

**Interim Federal Health Program (IFHP)
Important Information for all Supplemental Services Providers**

June 2016

This bulletin is to confirm the supplemental services and products covered by the Interim Federal Health Program (IFHP). Full details can be found in the Supplemental Coverage benefit grid available at <https://provider.medavie.bluecross.ca>.

Please share this information with the members of your Association.

Supplemental coverage is similar to coverage provided by provinces and territories to those on social assistance and includes services such as:

- limited vision and urgent dental care;
- home care and long-term care;
- services provided by allied health-care practitioners including clinical psychologists, occupational therapists, speech language therapists, physiotherapists;
- assistive devices, medical supplies and equipment, including:
 - orthopedic and prosthetic equipment
 - mobility aids
 - hearing aids
 - diabetic supplies
 - incontinence supplies
 - oxygen equipment

Please note that certain exceptions or restrictions apply.

Should you or your members have any questions or require more information regarding the IFHP or Medavie Blue Cross, please call our Customer Information Centre at **1-888-614-1880** or e-mail CIC_Inquiry@medavie.bluecross.ca.

You may also access the Medavie Blue Cross website at <https://provider.medavie.bluecross.ca> to view Guides, Bulletins and other important information regarding the IFHP.

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
Professional Fees									
PAHA (Post Arrival Health Assessment)	0209PAHA	05-Nov-14					1/1 LT	\$93.61 / assessment	See NOTES 8 & 89 Coverage is limited to resettled refugees.
Psychotherapy Counselling or Psychology Counselling in a Private Clinic or Addiction Centre – Initial Assessment and Treatment	0228CI	05-Nov-14	Yes	Yes		MD	See comments	See comments	See NOTES 2, 3, 4, 5 & 89
Hearing Tests	0235CI	05-Nov-14		Yes	Yes				See notes 9 & 89 Otolaryngologist specialists, submit bill with provincial / territorial health codes.
Other Home Care Services - Visit by a Home Care Worker /Personal Care Worker/Personal Support Worker	0247CI	05-Nov-14	Yes				140 hours / CM	\$24.25 / hour	See NOTES 1 & 89 Cannot be billed together with code 0112CI.
Interpretation/ Translation Services	0294CI	05-Nov-14	Yes					\$28.95 / hour	See NOTES 8 & 89 Can only be billed with Psychiatry and Psychotherapy/Counselling (for Initial Assessment and Treatments) or Post Arrival Health Assessment (PAHA)
Assistive Devices Hearing Aids (including hearing aid services, repairs and supplies)									
Bone Conduction Hearing Aid, Conventional Analog - Left	0304BCL	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 10, 11 & 89
Bone Conduction Hearing Aid, Conventional Analog - Right	0304BCR	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 10, 12 & 89
Programmable Analog Hearing Aid - Left	0304PAL	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 10, 13 & 89
Programmable Analog Hearing Aid - Right	0304PAR	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$585.40	See NOTES 10, 14 & 89
Digital Hearing Aid, Entry Level - Left	0304DEL	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 10, 15 & 89
Digital Hearing Aid, Entry Level - Right	0304DER	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 10, 16 & 89
CROS/BiCROSS Hearing Aid - Left	327028	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 10, 82 & 89

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CROS/BiCROSS Hearing Aid - Right	327036	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$1,500	See NOTES 10, 83 & 89
Cochlear Implants	327090	05-Nov-14	Yes			ES	1 / 1 LT	\$30,000	See NOTES 17, 18, 19, 20 & 89 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 22, 84 & 89 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 22, 85 & 89 Coverage is limited to Resettled Refugees.
Dispensing Fee - Conventional Analog - Left	0304BCLD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$430.42	See NOTES 73 & 89
Dispensing Fee - Conventional Analog - Right	0304BCRD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$430.42	See NOTES 74 & 89
Dispensing Fee - Programmable Analog - Left	0304PALD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$484.22	See NOTES 75 & 89
Dispensing Fee Programmable Analog - Right	0304PARD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$484.22	See NOTES 86 & 89
Dispensing Fee –Digital Entry Level - Left	0304DELD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$322.81	See NOTES 87 & 89
Dispensing Fee – Digital Entry Level - Right	0304DERD	05-Nov-14	Yes			MD, CA, HP	1 / 5 CY	\$322.81	See NOTES 88 & 89
Ear Mold (new or replacement)	0304EM	01-Apr-16	Yes			MD, CA, HP	1 / 1 CY	\$70.00	See Note 89
Service Fee for Replacement Ear Mold	0304SF	01-Apr-16	Yes			MD, CA, HP	1 / 1 CY	\$40.00	See Note 89
Assistive Devices for Seeing									
Low Vision Glasses	0600LV	05-Nov-14	Yes			CI, O	1 / 3 CY	\$300	See NOTES 24 & 89
Assistive Devices for Eating and Drinking									
TPN Pumps & Related Supplies	404504	05-Nov-14	Yes			MD, NP			See NOTES 25, 26 & 89
Feeding Pumps, Bags or Containers	404503	05-Nov-14	Yes			MD, NP			See NOTES 26, 27 & 89

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Accessories for Feeding Pumps, Bags or Containers	404207	05-Nov-14	Yes			MD, NP			See NOTES 26, 27 & 89
Specialized Feeding Formula / Nutritional Supplements	404505	05-Nov-14	Yes			MD, NP			See NOTES 26, 28 & 89
Rental – Feeding Pumps, Bags or Containers	404509	05-Nov-14	Yes			MD, NP	4 / 4 CM		See NOTES 26, 27, 81 & 89
Rental – Accessories for Feeding Pumps, Bags or Containers	404206	05-Nov-14	Yes			MD, NP	4 / 4 CM		See NOTES 26, 27, 81 & 89
Continance Aids, Ostomy, Colostomy and Surgical Supplies									
Ostomy & Colostomy Supplies	402418	05-Nov-14	Yes			MD, NP			See NOTES 23, 26, 29, 68 & 89
Catheters - Indwelling	0403IND	05-Nov-14	Yes			MD, NP	4 / 2 CM		See NOTES 23, 26, 29, 68 & 89
Catheters - Straight	0403STR	05-Nov-14	Yes			MD, NP	70 / 2 CM		See NOTES 23, 26, 29, 68 & 89
External Condom Catheters (for urinary incontinence)	0403ECC	05-Nov-14	Yes			MD, NP	1 / 2 CM		See NOTES 23, 26, 29, 68 & 89
Urinary Drainage Bags (Bedside)	0403UDBB	05-Nov-14	Yes			MD, NP	8 / 2 CM		See NOTES 23, 26, 29, 68 & 89
Urinary Drainage Bags (Leg)	0403UDBL	05-Nov-14	Yes			MD, NP	20 / 2 CM		See NOTES 23, 26, 29, 68 & 89
Urostomy (Pouch with Drain)	0408UP	05-Nov-14	Yes			MD, NP	30 / 2 CM		See NOTES 23, 26, 29, 68 & 89
Irrigation kits and supplies for ostomy, colostomy and urostomy	0408IRG	05-Nov-14	Yes			MD, NP			See NOTES 23, 26, 29, 68 & 89
Surgical Supplies (Dressings, Adhesives, Adhesive Removers, etc.)	402500	05-Nov-14	Yes			MD, NP			See NOTES 26, 29, 68 & 89
Pant (brief) Mesh	0406D	05-Nov-14	Yes			MD, NP	3 / 1 CM		See NOTES 26, 30 & 89
Disposable Underpads	0409DU	05-Nov-14	Yes			MD, NP	150 / 1 CM		See NOTES 26, 30 & 89
Reusable Underpads	0409RU	05-Nov-14	Yes			MD, NP	2 / 1 CM		See NOTES 26, 30 & 89
Disposable Diapers	0409DD	01-Apr-16	Yes			MD, NP	60 / 1 CM		See NOTES 26, 30 & 89
Vascular Compression Garments	402700	05-Nov-14	Yes			MD, NP, OT, PT	4 / 1 CY		See NOTES 26, 31 & 89
Hypertrophic Scar Compression Garment	0412H	05-Nov-14	Yes			MD, NP	2 / 3 CM		See NOTES 26, 32 & 89

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Bathing and Toileting Aids									
Bath Seats	0341BS	05-Nov-14	Yes			MD,NP,OT,PT	1 / 4 CY		See NOTES 21, 26, 29, 33, 34 & 89
Toilet Seats	0341TS	05-Nov-14	Yes			MD, NP, OT,PT	1 / 4 CY		See NOTES 26, 29, 33, 34, 35 & 89
Bath Benches	0344P	05-Nov-14	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 26, 29, 33, 34, 36 & 89
Raised Toilet Seats	0341S	05-Nov-14	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 26, 29, 33, 34, 37 & 89
Wall Grab Bars	300118	05-Nov-14	Yes			MD, NP,OT,PT	1 / 4 CY		See NOTES 26, 29, 33, 34 & 89
Rental - Bath Seats	0341BR	05-Nov-14	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 26, 29, 33, 34, 76, 81 & 89
Rental - Toilet Seats	0341TR	05-Nov-14	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 26, 29, 33, 34, 78, 81 & 89
Rental - Bath Benches	0344PR	05-Nov-14	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 26, 29, 33, 34, 77, 81 & 89
Rental - Raised Toilet Seats	0341SR	05-Nov-14	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 26, 29, 33, 34, 79, 81 & 89
Rental - Wall Grab Bars	300119	05-Nov-14	Yes			MD, NP,OT,PT	4 / 4 CM		See NOTES 26, 29, 33, 34, 80, 81 & 89
Aids for Oxygen Therapy and Respiratory Aid									
CPAP, Bi-PAP Machines	343011	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 38 & 89
Ventilators	343714	05-Nov-14	Yes			MD	1 / LT		See NOTES 26 & 89 Diagnosis indicating chronic respiratory failure.
Apnea Monitors	300105	05-Nov-14	Yes			MD	1 / LT		See NOTES 26 & 89 Diagnosis indicating chronic respiratory failure.
Home Oxygen Concentrators, Oxygen Conserving Devices, Tanks & Accessories	0310CI	05-Nov-14	Yes			MD	2 / 1 CY		See NOTES 26, 39, 40, 41 & 89
Postural Drainage Boards, Suction Machines, Percussors, Resuscitators	0362PD	05-Nov-14	Yes			MD	1 / LT		See NOTES 26 & 89 Diagnosis indicating chronic respiratory failure.
Aerochamber for Puffer / Inhaler	400235	05-Nov-14	Yes			MD, NP			See NOTES 26 & 89 Diagnosis indicating chronic respiratory failure.
Aerosol Compressor	340615	05-Nov-14	Yes			MD	1 / 5 CY		See NOTES 26 & 89 Not payable with Aerosol Compressor Rental.

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Aerosol Compressor Supplies (e.g. Nebulizer, Tubing, Mask, etc.)	402020	05-Nov-14	Yes			MD			See NOTES 26 & 89
Rental - CPAP, Bi-PAP Machines	343019	05-Nov-14	Yes			MD	4 / 4 CM		See NOTES 26, 38, 81 & 89
Rental - Ventilators	343715	05-Nov-14	Yes			MD	4 / 4 CM		See NOTES 26, 81 & 89 Diagnosis indicating chronic respiratory failure.
Rental – Apnea Monitors	300106	05-Nov-14	Yes			MD	4 / 4 CM		See NOTES 26, 81 & 89 Diagnosis indicating chronic respiratory failure.
Rental - Home Oxygen Concentrators , Oxygen Conserving Devices, Tanks & Accessories	0310CR	05-Nov-14	Yes			MD	4 / 4 CM		See NOTES 26, 39, 40, 41, 81 & 89
Rental - Postural Drainage Boards, Suction Machines, Percussors, Resuscitators	0362PR	05-Nov-14	Yes			MD	4 / 4 CM		See NOTES 26, 81 & 89 Diagnosis indicating chronic respiratory failure.
Rental - Aerosol Compressor	340617	05-Nov-14	Yes			MD	1 / 1 CM		See NOTES 26, 81 & 89 Not payable with Aerosol Compressor Purchase.
Assistive Devices for Administering Medicines / Diabetic Supplies									
Injection Syringes	401126	05-Nov-14							See NOTES 23 & 89 Diabetes mellitus or other medical condition requiring daily injections.
Diabetics Supplies – Test Strips	401135	05-Nov-14							See NOTES 23 & 89 Diabetes mellitus requiring testing.
Diabetics Supplies Lancets	401132	05-Nov-14							See NOTES 23 & 89 Diabetes mellitus requiring testing.
IV Pole	404208	05-Nov-14	Yes			MD	1 / LT		See NOTE 89
Rental - IV Pole	404209	05-Nov-14	Yes			MD	1 / 1 CM		See NOTES 81 & 89
IV Supplies and Accessories	404225	05-Nov-14	Yes			MD			See NOTE 89
Aids for Personal Mobility									
Power wheelchairs - Purchase	360605	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89 Not payable together with code 305202.

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Manual wheelchairs - Purchase	305202	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89 Not payable together with code 360605.
Custom Sitting System	304212	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Non-custom Sitting System	0306NC	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications – Power Wheelchair	0302EM	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications - Manual Wheelchair	0302M	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications - Canes	304500	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications - Crutches	304503	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications - White Canes	0300WM	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications – Obstacle Detectors	0300ODM	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Modifications - Walkers	0309M	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 42 & 89
Repairs – Power Wheelchair	0302ERE	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Repairs – Manual Wheelchair	0302RE	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Repairs - Canes	304501	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Repairs - Crutches	304504	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Repairs - White Canes	0300WF	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Repairs – Obstacle Detectors	0300ODF	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Repairs - Walkers	0309RE	05-Nov-14	Yes				1 / 1 CY		See NOTES 26, 42, 43 & 89
Canes - Purchase	304506	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89
Crutches - Purchase	304508	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89
Walkers - Purchase	304510	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89
White canes - Purchase	0300WP	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89
Electronic Obstacle Detectors - Purchase	0300ODP	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 42 & 89
Rental – Power Wheelchair	0302ER	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89
Rental – Manual Wheelchair	305204	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89
Rental - Canes	304502	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89
Rental - Crutches	304505	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89
Rental - White Canes	0300WR	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89

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Rental – Obstacle Detectors	0300ODR	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89
Rental - Walkers	0309R	05-Nov-14	Yes			MD, OT, PT	1 / 3 CM		See NOTES 26, 42, 81 & 89
Purchase of portable overhead lifter	0365OTP	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 29, 33, 42 & 89
Purchase of battery powered patient lifter	0365BP	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 29, 33, 42 & 89
4 Point sling purchase	03654PP	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 29, 33, 42 & 89
Professional Sling with Positioning handle purchase	0365PSP	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 29, 33, 42 & 89
Sling for Overhead Lifters- Purchase	0365SOP	05-Nov-14	Yes			MD, OT, PT	1 / 2 CY		See NOTES 26, 29, 33, 42 & 89
Battery Powered Bath Chair Lift- Purchase	0365BTP	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 29, 33, 42 & 89
Portable Overhead Track Lifter- Rental	0365OTR	05-Nov-14	Yes			MD, OT, PT	1 / 4 CM		See NOTES 26, 29, 33, 42, 81 & 89
Battery Powered Patient Lifter- Rental	0365BPR	05-Nov-14	Yes			MD, OT, PT	1 / 4 CM		See NOTES 26, 29, 33, 42, 81 & 89
4 Point Sling Rental	03654PR	05-Nov-14	Yes			MD, OT, PT	1 / 4 CM		See NOTES 26, 29, 33, 42, 81 & 89
Professional Sling with Positioning handle- Rental	0365PSR	05-Nov-14	Yes			MD, OT, PT	1 / 4 CM		See NOTES 26, 29, 33, 42, 81 & 89
Slings for Overhead Lifters- Rental	0365SOR	05-Nov-14	Yes			MD, OT, PT	1 / 4 CM		See NOTES 26, 29, 33, 42, 81 & 89
Battery Powered Bath Chair Lift-Rental	0365BTR	05-Nov-14	Yes			MD, OT, PT	1 / 4 CM		See NOTES 26, 29, 33, 42, 81 & 89
Purchase - Manual hospital bed, mattress & accessories	0305	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 29, 33, 42 & 89
Purchase - electric hospital bed, mattress & accessories	0305E	05-Nov-14	Yes			MD, OT, PT	1 / 5 CY		See NOTES 26, 29, 33, 42 & 89
Rental - Manual Hospital bed, mattress & accessories	0305R	05-Nov-14	Yes			MD, OT, PT	4 / 4 CM		See NOTES 26, 42, 81 & 89
Rental - Electronic Hospital bed, mattress & accessories	0305ER	05-Nov-14	Yes			MD, OT, PT	4 / 4 CM		See NOTES 26, 42, 81 & 89
Prostheses and Orthoses									
Artificial Left Arm	0500LP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Right Arm	0500RP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Left Breast	0501LP	05-Nov-14	Yes			MD, NP	1 / LT		See NOTES 26, 42 & 89

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Artificial Right Breast	0501RP	05-Nov-14	Yes			MD, NP	1 / LT		See NOTES 26, 42 & 89
Artificial Left Eye	0502LP	05-Nov-14	Yes			MD, NP	1 / LT		See NOTES 26, 42 & 89
Artificial Right Eye	0502RP	05-Nov-14	Yes			MD, NP	1 / LT		See NOTES 26, 42 & 89
Artificial Left Foot	0503LP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Right Foot	0503RP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Left Hand	0504LP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Right Hand	0504RP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Left Leg	0505LP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Right Leg	0505RP	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Larynx	503518	05-Nov-14	Yes			MD	1 / LT		See NOTES 26, 42 & 89
Artificial Limb Supplies - Stump Socks	0515P	05-Nov-14	Yes			MD			See NOTES 26, 42 & 89
Artificial Limb Supplies - Sheaths	0519P	05-Nov-14	Yes			MD			See NOTES 26, 42 & 89
Braces - Back	0507PB	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Neck	0528P	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Left Ankle	0507PLA	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Right Ankle	0507PRA	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Left Arm	0507PLAR	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Right Arm	0507PRAR	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Left Leg	0507PLL	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Right Leg	0507PRL	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Left Wrist	0507PLW	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Right Wrist	0507PRW	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Left Elbow	0507PLE	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Right Elbow	0507PRE	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Left Knee	0507PLK	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Braces - Right Knee	0507PRK	05-Nov-14	Yes			MD, NP	1 /1 CY	\$250.00	See NOTES 42 & 89
Orthotics – Custom Arch Supports	503131	05-Nov-14	Yes			MD, NP	1 pair /1 CY	\$250.00	See NOTES 42 & 89
Orthotics - Insoles	504385	05-Nov-14	Yes			MD, NP	1 pair /1 CY	\$250.00	See NOTES 42 & 89
Orthotics - Foot Pads	504380	05-Nov-14	Yes			MD, NP	1 pair /1 CY	\$250.00	See NOTES 42 & 89

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Physiotherapy, Occupational Therapy, Speech Therapy									
Physiotherapy - Initial Assessment - In a Clinic	0226IA	05-Nov-14	Yes	Yes		MD	1 / 1 CY		See NOTES 44, 46 & 89
Physiotherapy - Subsequent Visit - In a Clinic	0226CI	05-Nov-14	Yes	Yes		MD	12 / 1 CY		See NOTES 45, 46 & 89
Physiotherapy - Initial Assessment - In a Home	0226IAR	05-Nov-14	Yes	Yes		MD	1 / 1 CY		See NOTES 44, 47 & 89
Physiotherapy - Subsequent Visit - In a Home	0226R	05-Nov-14	Yes	Yes		MD	12 / 1 CY		See NOTES 45, 47 & 89
Physiotherapy – Initial Assessment - In a Hospital	0226H I	05-Nov-14		Yes			1 / 1 CY	\$26.75	See NOTES 46 & 89
Physiotherapy - Subsequent Visit - In a Hospital	0226H	05-Nov-14		Yes			12 / 1 CY	\$27.75	See NOTES 46 & 89
Occupational Therapy - Initial Assessment - In a Clinic	0242CIA	05-Nov-14	Yes	Yes		MD	1 / 1 CY	\$80.00	See NOTES 48 & 89
Occupational Therapy - Subsequent Visit - In a Clinic	0242CI	05-Nov-14	Yes	Yes		MD	20 / 1 CY	\$80.00	See NOTES 48 & 89
Occupational Therapy - Initial Assessment - In a Home	0242RA	05-Nov-14	Yes	Yes		MD	1 / 1 CY	\$80.00	See NOTES 48 & 89
Occupational Therapy - Subsequent Visit - In a Home	0242R	05-Nov-14	Yes	Yes		MD	20 / 1 CY	\$80.00	See NOTES 48 & 89
Occupational Therapy - Initial Assessment - In a Hospital	0242H I	05-Nov-14		Yes			1 / 1 CY	\$26.75	See NOTE 89
Occupational Therapy - Subsequent Visit - In a Hospital	0242H	05-Nov-14		Yes			20 / 1 CY	\$27.75	See NOTE 89
Speech Therapy – Initial Assessment - In a Clinic	0230IA	05-Nov-14	Yes	Yes		MD			See NOTES 49, 51 & 89
Speech Therapy - Subsequent Visit - In a Clinic	0230CI	05-Nov-14	Yes	Yes		MD			See NOTES 50, 51 & 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
Speech Therapy - In a Hospital	0230H	05-Nov-14		Yes		MD		\$26.75	See NOTE 89
Vision Care - Eyewear Services									
Single Vision (Frame & Lenses)	0600FL	05-Nov-14					1 / 24 CM	\$123.70	See NOTES 52, 53, 65, 66, 67, 69, 70 & 89
Single Vision with Astigmatism (Frame & Lenses)	0600SALF	05-Nov-14					1 / 24 CM	\$130.40	See NOTES 52, 54, 65, 66, 67, 69, 70 & 89
Regular Bifocals (Frame & Lenses)	0600FB	05-Nov-14					1 / 24 CM	\$170.45	See NOTES 52, 55, 65, 66, 67, 69, 70 & 89
Bifocal with Astigmatism (Frame & Lenses)	0600BAFL	05-Nov-14					1 / 24 CM	\$183.85	See NOTES 52, 56, 65, 66, 67, 69, 70 & 89
Lenses - Single Vision, with Astigmatism	0600LA	05-Nov-14					1 / 24 CM	\$33.20	See NOTES 52, 57, 65, 66, 67, 69, 70 & 89
Lenses - Single Vision, no Astigmatism	0600L	05-Nov-14					1 / 24 CM	\$26.70	See NOTES 52, 58, 65, 66, 67, 69, 70 & 89
Lenses - Bifocals – with Astigmatism	0600BA	05-Nov-14					1 / 24 CM	\$80.20	See NOTES 52, 59, 65, 66, 67, 69, 70 & 89
Lenses - Bifocals - no Astigmatism	0600B	05-Nov-14					1 / 24 CM	\$66.85	See NOTES 52, 60, 65, 66, 67, 69, 70, 72 & 89
Frames	0600F	05-Nov-14					1 / 24 CM	\$33.45	See NOTES 65, 66, 67 & 89
Case	0600CAS	05-Nov-14					1 / 24 CM	\$3.35	See NOTES 65, 66, 67 & 89
Dispensing Fee – Single Vision with New Frame	0600DSNF	05-Nov-14					1 / 24 CM	\$60.20	See NOTES 52, 62, 65, 66, 67 & 89
Dispensing Fee – Single Vision with Existing Frame	0600DSEF	05-Nov-14					1 / 24 CM	\$40.10	See NOTES 52, 63, 65, 66, 67 & 89
Dispensing Fee – Bifocals with New Frame	0600DBNF	05-Nov-14					1 / 24 CM	\$66.85	See NOTES 52, 64, 65, 66, 67 & 89
Dispensing Fee – Bifocals with Existing Frame	0600DBEF	05-Nov-14					1 / 24 CM	\$53.50	See NOTES 52, 65, 66, 67 & 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
Complete Eye Exam	600013	05-Nov-14					1 / 12 CM	\$54.60	See NOTES 71 & 89 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	05-Nov-14					1 / 12 CM	\$33.30	See NOTES 71 & 89 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.
Residential Care									
Nursing Homes (Private & Public Sector Facility)	0112CI	01-Apr-16	Yes	Yes				\$1,736 / month	See NOTE 89 Cannot be billed together with code 0247CI.
Residential Mental Health Centre	0115M	05-Nov-14	Yes	Yes				\$1,736 / month	See NOTE 89

For dental services refer to FHP Benefits List - Dental Coverage, available at <https://provider.medavie.bluecross.ca>

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/h. 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 that indicates the diagnosis and prescription for psychotherapy / counselling therapy and
- (2) The Initial Assessment report.

Initial Assessment

On referral from a client's treating physician the provider will meet with the client for an intake assessment. This assessment can be billed to a maximum of 2 hours and will include a clinical interview, brief psychometric screening (where appropriate) and a report to IFHP.

The report should outline the clinical history and interview information and include:

- Results of psychometric screening (where administered);

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- DSM IV or V diagnosis;
- A treatment plan outlining the goals of treatment and expected duration of treatment;
- Relationship between the diagnosis and the treatment plan with specific behavioral objectives to be accomplished through psychotherapy or counselling.

Payment for reports is included in the fee for assessment/treatment. 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 licensed in the province or territory in which they practice with their provincial licensing body.

NOTE 4 - Benefit provide up to a maximum of 10 one-hour sessions (with up to 10 additional one hour sessions, see below), not including the initial assessment. A discharge summary report must be submitted to both the referring physician and IFHP when treatment is completed. The report should include an outline of the client's response to treatment and whether treatment is complete. Any additional treatment must be pre-authorized by the IFHP. Prior approval requests for additional (up to max 10 sessions) must be accompanied by a physician's recommendation for additional sessions.

Exclusions:

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 6 - Patients with: (1) Suspected Sleep Disordered Breathing; Major daytime sleepiness, as identified by an Epworth Sleepiness Scale of 15 or greater (the Epworth Scale can be completed by any health care provider); and a safety critical occupation OR; (2) Patients with: (A) Suspected SDB; and (B) One or more of the following: • Comorbid disease, pregnancy; or • Overnight home oximetry that reveals greater than 30 oxygen desaturation (4% or greater) per hour.

NOTE 7 - Entitlement consideration for the following reasons:

- (1) Air or gas embolism;
- (2) Bone infections (osteomyelitis) that have not improved with other treatments;
- (3) Carbon monoxide poisoning;
- (4) Gas gangrene;
- (5) Crush injury;
- (6) Compartment Syndrome and other acute traumatic problems where blood flow is reduced or cut off (e.g., frostbite);
- (7) Decompression sickness;
- (8) Healing for wounds such as diabetic foot ulcers;
- (9) Exceptional blood loss;
- (10) Intracranial abscess;
- (11) Necrotizing soft tissue infections;
- (12) Delayed radiation injury (e.g., radiation burns that develop after cancer therapy);
- (13) Skin grafts and flaps that are not healing well; and
- (14) Thermal burns (e.g., from fire or electrical sources).

NOTE 8 - For Resettled Refugees undergoing a Post Arrival Health Assessment (PAHA), IFHP will pay for medical translation services up to a total of 2 hours.

NOTE 9 - Audiologists and Speech Language Pathologists: will be reimbursed usual/ customary charges up to \$74.20 per test.

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- NOTE 10 - (1) An audiogram completed within the last 6 months must be provided. 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. 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: 0304PAL, 0304DEL, 0304BAHL, 327028, 0304PALD, 0304DELD.
- NOTE 12 - Not payable together with codes: 0304PAR, 0304DER, 0304BAHR, 327036, 0304PARD, 0304DERD.
- NOTE 13 - Not payable together with codes: 0304BCL, 0304DEL, 0304BAHL, 327028, 0304BCLD, 0304DELD.
- NOTE 14 - Not payable together with codes: 0304BCR, 0304DER, 0304BAHR, 327036, 0304DCRD, 0304DERD.
- NOTE 15 - Not payable together with codes: 0304BCL, 0304PAL, 0304BAHL, 327028, 0304BCLD, 0304PALD.
- NOTE 16 - Not payable together with codes: 0304BCR, 0304PAR, 0304BAHR, 327036, 0304BCRD, 0304PARD.
- NOTE 17 - Severe-to-Profound sensorineural hearing loss bilaterally.
- NOTE 18 - No medical contraindications.
- NOTE 19 - An educational placement where the development of listening and speaking skills is emphasized.
- NOTE 20 - Family support that includes the commitment to the rehabilitative process.
- NOTE 21 - Not payable together with code 0344P.
- NOTE 22 - Eligibility consideration for the following reasons:

(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 23 - Supplies can also be submitted on-line through the pharmacy billing system.
- NOTE 24 - 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 25 - TPN Pumps: Must be a client's only means of nourishment.
- NOTE 26 - As per usual & customary fees in provinces / territories.
- NOTE 27 - Client cannot receive food through gravity.

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NOTE 28 - 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 and / or significant gut failure where food is not tolerated; e.g., pancreatic insufficiency, biliary obstruction, short bowel syndrome;
- 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.

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

- prescribed weight loss in the treatment of obesity
- food allergies
- body building
- voluntary meal replacement
- convenience
- used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function.

NOTE 29 - Client must not be in acute care facility or long term care institution.

NOTE 30 - Chronic uncontrolled incontinence of a daily loss of moderate, heavy or total loss of urine or stool, despite all interventions implemented.

NOTE 31 - Client must have a Chronic Venous Insufficiency (CVI) Class 2 or 3 OR Chronic Lymphedema. Benefits prescribed for the following conditions are not eligible: - in-patient short term interventions; pre or post-operative use; CVI class 1; pregnancy; Deep Vein Thrombosis (DVT); 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 32 - Client must have hypertrophic scarring and requires a pressure garment for a minimum of six (6) months of regular daily use.

NOTE 33 - Client cannot have more than one assistive device for a function.

NOTE 34 - Client must have a physical disability requiring toileting, bedroom or bathing assistive device.

NOTE 35 - Not payable together with code 0341S.

NOTE 36 - Not payable together with code 0341BS.

NOTE 37 - Not payable together with code 0341TS.

NOTE 38 - 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 39 - To be considered for the benefit, test results must be obtained when client's condition has stabilized.

NOTE 40 - Qualifying medical indications for home oxygen include:

- A resting PaO₂ on room air equal or less than 55 mm Hg;
- A resting PaO₂ on room air between 56 and 59 mm Hg when there is supporting document evidence provided by a physician and ABG of cor pulmonale, pulmonary hypertension and/or secondary polycythemia;
- Persistent PaO₂ between 56 and 59 mm Hg, when there is evidence of:

a) exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (ABG and a walking oximetry is needed) and/or

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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).

- NOTE 41 -
- New York Heart Association Stage IV Heart Disease with supporting documented evidence provided by a cardiologist and ABG; and
 - Palliative care (less than three months life expectancy) for Clients demonstrating persistent hypoxemia:
 - a) PaO₂ on room air ≤ 60mmHG;
 - b) O₂ saturations ≤ 92% demonstrated by a resting oximetry; and/or,
 - c) dyspnoea that cannot be improved with medication and/or comfort analgesia (ABG or a resting oximetry is needed along with a clear diagnosis supporting the end stage of palliative condition by a physician, nurse practitioner or palliative care member to document noting that the dyspnea cannot be improved with medication and/or noting that comfort analgesia are needed.
- NOTE 42 - The IFHP will pay the least expensive device, modification and / or repair.
- NOTE 43 - Repair service cannot exceed the cost of the equipment.
- NOTE 44 - 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 - 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 46 - 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 47 - 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 48 - 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.
 - f) For occupational therapy in home, prior approval request should include justification why client cannot be seen in a clinic.
- NOTE 49 - 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).

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- NOTE 50 - 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 51 - 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 52 - Claim must include optical information and visual acuities. Proof of visual acuity of 20/40 or weaker in one eye.
- NOTE 53 - Not payable together with codes: 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B.
- NOTE 54 - Not payable together with codes: 0600FL, 0600BAFL, 0600FB, 0600LA, 0600L, 0600BA, 0600B.
- NOTE 55 - Not payable together with codes: 0600FL, 0600SALF, 0600BAFL, 0600LA, 0600L, 0600BA, 0600B.
- NOTE 56 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600LA, 0600L, 0600BA, 0600B.
- NOTE 57 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600L, 0600BA, 0600B.
- NOTE 58 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600BA, 0600B.
- NOTE 59 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600B.
- NOTE 60 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.
- NOTE 61 - Not payable together with codes: 0600DSEF, 0600DBNF, 0600DSNF.
- NOTE 62 - Not payable together with codes: 0600DSEF, 0600DBNF, 0600DBEF.
- NOTE 63 - Not payable together with codes: 0600DSNF, 0600DBNF, 0600DBEF.
- NOTE 64 - Not payable together with codes: 0600DSNF, 0600DSEF, 0600DBNF.
- NOTE 65 - Replacement or repair for broken or lost eyewear is only eligible 18 years of age, or under.
- NOTE 66 - Children (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 - Adults (19 years or older) 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 68 - Clients must have an ostomy or other medical condition as certified by a doctor or nurse practitioner.

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- NOTE 69 - For power 5 dioptres or greater (cylinder), add \$35.11.
- NOTE 70 - For power 10 dioptres or greater (sphere), add \$35.11.
- NOTE 71 - 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 72 - Not payable together with codes: 0600FL, 0600SALF, 0600FB, 0600BAFL, 0600LA, 0600L, 0600BA.
- NOTE 73 - Payable with codes: 0304BCL or 327028.
- NOTE 74 - Payable with codes: 0304BCR or 327036.
- NOTE 75 - Payable with codes: 0304PAL or 327028.
- NOTE 76 - Not Payable together with codes: 0341BS, 0344P, 0344PR.
- NOTE 77 - Not Payable together with codes: 0341BS, 0344P, 0341BR.
- NOTE 78 - Not Payable together with codes: 0341TS, 0341S, 0341SR.
- NOTE 79 - Not Payable together with codes: 0341TS, 0341S, 0341TR.
- NOTE 80 - Not Payable together with code: 300118.
- NOTE 81 - 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;
 - d) requiring frequent and extensive maintenance;
 - e) requiring specialized supervision to operate.
- NOTE 82 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 0304BAHL, 0304DELD.
- NOTE 83 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 0304BAHR, 0304DERD.
- NOTE 84 - Not payable together with codes: 0304BCL, 0304PAL, 0304DEL, 327028.
- NOTE 85 - Not payable together with codes: 0304BCR, 0304PAR, 0304DER, 327036.
- NOTE 86 - Payable with codes: 0304PAR or 327036.
- NOTE 87 - Payable with code: 0304DEL.
- NOTE 88 - Payable with code: 0304DER.
- NOTE 89 - Services provided to Canadian citizens, including newborns, are not covered.