

## IFHP Benefit Grid - Supplemental Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
<b>Professional Fees</b>									
PAHA (Post Arrival Health Assessment)	0209PAHA	05-Nov-14					1/1 LT	\$93.61 / assessment	See NOTES 6 & 87 Coverage is limited to resettled refugees.
Psychotherapy Counselling or Psychology Counselling in a Private Clinic or Addiction Centre – Assessment	0228PI or <b>0228PIV – Tele-services (see comments)</b>	13-Mar-20		Yes		MD, NP	4 hours / Assessment	See comments	See NOTES 3, 5 & 87 <b>Can only bill one code. 0228PIV used for virtual care (tele-services) only</b>
Psychotherapy Counselling or Psychology Counselling in a Private Clinic or Addiction Centre -Treatment	0228CI or <b>0228CIV – Tele-services (see comments)</b>	13-Mar-20	Yes	Yes		MD, NP	See comments	See comments	See NOTES 2, 3, 4, 5 & 87 <b>Can only bill one code, per client, per treatment.. 0228CIV used for virtual care (tele-services) only</b>
Hearing Tests	0235CI	01-Apr-19		Yes	Yes		1/5 CY		See NOTES 7 & 87 Otolaryngologist specialists, submit bill with provincial / territorial health codes.
Comprehensive Assessment for Home Care/Personal Care Services	0247PI	30-May-18					3 hours / Assessment	\$53.30 / hour	See NOTES 1 & 87 Cannot be billed together with 0112CI.
Other Home Care Services - Visit by a Home Care Worker /Personal Care Worker/Personal Support Worker	0247CI	30-May-18	Yes				140 hours / CM	\$24.25 / hour	See NOTE 87 Comprehensive Assessment report must be submitted before the services can be authorized. Cannot be billed together with code 0112CI.

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Interpretation/ Translation Services	0294CI	05-Nov-14	Yes					\$28.95 / hour	See NOTES 6 & 87 Can only be billed with Psychiatry and Psychotherapy/Counselling (for Initial Assessment and Treatments) or Post Arrival Health Assessment (PAHA).
<b>Assistive Devices Hearing Aids (including hearing aid services, repairs and supplies)</b>									
Bone Conduction Hearing Aid, Conventional Analog - Left	0304BCL	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 8, 9 & 87
Bone Conduction Hearing Aid, Conventional Analog - Right	0304BCR	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 8, 10 & 87
Programmable Analog Hearing Aid - Left	0304PAL	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 8, 11 & 87
Programmable Analog Hearing Aid - Right	0304PAR	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 8, 12 & 87
Digital Hearing Aid, Entry Level - Left	0304DEL	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 8, 13 & 87
Digital Hearing Aid, Entry Level - Right	0304DER	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 8, 14 & 87
CROS/BiCROS Hearing Aid - Left	327028	01-Apr-19	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 8, 80, 87 & 95
CROS/BiCROS Hearing Aid - Right	327036	01-Apr-19	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 8, 81, 87 & 95
Dispensing Fee for CROS/BiCROS	0304TF	01-Apr-19	Yes			MD, CA, HP	1/5 CY	\$450	See NOTES 87 & 95

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Cochlear Implants	327090	05-Nov-14	Yes			ES	1 / 1 LT	\$30,000	See NOTES 15, 16, 17, 18 & 87 Eligible age range is 12 months to 18 years. Coverage is limited to Resettled Refugees.
Bone Anchored Hearing Aids (BAHA) - Left	0304BAHL	05-Nov-14	Yes			ES	1 / 1 LT	\$5,000	See NOTES 20, 82 & 87 Coverage is limited to Resettled Refugees.
Bone Anchored Hearing Aids (BAHA) - Right	0304BAHR	05-Nov-14	Yes			ES	1 / 1 LT	\$5,000	See NOTES 20, 83 & 87 Coverage is limited to Resettled Refugees.
Softband Bone Anchored Hearing Aids	0304TG	01-Apr-19	Yes			ES	1 / 1LT		See Notes 87, 96 & 97
Dispensing Fee - Conventional Analog - Left	0304BCLD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$430.42	See NOTES 71 & 87
Dispensing Fee - Conventional Analog - Right	0304BCRD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$430.42	See NOTES 72 & 87
Dispensing Fee - Programmable Analog - Left	0304PALD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$484.22	See NOTES 73 & 87
Dispensing Fee Programmable Analog - Right	0304PARD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$484.22	See NOTES 84 & 87
Dispensing Fee –Digital Entry Level - Left	0304DELD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$322.81	See NOTES 85 & 87
Dispensing Fee – Digital Entry Level - Right	0304DERD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$322.81	See NOTES 86 & 87

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Ear Mold (new or replacement)	0304EM	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	\$70.00	See NOTE 87
Service Fee for Replacement Ear Mold	0304SF	01-Apr-16	Yes			MD, CA, HP	2/1 CY	\$40.00	See NOTE 87
Hearing Impaired Alerting System; Smoke Detector, Bed Shaker, Vibrating Alarm Clock	0304TH	01-Apr-19	Yes			MD, CA, HP	1/5 CY	\$300.00	See NOTE 87 & 93
Frequency Modulation (FM) or Digital Modulation (DM) System Hearing Aids	0304TI	01-Apr-19	Yes			MD, CA, HP	1/5 CY	\$1,350.00	See NOTE 87 & 94
Frequency Modulation (FM) or Digital Modulation (DM) System Hearing Aids; Fitting/Dispensing Fee	0304TJ	01-Apr-19	Yes			MD, CA, HP	1/5 CY	\$450.00	See NOTE 87 & 94
Frequency Modulation (FM) or Digital Modulation (DM) System Hearing Aids; Repairs	0304TK	01-Apr-19	Yes			MD, CA, HP	1/5 CY	\$70.00	See NOTE 94

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<b>Assistive Devices for Seeing</b>									
Low Vision Glasses	0600LV	05-Nov-14	Yes			CI, O	1 / 3 CY	\$300	See NOTES 22 & 87
<b>Assistive Devices for Eating and Drinking</b>									
TPN Pumps & Related Supplies	404504	05-Nov-14	Yes			MD, NP			See NOTES 23, 24 & 87
Feeding Pumps, Bags or Containers	404503	05-Nov-14	Yes			MD, NP			See NOTES 24, 25 & 87
Accessories for Feeding Pumps, Bags or Containers	404207	05-Nov-14	Yes			MD, NP			See NOTES 24, 25 & 87
Feeding Formula / Nutritional Supplements	404505	30-May-18	Yes			MD, NP			See NOTES 24, 26 & 87 For POS submissions use PIN 00000904320
Rental – Feeding Pumps, Bags or Containers	404509	05-Nov-14	Yes			MD, NP	4 / 4 CM		See NOTES 24, 25, 79 & 87
Rental – Accessories for Feeding Pumps, Bags or Containers	404206	05-Nov-14	Yes			MD, NP	4 / 4 CM		See NOTES 24, 25, 79 & 87
<b>Contenance Aids, Ostomy, Colostomy and Surgical Supplies</b>									
Ostomy & Colostomy Supplies	402418	05-Nov-14	Yes			MD, NP			See NOTES 21, 24, 27, 66 & 87
Catheters - Indwelling	0403IND	05-Nov-14	Yes			MD, NP	4 / 2 CM		See NOTES 21, 24, 27, 66 & 87

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Catheters - Straight	0403STR	05-Nov-14	Yes			MD, NP	70 / 2 CM		See NOTES 21, 24, 27, 66 & 87
External Condom Catheters (for urinary incontinence)	0403ECC	05-Nov-14	Yes			MD, NP	1 / 2 CM		See NOTES 21, 24, 27, 66 & 87
Urinary Drainage Bags (Bedside)	0403UDBB	05-Nov-14	Yes			MD, NP	8 / 2 CM		See NOTES 21, 24, 27, 66 & 87
Urinary Drainage Bags (Leg)	0403UDBL	05-Nov-14	Yes			MD, NP	20 / 2 CM		See NOTES 21, 24, 27, 66 & 87
Urostomy (Pouch with Drain)	0408UP	05-Nov-14	Yes			MD, NP	30 / 2 CM		See NOTES 21, 24, 27, 66 & 87
Irrigation kits and supplies for ostomy, colostomy and urostomy	0408IRG	05-Nov-14	Yes			MD, NP			See NOTES 21, 24, 27, 66 & 87
Surgical Supplies (Dressings, Adhesives, Adhesive Removers, etc.)	402500	05-Nov-14	Yes			MD, NP			See NOTES 24, 27, 66 & 87
Pant (brief) Mesh	0406D	05-Nov-14	Yes			MD, NP	3 / 1 CM		See NOTES 24, 28 & 87
Disposable Underpads	0409DU	05-Nov-14	Yes			MD, NP	150 / 1 CM		See NOTES 24, 28 & 87
Reusable Underpads	0409RU	05-Nov-14	Yes			MD, NP	2 / 1 CM		See NOTES 24, 28 & 87
Disposable Diapers	0409DD	01-Apr-16	Yes			MD, NP	150 / 1 CM		See NOTES 24, 28 & 87
Vascular Compression Garments	402700	01-Apr-19	Yes			MD, NP, OT, PT, VS, OS, ON, IM, PE, PS, GS	4 / 1 CY		See NOTES 24, 29, 87, 100 & 101
Hypertrophic Scar Compression Garment	0412H	05-Nov-14	Yes			MD, NP, VS, OS, ON, IM, PE, PS, GS	2 / 3 CM		See NOTES 24, 30, 87, 100 & 101

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<b>Bathing and Toileting Aids</b>									
Bath Seats	0341BS	01-Apr-19	Yes			MD,NP,OT, PT	1 / 4 CY		See NOTES 19, 24, 27, 31, 32, 87 & 99
Toilet Seats	0341TS	01-Apr-19	Yes			MD, NP, OT,PT	1 / 4 CY		See NOTES 24, 27, 31, 32, 33, 87 & 99
Bath Benches	0344P	01-Apr-19	Yes			MD, NP,OT, PT	1 / 4 CY		See NOTES 24, 27, 31, 32, 34, 87 & 99
Raised Toilet Seats	0341S	01-Apr-19	Yes			MD, NP,OT, PT	1 / 4 CY		See NOTES 24, 27, 31, 32, 35, 87 & 99
Wall Grab Bars	300118	01-Apr-19	Yes			MD, NP,OT, PT	3 / 4 CY		See NOTES 24, 27, 31, 32, 87 & 99
Rental - Bath Seats	00341BR	01-Apr-19	Yes			MD, NP,OT, PT	4 / 4 CM		See NOTES 24, 27, 31, 32, 74, 87 & 103
Rental - Toilet Seats	0341TR	01-Apr-19	Yes			MD, NP,OT, PT	4 / 4 CM		See NOTES 24, 27, 31, 32, 76, 87 & 103
Rental - Bath Benches	0344PR	01-Apr-19	Yes			MD, NP,OT, PT	4 / 4 CM		See NOTES 24, 27, 31, 32, 75, 87 & 103
Rental - Raised Toilet Seats	0341SR	01-Apr-19	Yes			MD, NP,OT, PT	4 / 4 CM		See NOTES 24, 27, 31, 32, 77, 87 & 103
Rental - Wall Grab Bars	300119	01-Apr-19	Yes			MD, NP,OT, PT	4 / 4 CM		See NOTES 24, 27, 31, 32, 78, 87 & 103
<b>Aids for Oxygen Therapy and Respiratory Aid</b>									
CPAP, Bi-PAP Machines	343011	30-May-18	Yes			MD, NP	1 / LT		See NOTES 24, 36 & 87

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Ventilators	343714	30-May-18	Yes			MD, NP	1 / LT		See NOTES 24 & 87 Diagnosis indicating chronic respiratory failure.
Apnea Monitors	300105	30-May-18	Yes			MD, NP	1 / LT		See NOTES 24 & 87 Diagnosis indicating chronic respiratory failure.
Home Oxygen Concentrators, Oxygen Conserving Devices, Tanks & Accessories	0310CI	30-May-18	Yes			MD, NP	2 / 1 CY		See NOTES 24, 37, 38 & 87
Oxygen Refill – Gas	341528	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 37, 38 & 87
Oxygen Refill - Liquid	341015	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 37, 38 & 87
Postural Drainage Boards, Suction Machines, Percussors, Resuscitators	0362PD	30-May-18	Yes			MD, NP	1 / LT		See NOTES 24 & 87 Diagnosis indicating chronic respiratory failure.
Aerochamber for Puffer / Inhaler	400235	30-May-18				MD, NP	2 / 1 CY		See NOTES 24 & 87 For POS submissions use PIN 00000903676
Aerosol Compressor	340615	30-May-18	Yes			MD, NP	1 / 5 CY		See NOTES 24 & 87 Not payable with Aerosol Compressor Rental.
Aerosol Compressor Supplies (e.g. Nebulizer, Tubing, Mask, etc.)	402020	30-May-18	Yes			MD, NP			See NOTES 24 & 87
Rental - CPAP, Bi-PAP Machines	343019	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 36, 79 & 87



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Rental - Ventilators	343715	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 79 & 87 Diagnosis indicating chronic respiratory failure.
Rental – Apnea Monitors	300106	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 79 & 87 Diagnosis indicating chronic respiratory failure.
Rental - Home Oxygen Concentrators , Oxygen Conserving Devices, Tanks & Accessories	0310CR	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 37, 38, 79 & 87
Rental - Postural Drainage Boards, Suction Machines, Percussors, Resuscitators	0362PR	30-May-18	Yes			MD, NP	4 / 4 CM		See NOTES 24, 79 & 87 Diagnosis indicating chronic respiratory failure.
Rental - Aerosol Compressor	340617	30-May-18	Yes			MD, NP	1 / 1 CM		See NOTES 24, 79 & 87 Not payable with Aerosol Compressor Purchase.
<b>Assistive Devices for Administering Medicines / Diabetic Supplies</b>									
Injection Syringes	401126	30-May-18							See NOTES 21 & 87
Diabetics Supplies – Test Strips	401135	30-May-18							See NOTES 21 & 87
Diabetics Supplies Lancets	401132	30-May-18							See NOTES 21 & 87
IV Pole	404208	05-Nov-14	Yes			MD	1 / LT		See NOTE 87
Rental - IV Pole	404209	05-Nov-14	Yes			MD	1 / 1 CM		See NOTES 79 & 87
IV Supplies and Accessories	404225	05-Nov-14	Yes			MD			See NOTE 87

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<b>Aids for Personal Mobility</b>									
Power wheelchairs - Purchase	360605	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87, 98 Not payable together with code 305202.
Manual wheelchairs - Purchase	305202	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98 Not payable together with code 360605 and 0302ER.
Custom Sitting System	304212	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Non-custom Sitting System	0306NC	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications – Power Wheelchair	0302EM	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications - Manual Wheelchair	0302M	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications - Canes	304500	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications - Crutches	304503	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications - White Canes	0300WM	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications – Obstacle Detectors	0300ODM	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Modifications - Walkers	0309M	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 40, 87 & 98
Repairs – Power Wheelchair	0302ERE	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98
Repairs – Manual Wheelchair	0302RE	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98
Repairs - Canes	304501	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98
Repairs - Crutches	304504	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98
Repairs - White Canes	0300WF	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98

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Repairs – Obstacle Detectors	0300ODF	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98
Repairs - Walkers	0309RE	01-Apr-19	Yes				1 / 1 CY		See NOTES 24, 40, 41, 87 & 98
Canes - Purchase	304506	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
Crutches - Purchase	304508	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
Walkers - Purchase	304510	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
White canes - Purchase	0300WP	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
Electronic Obstacle Detectors - Purchase	0300ODP	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
Rental – Power Wheelchair	0302ER	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Rental – Manual Wheelchair	305204	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Rental - Canes	304502	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Rental - Crutches	304505	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Rental - White Canes	0300WR	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Rental – Obstacle Detectors	0300ODR	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Purchase - Pediatric adaptive/special needs strollers	0309PSTR	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
Purchase - Pediatric standers	0326PS	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 40, 87 & 98
Rental - Walkers	0309R	01-Apr-19	Yes			MD, OT, PT	1 / 3 CM		See NOTES 24, 40, 87 & 103
Purchase of portable overhead lifter	0365OTP	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 27, 31, 40, 87 & 98

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Purchase of battery powered patient lifter	0365BP	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 27, 31, 40, 87 & 98
4 Point sling purchase	03654PP	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 27, 31, 40, 87 & 98
Professional Sling with Positioning handle purchase	0365PSP	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 27, 31, 40, 87 & 98
Sling for Overhead Lifters- Purchase	0365SOP	01-Apr-19	Yes			MD, OT, PT	1 / 2 CY		See NOTES 24, 27, 31, 40, 87 & 98
Battery Powered Bath Chair Lift- Purchase	0365BTP	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 27, 31, 40, 87 & 98
Portable Overhead Track Lifter- Rental	0365OTR	01-Apr-19	Yes			MD, OT, PT	1 / 4 CM		See NOTES 24, 27, 31, 40, 87 & 103
Battery Powered Patient Lifter- Rental	0365BPR	01-Apr-19	Yes			MD, OT, PT	1 / 4 CM		See NOTES 24, 27, 31, 40, 87 & 103
4 Point Sling Rental	03654PR	01-Apr-19	Yes			MD, OT, PT	1 / 4 CM		See NOTES 24, 27, 31, 40, 87 & 103
Professional Sling with Positioning handle- Rental	0365PSR	01-Apr-19	Yes			MD, OT, PT	1 / 4 CM		See NOTES 24, 27, 31, 40, 87 & 103
Slings for Overhead Lifters- Rental	0365SOR	01-Apr-19	Yes			MD, OT, PT	1 / 4 CM		See NOTES 24, 27, 31, 40, 87 & 103
Battery Powered Bath Chair Lift-Rental	0365BTR	01-Apr-19	Yes			MD, OT, PT	1 / 4 CM		See NOTES 24, 27, 31, 40, 87 & 103
Purchase - Manual hospital bed, mattress & accessories	0305	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 27, 31, 40, 87, 91 & 97
Purchase - electric hospital bed, mattress & accessories	0305E	01-Apr-19	Yes			MD, OT, PT	1 / 5 CY		See NOTES 24, 27, 31, 40, 87, 91 & 97

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Rental - Manual Hospital bed, mattress & accessories	0305R	01-Apr-19	Yes			MD, OT, PT	4 / 4 CM		See NOTES 24, 40, 87, 91 & 103
Rental - Electronic Hospital bed, mattress & accessories	0305ER	01-Apr-19	Yes			MD, OT, PT	4 / 4 CM		See NOTES 24, 40, 87, 91 & 103
<b>Prostheses and Orthoses</b>									
Artificial Left Arm	0500LP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Right Arm	0500RP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Left Breast	0501LP	30-May-18	Yes			MD, NP	See comments		See NOTES 24, 40, 87 & 92
Artificial Right Breast	0501RP	30-May-18	Yes			MD, NP	See comments		See NOTES 24, 40, 87 & 92
Artificial Left Eye	0502LP	30-May-18	Yes			MD, NP	See comments		See NOTES 24, 40, 87 & 92
Artificial Right Eye	0502RP	30-May-18	Yes			MD, NP	See comments		See NOTES 24, 40, 87 & 92
Artificial Left Foot	0503LP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Right Foot	0503RP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Left Hand	0504LP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Right Hand	0504RP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Left Leg	0505LP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Right Leg	0505RP	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Larynx	503518	30-May-18	Yes			MD	See comments		See NOTES 24, 40, 87 & 92
Artificial Limb Supplies - Stump Socks	0515P	05-Nov-14	Yes			MD			See NOTES 24, 40 & 87
Artificial Limb Supplies - Sheaths	0519P	05-Nov-14	Yes			MD			See NOTES 24, 40 & 87
Braces - Back	0507PB	30-May-18	Yes			MD, NP	1 / 1 CY		See NOTES 39, 40, 87 & 89
Braces - Neck	0528P	30-May-18	Yes			MD, NP	1 / 1 CY		See NOTES 39, 40, 87 & 89
Braces - Left Ankle	0507PLA	30-May-18	Yes			MD, NP	1 / 1 CY		See NOTES 39, 40, 87 & 89

## IFHP Benefit Grid - Supplemental Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Braces - Right Ankle	0507PRA	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Left Arm	0507PLAR	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Right Arm	0507PRAR	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Left Leg	0507PLL	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Right Leg	0507PRL	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Left Wrist	0507PLW	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Right Wrist	0507PRW	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Left Elbow	0507PLE	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Right Elbow	0507PRE	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Left Knee	0507PLK	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Braces - Right Knee	0507PRK	30-May-18	Yes			MD, NP	1 /1 CY		See NOTES 39, 40, 87 & 89
Orthotics – Custom Arch Supports	503131	30-May-18	Yes			MD, NP	1 pair /1 CY	\$250.00	See NOTES 40, 87 & 90
Orthotics - Insoles	504385	30-May-18	Yes			MD, NP	1 pair /1 CY	\$250.00	See NOTES 40, 87 & 88
Orthotics - Foot Pads	504380	30-May-18	Yes			MD, NP	1 pair /1 CY	\$250.00	See NOTES 40, 87 & 88
<b>Physiotherapy, Occupational Therapy, Speech Therapy</b>									
Physiotherapy - Initial Assessment - In a Clinic	0226IA	05-Nov-14	Yes	Yes		MD	1 / 1 CY		See NOTES 42, 44 & 87
Physiotherapy - Subsequent Visit - In a Clinic	0226CI	05-Nov-14	Yes	Yes		MD	12 / 1 CY		See NOTES 43, 44 & 87

## IFHP Benefit Grid - Supplemental Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Physiotherapy - Initial Assessment - In a Home	0226IAR	05-Nov-14	Yes	Yes		MD	1 / 1 CY		See NOTES 42, 45 & 87
Physiotherapy - Subsequent Visit - In a Home	0226R or <b>0226RV – Tele-services</b> (see comments)	05-Nov-14	Yes	Yes		MD	12 / 1 CY		See NOTES 43, 45 & 87 <b>Can only bill one code, per client, per treatment. 0226RV used for virtual care (tele-services) only</b>
Physiotherapy – Initial Assessment - In a Hospital	0226H I	05-Nov-14		Yes			1 / 1 CY	\$26.75	See NOTES 44 & 87
Physiotherapy - Subsequent Visit - In a Hospital	0226H	05-Nov-14		Yes			12 / 1 CY	\$27.75	See NOTES 44 & 87
Occupational Therapy - Initial Assessment - In a Clinic	0242CIA	05-Nov-14	Yes	Yes		MD	1 / 1 CY	\$80.00	See NOTES 46 & 87
Occupational Therapy - Subsequent Visit - In a Clinic	0242CI	05-Nov-14	Yes	Yes		MD	20 / 1 CY	\$80.00	See NOTES 46 & 87
Occupational Therapy - Initial Assessment - In a Home	0242RA	05-Nov-14	Yes	Yes		MD	1 / 1 CY	\$80.00	See NOTES 46 & 87
Occupational Therapy - Subsequent Visit - In a Home	0242R or <b>0242RV – Tele-services</b> (see comments)	05-Nov-14	Yes	Yes		MD	20 / 1 CY	\$80.00	See NOTES 46 & 87 <b>Can only bill one code, per client, per treatment. 0242RV used for virtual care (tele-services) only</b>

## IFHP Benefit Grid - Supplemental Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Occupational Therapy - Initial Assessment - In a Hospital	0242H I	05-Nov-14		Yes			1 / 1 CY	\$26.75	See NOTE 87
Occupational Therapy - Subsequent Visit - In a Hospital	0242H	05-Nov-14		Yes			20 / 1 CY	\$27.75	See NOTE 87
Speech Therapy – Initial Assessment - In a Clinic	0230IA	05-Nov-14	Yes	Yes		MD			See NOTES 47, 49 & 87
Speech Therapy - Subsequent Visit - In a Clinic	0230CI Or <b>0230CIV – Tele-services</b> (see comments)	05-Nov-14	Yes	Yes		MD			See NOTES 48, 49 & 87 <b>Can only bill one code, per client, per treatment. 0230CIV used for virtual care (tele-services) only</b>
Speech Therapy - In a Hospital	0230H	05-Nov-14		Yes		MD		\$26.75	See NOTE 87
<b>Vision Care - Eyewear Services</b>									
Single Vision (Frame & Lenses)	0600FL	05-Nov-14					1 / 24 CM	\$123.70	See NOTES 50, 51, 63, 64, 65, 67, 68 & 87
Single Vision with Astigmatism (Frame & Lenses)	0600SALF	05-Nov-14					1 / 24 CM	\$130.40	See NOTES 50, 52, 63, 64, 65, 67, 68 & 87
Regular Bifocals (Frame & Lenses)	0600FB	05-Nov-14					1 / 24 CM	\$170.45	See NOTES 50, 53, 63, 64, 65, 67, 68 & 87



## IFHP Benefit Grid - Supplemental Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Bifocal with Astigmatism (Frame & Lenses)	0600BAFL	05-Nov-14					1 / 24 CM	\$183.85	See NOTES 50, 54, 63, 64, 65, 67, 68 & 87
Lenses - Single Vision, with Astigmatism	0600LA	05-Nov-14					1 / 24 CM	\$33.20	See NOTES 50, 55, 63, 64, 65, 67, 68 & 87
Lenses - Single Vision, no Astigmatism	0600L	05-Nov-14					1 / 24 CM	\$26.70	See NOTES 50, 56, 63, 64, 65, 67, 68 & 87
Lenses - Bifocals – with Astigmatism	0600BA	05-Nov-14					1 / 24 CM	\$80.20	See NOTES 50, 57, 63, 64, 65, 67, 68 & 87
Lenses - Bifocals - no Astigmatism	0600B	05-Nov-14					1 / 24 CM	\$66.85	See NOTES 50, 58, 63, 64, 65, 67, 68, 70 & 87
Frames	0600F	05-Nov-14					1 / 24 CM	\$33.45	See NOTES 63, 64, 65 & 87
Case	0600CAS	05-Nov-14					1 / 24 CM	\$3.35	See NOTES 63, 64, 65 & 87
Dispensing Fee – Single Vision with New Frame	0600DSNF	05-Nov-14					1 / 24 CM	\$60.20	See NOTES 50, 59, 63, 64, 65 & 87
Dispensing Fee – Single Vision with Existing Frame	0600DSEF	05-Nov-14					1 / 24 CM	\$40.10	See NOTES 50, 60, 63, 64, 65 & 87
Dispensing Fee – Bifocals with New Frame	0600DBNF	05-Nov-14					1 / 24 CM	\$66.85	See NOTES 50, 61, 63, 64, 65 & 87
Dispensing Fee – Bifocals with Existing Frame	0600DBEF	05-Nov-14					1 / 24 CM	\$53.50	See NOTES 50, 62, 63, 64, 65 & 87

## IFHP Benefit Grid - Supplemental Coverage

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
Complete Eye Exam	600013	30-May-18					1 / 12 CM	\$54.60	See NOTES 69 & 87. 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.
Partial Eye Exam	0600P Or <b>0600PV – Tele-services (see comments)</b>	30-May-18					1 / 12 CM	\$33.30	See NOTES 69 & 87. Cannot be billed together with 600013. <b>Can only bill one code, per client, per treatment. 0600PV used for virtual care (tele-services) only</b> 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.
Contact Lenses	0604C	01-Apr-19					1 / 2 CY	\$188	See NOTES 87 & 102
<b>Residential Care</b>									
Nursing Homes (Private & Public Sector Facility)	0112CI	01-Apr-16	Yes	Yes				\$1,736 / month	See NOTE 87 Cannot be billed together with code 0247CI
Residential Mental Health Centre	0115M	05-Nov-14	Yes	Yes				\$1,736 / month	See NOTE 87

For dental services refer to IFHP Benefits List - Dental Coverage, available at [www.medaviebc.ca/en/health-professionals/resources](http://www.medaviebc.ca/en/health-professionals/resources)

## IFHP Benefit Grid - Supplemental Coverage

### NOTES:

NOTE 1 - Comprehensive assessment should 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: \$53.30/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.

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 (requests for a new treatment), or
- (3) Progress Assessment report (requests for a treatment extension)

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. Any additional treatment must be pre-authorized by the IFHP. Prior approval requests for treatment extensions (up to max 10 sessions) must be accompanied by a nurse practitioner's recommendations or a physician's recommendation for additional sessions and a Progress Assessment report.

### Exclusions:

Psychiatric and family physician services (included under IFHP Basic Coverage)

Psychoanalysis

Psycho-educational assessments

Life skills training

Expressive arts therapy

Hypnotherapy

Sex therapy

## IFHP Benefit Grid - Supplemental Coverage

- 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 6 - For Resettled Refugees receiving government resettlement assistance undergoing a Post Arrival Health Assessment (PAHA), IFHP will pay for medical translation services up to a total of 2 hours.
- NOTE 7 - Audiologists and Speech Language Pathologists: will be reimbursed usual / customary charges up to \$74.20 per test.
- 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, 0304BAHL, 327028, 0304PALD, 0304DELD.
- NOTE 10 - Not payable together with codes: 0304PAR, 0304DER, 0304BAHR, 327036, 0304PARD, 0304DERD.
- NOTE 11 - Not payable together with codes: 0304BCL, 0304DEL, 0304BAHL, 327028, 0304BCLD, 0304DELD.
- NOTE 12 - Not payable together with codes: 0304BCR, 0304DER, 0304BAHR, 327036, 0304BCRD, 0304DERD.
- NOTE 13 - Not payable together with codes: 0304BCL, 0304PAL, 0304BAHL, 327028, 0304BCLD, 0304PALD.
- NOTE 14 - Not payable together with codes: 0304BCR, 0304PAR, 0304BAHR, 327036, 0304BCRD, 0304PARD.
- NOTE 15 - Severe-to-Profound sensorineural hearing loss bilaterally.
- NOTE 16 - No medical contraindications.
- NOTE 17 - An educational placement where the development of listening and speaking skills is emphasized.
- NOTE 18 - Family support that includes the commitment to the rehabilitative process.
- NOTE 19 - Not payable together with code 0344P.
- NOTE 20 - Eligibility consideration for the following reasons:

## IFHP Benefit Grid - Supplemental Coverage

(1) Moderate to severe conductive or mixed hearing loss (unilateral or bilateral), where the patient can still benefit from sound amplification or Unilateral sensorineural deafness, i.e., single-sided deafness AND

(2) One of the following conditions must be present:

- Congenital or surgically induced ear malformations, where cochlear function is good, but there are no ear canals; OR.
- Chronic middle ear disease, OR
- Chronic draining ears, where the use of a conventional hearing aid causes problems such as feedback, poor wearing comfort, poor sound quality or aggravation of infection; OR
- Tumours of the external ear or tympanic cavity; OR
- Conductive hearing loss due to ossicular disease where the patient is not appropriate for surgical correction OR
- Conventional hearing aids do not work.

NOTE 21 - Supplies can also be submitted on-line through the pharmacy billing system.

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).

NOTE 23 - TPN Pumps: Must be a client's only means of nourishment.

NOTE 24 - As per usual & customary fees in provinces / territories.

NOTE 25 - Client cannot receive food through gravity.

NOTE 26 - At least one of the following criteria must be met:

- a) oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia; e.g., head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating or other medical condition which prevents eating;
- b) maldigestion or malabsorption disorder;
- c) for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated; e.g., Crohn's disease.
- d) significant gut failure where food is not tolerated; e.g., pancreatic insufficiency, biliary obstruction, short bowel syndrome;
- e) for baby formula – failure to thrive or where breastfeeding is otherwise contraindicated.

EXCLUSIONS: A Nutrition Product will not be reimbursed if it is intended for one of the following uses:

- 1) prescribed weight loss in the treatment of obesity
- 2) body building
- 3) voluntary meal replacement
- 4) convenience

## IFHP Benefit Grid - Supplemental Coverage

- NOTE 27 - Client must not be in acute care facility or long term care institution.
- NOTE 28 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented.
- 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 30 - Client must have hypertrophic scarring and requires a pressure garment for a minimum of six (6) months of regular daily use.
- 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 34 - Not payable together with code 0341BS.
- NOTE 35 - Not payable together with code 0341TS.
- 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 37 - To be considered for the benefit, ABG or oximetry test results must be obtained when client's condition has stabilized.  
Exception: The ABG or oximetry tests are not required for individuals who are at the end stage of a terminal illness.
- NOTE 38 - Qualifying medical indications for home oxygen include one of the following:
- A resting PaO<sub>2</sub> on room air equal or less than 55 mm Hg;
  - A resting PaO<sub>2</sub> on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a Physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia;
  - Persistent PaO<sub>2</sub> between 56 and 59 mm Hg, when there is evidence of:
    - a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG and a walking oximetry is needed) and/or
    - b) nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night and sleep disordered breathing is ruled out (ABG and a nocturnal oximetry is needed).
  - Palliative care (less than three months life expectancy) or diagnosis indicating New York Heart Association Stage IV Heart Disease

## IFHP Benefit Grid - Supplemental Coverage

- NOTE 39 - The maximum payable amount for off-the-shelf products is \$250. For custom made braces – as per usual & customary fees in the provinces / territories.
- 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 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 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:
- 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.
  - 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.
  - Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory.
  - Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.
- 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:
- 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.
  - 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.
  - Cognitive ability – problems with orientation, concentration (attention loss), comprehension, learning, organization of thought, problem-solving, or memory.
  - Respiratory ability – impairments in aerobic capacity, aerobic endurance, ventilation, or respiration change.
- NOTE 46 - Physician referral is required. The client presents signs and symptoms of functional impairment in one or more of the following areas.
- Sensory ability – problems with sensation or perception.
  - Motor ability – problems with range of motion, muscle strength, muscle tone, endurance, balance, dexterity, or coordination.
  - 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.

## IFHP Benefit Grid - Supplemental Coverage

- 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.

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 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 50 - Claim must include a prescription with optical information and/or visual acuities. Must be medically necessary due to refractive error, or other medical condition, 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 52 - Not payable together with codes: 0600FL, 0600BAFL, 0600FB, 0600LA, 0600L, 0600BA, 0600B.

NOTE 53 - Not payable together with codes: 0600FL, 0600SALF, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B.

NOTE 54 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600LA, 0600L, 0600BA, 0600B.

NOTE 55 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600L, 0600BA, 0600B.

NOTE 56 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600BA, 0600B.

NOTE 57 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600B.

NOTE 58 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.

NOTE 59 - Not payable together with codes: 0600DSEF, 0600DBNF, 0600DBEF.

NOTE 60 - Not payable together with codes: 0600DSNF, 0600DBNF, 0600DBEF.



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- NOTE 61 - Not payable together with codes: 0600DSNF, 0600DSEF, 0600DBEF.
- 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.
- NOTE 65 - Clients over 18 years old may receive new eyewear only when there is a significant change in prescription. A significant change in prescription is defined as a change in refractive error of not less than 0.5 dioptre to the spherical or cylinder lens, or a change in axis equal to or greater than:
- (1) 20 degrees for a cylinder lens of 0.50 dioptres or less;
  - (2) 10 degrees for a cylinder lens of more than 0.50 dioptres but not more than 1.0 dioptre; and
  - (3) 3 Degrees for a cylinder lens of more than 1.0 dioptre.
- NOTE 66 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner.
- NOTE 67 - For power 5 dioptres or greater (cylinder), add \$35.11.
- NOTE 68 - For power 10 dioptres or greater (sphere), add \$35.11.
- 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).
- NOTE 70 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.
- NOTE 71 - Payable with codes: 0304BCL or 327028.
- NOTE 72 - Payable with codes: 0304BCR or 327036.
- NOTE 73 - Payable with codes: 0304PAL or 327028.
- NOTE 74 - Not Payable together with codes: 0341BS, 0344P, 0344PR.
- NOTE 75 - Not Payable together with codes: 0341BS, 0344P, 0341BR.
- NOTE 76 - Not Payable together with codes: 0341TS, 0341S, 0341SR.
- NOTE 77 - Not Payable together with codes: 0341TS, 0341S, 0341TR.
- NOTE 78 - Not Payable together with code: 300118.
- NOTE 79 - Rental equipment may be approved when:
- 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;

## IFHP Benefit Grid - Supplemental Coverage

- d) requiring frequent and extensive maintenance;
- e) requiring specialized supervision to operate.

NOTE 80 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 0304BAHL, 0304DELD, 0304BCR, 0304PAR, 0304DER, 0304BAHR, 0304DERD

NOTE 81 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 0304BAHR, 0304DERD, 0304BCL, 0304PAL, 0304DEL, 0304BAHL, 0304DELD

NOTE 82 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 327028.

NOTE 83 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 327036.

NOTE 84 - Payable with codes: 0304PAR or 327036.

NOTE 85 - Payable with code: 0304DEL.

NOTE 86 - Payable with code: 0304DER.

NOTE 87 - Services provided to Canadian citizens, including newborns, are not covered.

NOTE 88 - Can be provided by a Podorthotist, Podiatrist, Doctor of Podiatric Medicine (DPM), Chiropracist, Orthotist, Physiotherapist, or a Pharmacist.

NOTE 89 - Can be provided by an Orthotist, Prosthetist, Physiotherapist or a Pharmacist.

NOTE 90 - Can be provided by an Orthotist, Prosthetist or Podorthotist.

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 92 - Frequency limits: clients 18 years old or under - 1 / 1 CY; clients over 18 years old – 1 / 5 CY.

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.

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.

## IFHP Benefit Grid - Supplemental Coverage

- 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.
- NOTE 96 - The patient must be under 5 years old.
- NOTE 97 - The maximum cost will be the least expensive device that covers the patient's medical needs.
- NOTE 98 - Patients must have a disability requiring mobility aid for 6 months or longer.
- NOTE 99 - Patients must have a disability requiring bathing and toileting aids for 6 months or longer.
- 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 40mmHg, and all hypertrophic scar pressure garments are to be prescribed by vascular surgeon, orthopedic surgeon, oncologist, internist, pediatrician, plastic surgeon, physiatrist or general surgeon.
- 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, ketatoconus 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.
- NOTE 103 - Rental equipment may be approved when:
- 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.