

Benefit Grid for Pre-departure Medical Services (PDMS)

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Corresponding e-medical code	Benefit Code & Description	Effective Date	Prior Approval Required **	ICD-10 Code or written DX Required	Referring Prescriber	Freq Limit *	Comments
IME fees (combinations)							
501, 703, 707, 712, 502-510	0293HXUO IME + HIV + Syphilis + Chest X-ray + Urinalysis + Creatinine, serum (>=15 years)	01-Apr-20				1 / 8 CM	See NOTE 1
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit.						
501, 703, 502-510	0293XUO IME+ Chest X-ray + Urinalysis (11-14 years)	01-Apr-20				1 / 8 CM	See NOTE 1
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit.						
501, 703	0293EUO IME + Urinalysis (5-10 years)	01-Apr-20				1 / 8 CM	See NOTES 1 & 26
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit.						
	NOTE 26 - This code can also be billed if a urinalysis is required for children under 5 years old who present with a history of diabetes, hypertension, kidney disease, symptoms of a urinary tract infection, or other conditions that may affect kidney function.						
501, 703, 707, 712	0293HSUO IME + HIV + Syphilis + Urinalysis + Creatinine, serum (Pregnant)	01-Apr-20				1 / 8 CM	See NOTE 1
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit.						
IME fees (Individual Services and Tests)							
501	0293CIO IME (exam only)	01-Apr-20				1 / 8 CM	See NOTE 1
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit.						

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502, 503, 504, 508, 509, 510	0293CXO Chest X-Ray	01-Apr-19			Panel Physician	4 / day	See NOTE 21
	NOTE 21 - The cost may include chest X-ray (PA, Lateral, Lordotic) images and examination reports.						
703	0293LO Lab Exam (URINALYSIS)	01-Apr-19			Panel Physician	3 / day	See NOTES 1 & 10
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit. NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.						
712	0293VDRO Venereal Disease Research Lab (SYPHILIS TEST)	01-Apr-19			Panel Physician	3 / day	See NOTES 1, 8 & 10
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit. NOTE 8 - Coverage includes polymerase chain reaction (PCR), nucleic acid sequence-based amplification (NASBA) or by Branched DNA (bDNA) methods. NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.						
707	0293HLTO HIV Lab test (HIV)	01-Apr-19			Panel Physician	3 / day	See NOTES 1 & 10
	NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit. NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.						
711	0293SCTO Syphilis Confirmation Tests	01-Apr-19			Panel Physician	2 / day	See NOTE 2
	NOTE 2 - Syphilis confirmation test may include the following: TP-PA, FTA-Abs, INNO-LIA, RPR automated enzyme immunoassays (EIAs) or immunochromoluminescence tests, treponemal and nontreponemal tests.						
722	0293HIVO HIV Confirmation Tests	01-Apr-19			Panel Physician	2 / day	See NOTE 9
	NOTE 9 - HIV confirmation test cost may include: Western Blot, Immunoblot, Radioimmunoprecipitation or Immunofluorescence.						

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722	0293PHO Post Test Counselling for HIV	01-Apr-19		Yes	Panel Physician	1 / 8 CM	See NOTES 6 & 23
	NOTE 6 - Must include diagnosis of HIV / AIDS. NOTE 23 - Can only be billed for HIV Positive Tests.						
601	0293SPO Sputum Culture and Smear (TB)	01-Apr-19			Panel Physician	3 / day	
708	0293HBO Hepatitis B-surface Antigen	01-Apr-19			Panel Physician	3 / day	
704	0293CRO Creatinine, serum	01-Apr-19			Panel Physician	3 / day	
716	0293HCVO HCV Serology (Anti HCV IgM/IgG)	01-Apr-19			Panel Physician	3 / day	
	0293FPPO Furtherance – Panel Physician	01-Apr-19			RMO	1 / day	See NOTE 24
	NOTE 24 - Coverage includes: the cost of the first and subsequent visits, diagnostic tests, interim, final treatment reports.						
	0293FPSO Furtherance – MD / specialist (Public health concerns only – TB or Syphilis) or HIV specialist	01-Apr-19			Panel Physician or RMO	1 / day	See NOTE 24
	NOTE 24 - Coverage includes: the cost of the first and subsequent visits, diagnostic tests, interim, final treatment reports.						
	0293FO Furtherance – MD / Psychiatrist (Public safety concerns only)	01-Apr-19			Panel Physician or RMO	1 / day	See NOTE 4
	NOTE 4 - Coverage includes referral and assessments at a mental health centre/hospital or by a specialist (psychiatrist), review of history, written reports, recommendations and any additional follow-up visits. Referral from a Panel Physician or RMO Medical Officer is required.						
Treatment of TB and Syphilis							
711	0293SYO Block fee: Treatment of Syphilis	01-Apr-19		Yes	Panel Physician	1 / day	See NOTES 3 & 11
	NOTE 3 - Coverage includes investigation, management and treatment of clients with a positive syphilis test according to the Canadian protocol and/or referral to an infectious disease specialist (if required). NOTE 11 - Claims must include diagnosis of Syphilis.						

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602, 604, 607, 608	0293TB0 Block fee: Treatment of Active TB or Latent TB	01-Apr-19		Yes	Panel Physician	1 / day	See NOTES 5, 12 & 13
	<p>NOTE 5 - Coverage includes referral to a TB centre/hospital or a specialist for TB investigations and/or treatment including Directly Observed Treatment (DOT).</p> <p>Services covered:</p> <ul style="list-style-type: none"> • Physician services; • Prescription medications and over the counter (OTC) products; • Diagnostic tests including for latent TB (IGRA); • X-ray investigations; • Out-patient and in-patient hospital treatment of Active TB; OR • Prophylactic treatment of LTB or close contacts. <p>NOTE: Coverage does not include treatment of MDR TB or XDR TB cases.</p> <p>NOTE 12 - Claims must include diagnosis of Tuberculosis.</p> <p>NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).</p>						
	0293HTB0 Hospital Services – In-patient Treatment of Active TB or Latent TB	01-Apr-19		Yes	Panel Physician	1 / day	See NOTES 10 & 13
	<p>NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.</p> <p>NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).</p>						
602, 604, 607, 608	02930TB0 Hospital Services – Out-patient Treatment of Active TB or Latent TB	01-Apr-19		Yes	Panel Physician	1 / day	See NOTES 10 & 13
	<p>NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.</p> <p>NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).</p>						
602, 604, 607, 608	0293DTB0 Physician Services – Treatment of Active TB or Latent TB	01-Apr-19		Yes	Panel Physician	1 / day	See NOTES 10 & 13
	<p>NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.</p> <p>NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).</p>						

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602, 604, 607, 608	0293LTBO Diagnostic Tests (Laboratory) – Active TB or Latent TB	01-Apr-19			Panel Physician	1 / day	See NOTES 10 & 13
	NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.						
	NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).						
602, 604, 607, 608	0293XTBO Diagnostic Tests (X-ray) – Active TB or Latent TB	01-Apr-19			Panel Physician	1 / day	See NOTES 10 & 13
	NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.						
	NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).						
602, 604, 607, 608	0293PTBO Pharmaceuticals – Treatment of Active TB or Latent TB	01-Apr-19		Yes	Panel Physician	1 / day	See NOTES 10 & 13
	NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.						
	NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).						
Vaccinations (IOM Panel sites only)							
	0293MO Measles	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTES 14, 22 & 25
	NOTE 14 - Vaccination dosage: 2 doses when greater than 1 year old or born on or after 1957.						
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	0293MV Measles Rubella (MR)	01-Apr-19				Up to 3 LT	See NOTES 14, 22 & 25
	NOTE 14 - Vaccination dosage: 2 doses when greater than 1 year old or born on or after 1957.						
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	NOTE 25 - Preference should be given to MMR, unless contraindicated or unavailable.						

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	0293MVO Measles Mumps Rubella Vaccine (MMR)	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTES 14 & 22
<p>NOTE 14 - Vaccination dosage: 2 doses when greater than 1 year old or born on or after 1957.</p> <p>NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.</p>							
	0293TVO DTaP / DTP Diphtheria-Tetanus-Pertussis (a = acellular)	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTES 15 & 22
<p>NOTE 15 - Vaccination dosage: 2 doses at least one month apart if 6 weeks to <7 years of age.</p> <p>NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.</p>							
	0293PVO Inactivated Polio Virus (IPV) / Oral Polio (OPV)	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTES 16 & 22
<p>NOTE 16 - Vaccination dosage: 2 doses if between 6 weeks old and under 11 years old.</p> <p>NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.</p>							
	0293HEPO Hepatitis B	01-Apr-17				Up to 3 LT (4 wks between dates)	See NOTES 20 & 22
<p>NOTE 20 - For clients with risk factors HBsAg testing must be administered prior to vaccination.</p> <p>NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.</p>							
	0293FLUO Haemophilus influenza type B (Hib)	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTE 22
<p>NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.</p>							

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	0293LTVO Tdap/TD Low dose Tetanus-diphtheria-acellular pertussis / Tetanus-diphtheria	01-Apr-17				1 LT	See NOTES 17 & 22
	NOTE 17 - Vaccination dosage: 1 dose if > 7 years of age. NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	0293RTVO Rotavirus	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTE 22
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	0293DPPO Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTE 22
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	0293DTHO Diphtheria, Tetanus, Pertussis, Hib, Hepatitis B	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTE 22
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	0293DTPO Diphtheria, Tetanus, Pertussis, Polio, Hib	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTE 22
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						
	0293DTSO Diphtheria, Tetanus, Pertussis, Polio	01-Apr-19				Up to 3 LT (4 wks between dates)	See NOTE 22
	NOTE 22 - Coverage includes: the cost of procurement, transportation, storage, preparation and administration of vaccines, including counselling and documentation of the patient's vaccine administration information and pregnancy test where applicable.						

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Outbreak Response Management							
	0293MGTO Outbreak Response Management	01-Apr-19	Yes **			1 / day	See NOTE 7
	NOTE 7 - The cost and services must be approved by IRCC. Services may include: <ul style="list-style-type: none">Diagnostic testing (rapid and serologic);Post exposure prophylaxis (vaccines and drug therapy);Pre-departure health screening and personnel costs during outbreak management;Physician or nurse visits to conduct a fitness to fly check, immediately prior to travel to Canada, to identify any delayed recovery from the outbreak disease that would make travel unsafe for the client or threaten public health. NOTE: In exceptional cases, where outbreaks warrant immediate delivery of services, the request may be reviewed post factum.						
Medical Support in Transit							
610	0293SRTO Medical Support in Transit	01-Apr-19	Yes **	Yes		1 LT	See NOTES 18 & 19
	NOTE 18 - Services must be approved by IRCC. NOTE 19 - The cost may include: <ul style="list-style-type: none">The cost of travel by the most direct route at the most economical rate available for medical attendant (nurse, MD) or other health-care professional. The cost may include one way or round trip airfare;The cost of an urgent or emergency (acute, unexpected, and unforeseen) medical care in flight sought by a refugee prior to arriving in Canada. The request will be reviewed by IRCC post-factum;The cost of least expensive assistive devices, oxygen and surgical supplies, pharmaceuticals (recommended to have at least a 30 day supply of prescription meds);The eligible cost may also include: charges for any transportation tax (for example, toll or airport tax);Additional service fee approved by IRCC;Transportation cost for a medical attendant from the refugee's place of residence in a rural community or camp, to a city from which the refugee may board a flight that would commence their trip to Canada, which may include meals en route, overnight accommodation, ground transportation and incidental expenses;The cost of overnight accommodation in Canada and meal allowances;Additional medical examinations to identify fitness for travel (i.e., pulmonologist's or cardiologist's reports etc.) Note: cost of treatment to stabilize patients for the travel is not covered.						

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* 1/CY= One per Calendar Year, 1/LT= One per Life Time, Up to 3/LT= Up to Three per Life Time, 1/8 CM = One per 8 Calendar Months

In general, more than 2 doses of a specific vaccine are not expected to be administered, unless 1) a refugee returns for re-medical examination, at which time the IOM Panel Physician should provide additional doses of vaccine as recommended to align with the Canadian Immunization Guide based on various immunization best practices, depending on individual vaccination needs, the catch-up schedule, maximum doses and as time permits; or 2) a third dose of hepatitis B vaccine is provided to a hepatitis B negative household member/contact of a hepatitis B-positive patient or 3) additional doses are required by additional specific outbreak response guidelines from Regional Medical Offices (Please see the respective section in the Information Handbook for Pre-departure Medical Services Providers). Second or third dose can be given any time prior to departure, provided the requirements related to minimum dose intervals are met.

** A special authorization/approval is required prior to providing a client with eligible benefits/services.