250.00	See NOTES 40 & 90
	NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 90 - Can be provided by an Orthotist, Prosthetist or Pedorthotist.								

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Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
504385 Orthotics - Insoles		1-Jun-22	Yes	Yes	MD, NP	1 pair /1 CY	$70.00	$100.00	See NOTES 40 & 88
	NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 88 - Can be provided by a Pedorthotist, Podiatrist, Doctor of Podiatric Medicine (DPM), Chiropodist, Orthotist, Physiotherapist, or a Pharmacist.								
504380 Orthotics - Foot Pads		1-Jun-22	Yes	Yes	MD, NP	1 pair /1 CY	$70.00	$100.00	See NOTES 40 & 88
	NOTE 40 - The IFHP will pay the least expensive device, modification and / or repair. NOTE 88 - Can be provided by a Pedorthotist, Podiatrist, Doctor of Podiatric Medicine (DPM), Chiropodist, Orthotist, Physiotherapist, or a Pharmacist.								
Physiotherapy, Occupational Therapy, Speech Therapy									
0226IA Physiotherapy - Initial Assessment - In a Clinic		05-Nov-14	Yes	Yes	MD, NP	1 / 1 CY	See Note 108	See Note 42	See NOTES 42, 44 & 108
	NOTE 42 - Fee per province for Initial Treatment: (BC = $74), (AB = $136), (SK = $148), (MB = $65), (ON = $134), (QC = $80), (NB & PE = $60), (NS = $55), (NL = $75), (NT & NU = $138), (YT = $75). NOTE 44 - 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. NOTE 108 - Fee per province for Initial Treatment: (BC = $51.80), (AB = $95.20), (SK = $103.60), (MB = $45.50), (ON = $93.80), (QC = $56), (NB & PE = $42), (NS = $38.50), (NL = $75), (NT & NU = $96.60), (YT = $52.50).								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0226CI Physiotherapy - Subsequent Visit - In a Clinic		05-Nov-14	Yes	Yes	MD, NP	12 / 1 CY	See Note 109	See Note 43	See NOTES 43, 44 & 109
	NOTE 43 - Fee per province for Subsequent Treatments: (BC = $64), (AB = $95), (SK = $74), (MB = $59), (ON = $84), (QC = $75), (NB = $50), (NS = $55), (PE = $45), (NL = $65), (NT & NU = $88), (YT = $75). NOTE 44 - 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. NOTE 109 - Fee per province for Subsequent Treatments: (BC = $44.80), (AB = $66.50), (SK = $51.80), (MB = $41.30), (ON = $58.80), (QC = $52.50), (NB = $35), (NS = $38.50), (PE = $31.50), (NL = $45.50), (NT & NU = $61.60), (YT = $52.50).								

IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0226IAR Physiotherapy - Initial Assessment - In a Home		05-Nov-14	Yes	Yes	MD, NP	1 / 1 CY	See Note 108	See Note 42	See NOTES 42, 45 & 108
	NOTE 42 - Fee per province for Initial Treatment: (BC = $74), (AB = $136), (SK = $148), (MB = $65), (ON = $134), (QC = $80), (NB & PE = $60), (NS = $55), (NL = $75), (NT & NU = $138), (YT = $75). NOTE 45 - The client cannot attend physiotherapy session in a clinic and 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. NOTE 108 - Fee per province for Initial Treatment: (BC = $51.80), (AB = $95.20), (SK = $103.60), (MB = $45.50), (ON = $93.80), (QC = $56), (NB & PE = $42), (NS = $38.50), (NL = $52.50), (NT & NU = $96.60), (YT = $52.50).								
0226R or **0226RV –** Tele-services (see comments) Physiotherapy - Subsequent Visit - In a Home		05-Nov-14	Yes	Yes	MD. NP	12 / 1 CY	See Note 109	See Note 43	See NOTES 43, 45 & 109 **Can only bill one code, per client, per treatment. 0226RV used for virtual care (tele-services) only**
	NOTE 43 - Fee per province for Subsequent Treatments: (BC = $64), (AB = $95), (SK = $74), (MB = $59), (ON = $84), (QC = $75), (NB = $50), (NS = $55), (PE = $45), (NL = $65), (NT & NU = $88), (YT = $75). NOTE 45 - The client cannot attend physiotherapy session in a clinic and 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. NOTE 109 - Fee per province for Subsequent Treatments: (BC = $44.80), (AB = $66.50), (SK = $51.80), (MB = $41.30), (ON = $58.80), (QC = $52.50), (NB = $35), (NS = $38.50), (PE = $31.50), (NL = $45.50), (NT & NU = $61.60), (YT = $52.50).								

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IFHP Benefit Grid - Supplemental Coverage

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0242CIA Occupational Therapy - Initial Assessment - In a Clinic		05-Nov-14	Yes	Yes	MD	1 / 1 CY	$56.00	$80.00	See NOTES 46
	NOTE 46 - Physician referral is required. The client presents signs and symptoms of functional impairment in one or more of the following areas. a) Sensory ability – problems with sensation or perception. b) Motor ability – problems with range of motion, muscle strength, muscle tone, endurance, balance, dexterity, or coordination. c) Functional status – problems with basic or instrumental ADLs that involve functional mobility, personal self-care (for example, feeding, dressing, or bathing), work, or home activities. d) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory. e) Psychological ability – problems with apathy, depression, anxiety, perceived incompetence, lack of persistence, or decreased coping skills in a social environment. For occupational therapy in home, prior approval request should include justification why client cannot be seen in a clinic.								
0242CI Occupational Therapy - Subsequent Visit - In a Clinic		05-Nov-14	Yes	Yes	MD	20 / 1 CY	$56.00	$80.00	See NOTES 46
	NOTE 46 - Physician referral is required. The client presents signs and symptoms of functional impairment in one or more of the following areas. a) Sensory ability – problems with sensation or perception. b) Motor ability – problems with range of motion, muscle strength, muscle tone, endurance, balance, dexterity, or coordination. c) Functional status – problems with basic or instrumental ADLs that involve functional mobility, personal self-care (for example, feeding, dressing, or bathing), work, or home activities. d) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory. e) Psychological ability – problems with apathy, depression, anxiety, perceived incompetence, lack of persistence, or decreased coping skills in a social environment. For occupational therapy in home, prior approval request should include justification why client cannot be seen in a clinic.								
0242RA Occupational Therapy - Initial Assessment - In a Home		05-Nov-14	Yes	Yes	MD	1 / 1 CY	$56.00	$80.00	See NOTES 46
	NOTE 46 - Physician referral is required. The client presents signs and symptoms of functional impairment in one or more of the following areas. a) Sensory ability – problems with sensation or perception. b) Motor ability – problems with range of motion, muscle strength, muscle tone, endurance, balance, dexterity, or coordination. c) Functional status – problems with basic or instrumental ADLs that involve functional mobility, personal self-care (for example, feeding, dressing, or bathing), work, or home activities. d) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory. e) Psychological ability – problems with apathy, depression, anxiety, perceived incompetence, lack of persistence, or decreased coping skills in a social environment. For occupational therapy in home, prior approval request should include justification why client cannot be seen in a clinic.								

IFHP Benefit Grid - Supplemental Coverage

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0242R or **0242RV –** Tele-services (see comments) Occupational Therapy - Subsequent Visit - In a Home		05-Nov-14	Yes	Yes	MD	20 / 1 CY	$56.00	$80.00	See NOTE 46 **Can only bill one code, per client, per treatment. 0242RV used for virtual care (tele-services) only**
	NOTE 46 - Physician referral is required. The client presents signs and symptoms of functional impairment in one or more of the following areas. a) Sensory ability – problems with sensation or perception. b) Motor ability – problems with range of motion, muscle strength, muscle tone, endurance, balance, dexterity, or coordination. c) Functional status – problems with basic or instrumental ADLs that involve functional mobility, personal self-care (for example, feeding, dressing, or bathing), work, or home activities. d) Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory. e) Psychological ability – problems with apathy, depression, anxiety, perceived incompetence, lack of persistence, or decreased coping skills in a social environment. For occupational therapy in home, prior approval request should include justification why client cannot be seen in a clinic.								
0230IA Speech Therapy – Initial Assessment - In a Clinic		05-Nov-14	Yes	Yes	MD		See Note 110	See Note 47	See NOTES 47, 49 & 110
	NOTE 47 - Fee per province for Initial Treatment: (BC = $100), (AB = $120), (SK, MB & NS = $110), (ON = $165), (QC = $150), (NB = $90), (PE = $80), (NL, NT, NU & YT = $160). NOTE 49 - The client presents one or more of the following signs and symptoms. a) Aphagia - inability to swallow. b) Aphasia – absence or impairment of the ability to communicate through speech, writing, or signs. c) Aphonia – inability to produce sounds from the larynx due to paralysis, excessive muscle tension, or disease of laryngeal nerves. d) Apraxia – inability to form words to speak, despite an ability to use oral and facial muscles to make sounds. e) Dysarthria – difficult or defective speech that involves disturbances in muscular control (paralysis, weakness, or lack of coordination) of the speech mechanism (oral, lingual, pharyngeal, or respiratory muscles) resulting from damage to the central or peripheral nervous system. f) Dysphagia – difficulty in swallowing. g) Dysphasia – impairment of language from a brain lesion or neurodevelopmental disorder. h) Dysphonia – difficulty in speaking due to impaired ability of muscles involving voice production. i) Vocal cord dysfunction – impairment of vocal cord mobility due to structural or functional abnormalities resulting from neurological or organic diseases. NOTE 110 - Fee per province for Initial Treatment: (BC = $70), (AB = $84), (SK, MB & NS = $77), (ON = $115.50), (QC = $105), (NB = $63), (PE = $56), (NL, NT, NU & YT = $112).								

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IFHP Benefit Grid - Supplemental Coverage

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0230CI or **0230CIV -** Tele-services (see Comments) Speech Therapy Subsequent Visit – In a Clinic		05-Nov-14	Yes	Yes	MD		See Note 111	See Note 48	See NOTES 48, 49 & 111 **Can only bill one code, per client, per treatment. 0230CIV used for virtual care (tele-services) only**
	NOTE 48 - Fee per province for Subsequent Treatments: (BC = $100), (AB = $120), (SK, MB & NS = $110), (ON = $165), (QC = $100), (NB = $90), (PE = $80), (NL, NT, NU & YT = $135). NOTE 49 - The client presents one or more of the following signs and symptoms. a) Aphagia - inability to swallow. b) Aphasia – absence or impairment of the ability to communicate through speech, writing, or signs. c) Aphonia – inability to produce sounds from the larynx due to paralysis, excessive muscle tension, or disease of laryngeal nerves. d) Apraxia – inability to form words to speak, despite an ability to use oral and facial muscles to make sounds. e) Dysarthria – difficult or defective speech that involves disturbances in muscular control (paralysis, weakness, or lack of coordination) of the speech mechanism (oral, lingual, pharyngeal, or respiratory muscles) resulting from damage to the central or peripheral nervous system. f) Dysphagia – difficulty in swallowing. g) Dysphasia – impairment of language from a brain lesion or neurodevelopmental disorder. h) Dysphonia – difficulty in speaking due to impaired ability of muscles involving voice production. i) Vocal cord dysfunction – impairment of vocal cord mobility due to structural or functional abnormalities resulting from neurological or organic diseases. NOTE 111 - Fee per province for Subsequent Treatments: (BC = $70), (AB = $84), (SK, MB & NS = $77), (ON = $115.50), (QC = $70), (NB = $63), (PE = $56), (NL, NT, NU & YT = $94.50).								
Vision Care - Eyewear Services									
0600FL Single Vision (Frame & Lenses)		05-Nov-14				1 / 36 CM	$86.59	$123.70	See NOTES 50, 51, 63, 64, 67 & 68
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 51 - Not payable together with codes: 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP $24.60).								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0600SALF Single Vision with Astigmatism (Frame & Lenses)		05-Nov-14				1 / 36 CM	$91.28	$130.40	See NOTES 50, 52, 63, 64, 67 & 68
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 52 - Not payable together with codes: 600FL, 0600BAFL, 0600FB, 0600LA, 0600L, 0600BA, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP $24.60).								
0600FB Regular Bifocals (Frame & Lenses)		05-Nov-14				1 / 36 CM	$119.32	$170.45	See NOTES 50, 53, 63, 64, 67 & 68
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 53 - Not payable together with codes: 0600FL, 0600SALF, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP 24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP :24.60).								
0600BAFL Bifocal with Astigmatism (Frame & Lenses)		05-Nov-14				1 / 36 CM	$128.70	$183.85	See NOTES 50, 54, 63, 64, 67 & 68
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 54 - Not payable together with codes 0600FL, 0600SALF, 0600FB, 0600LA, 0600L, 0600BA, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP: $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP $24.60).								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0600LA Lenses - Single Vision, with Astigmatism		05-Nov-14				1 / 36 CM	$23.24	$33.20	See NOTES 50, 55, 63, 64, 67 & 68
	NOTE 50 - must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 55 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600L, 0600BA, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP: $24.60).								
0600L Lenses - Single Vision, no Astigmatism		05-Nov-14				1 / 36 CM	$18.69	$26.70	See NOTES 50, 56, 63, 64, 67 & 68
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 56 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600BA, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP: $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP: $24.60).								
0600BA Lenses - Bifocals – with Astigmatism		05-Nov-14				1 / 36 CM	$56.14	$80.20	See NOTES 50, 57, 63, 64, 67 & 68
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 57 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600B. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP: $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP: $24.60).								

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0600B Lenses - Bifocals - no Astigmatism		05-Nov-14				1 / 36 CM	$46.80	$66.85	See NOTES 50, 58, 63, 64, 67, 68 & 70
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 58 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible. NOTE 67 - For power 5 dioptres or greater (cylinder), add $35.11 (payable by IFHP: $24.60). NOTE 68 - For power 10 dioptres or greater (sphere), add $35.11 (payable by IFHP: $24.60). NOTE 70 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.								
0600F Frames		05-Nov-14				1 / 36 CM	$23.42	$33.45	See NOTES 63 & 64
	NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.								
0600CAS Case		05-Nov-14				1 / 36 CM	$2.35	$3.35	See NOTES 63 & 64
	NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.								

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0600DSNF Dispensing Fee – Single Vision with New Frame		05-Nov-14				1 / 36 CM	$42.14	$60.20	See NOTES 50, 59, 63 & 64
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 59 - Not payable together with codes: 0600DSEF, 0600DBNF, 0600DBEF. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.								
0600DSEF Dispensing Fee – Single Vision with Existing Frame		05-Nov-14				1 / 36 CM	$28.07	$40.10	See NOTES 50, 60, 63 & 64
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 60 - Not payable together with codes: 0600DSNF, 0600DBNF, 0600DBEF. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.								
0600DBNF Dispensing Fee – Bifocals with New Frame		05-Nov-14				1 / 36 CM	$46.80	$66.85	See NOTES 50, 61, 63 & 64
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 61 - Not payable together with codes: 0600DSNF, 0600DSEF, 0600DBEF. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0600DBEF Dispensing Fee – Bifocals with Existing Frame		05-Nov-14				1 / 36 CM	$37.45	$53.50	See NOTES 50, 62, 63 & 64
	NOTE 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical conditions, including but not limited to keratoconus, amblyopia, strabismus or irregular corneal curvature. NOTE 62 - Not payable together with codes: 0600DSNF, 0600DSEF, 0600DBNF. NOTE 63 - Replacement or repair for broken or lost eyewear is only eligible to clients 18 years of age, or under. NOTE 64 - Clients (18 years or less) are entitled to new eyewear anytime there is a change in prescription. Note: The new lenses should be placed in existing frames where possible.								
600013 Complete Eye Exam		30-May-18				1 / 24 CM	$38.22	$54.60	See NOTE 69 Cannot be billed together with 600P. Services provided by Medical Doctors will be reimbursed according to Provincial / Territorial fee schedules. Please refer to Professional Fees and Physician Specialty Services sections in the Benefit Grid.
	NOTE 69 - Eye exams are covered if required to diagnose or treat an eye condition, symptom or complaint, or if required to correct vision (refractive services).								

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IFHP Benefit Grid - Supplemental Coverage

Benefit Code & Description		Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Referring Prescriber	Frequency Limit	Maximum Payable by IFHP to providers	Baseline Amount	Comments
0600P or 0600PV – Tele-services (see comments) Partial Eye Exam		30-May-18				1 / 24 CM	$23.31	$33.30	See NOTE 69 Cannot be billed together with 600013. **Can only bill one code, per client, per treatment. 0600PV used for virtual care (tele-services) only** Services provided by Medical Doctors will be reimbursed according to Provincial / Territorial fee schedules. Please refer to Professional Fees and Physician Specialty Services sections in the Benefit Grid.
	NOTE 69 - Eye exams are covered if required to diagnose or treat an eye condition, symptom or complaint, or if required to correct vision (refractive services).								
0604C Contact Lenses		01-Apr-19				1 / 24 CM	$131.60	$188	See NOTE 102
	NOTE 102 - The patient must have myopia of at least 5 dioptres, hypermetropia of at least 5 dioptres, astigmatism of at least 3 dioptres, anisometropia of at least 2 dioptres, keratoconus or aphakia. Upon medical prescription, for treatment of any acute or chronic pathology of the eyeball, such as ocular perforation, ulceration of the cornea or dry keratitis.								
Residential Care									
0115M Residential Mental Health Centre		05-Nov-14	Yes	Yes			$1,215.20 / month	$1,736 / month	

For dental services refer to IFHP Benefits List - Dental Coverage, available at www.medaviebc.ca/en/health-professionals/resources

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