

## Benefit Grid for Pre-departure Medical Services (PDMS) – April 1, 2019

Corresponding e-medical code	Benefit Description	Row #	Benefit Code	Effective Date	Prior Approval Required **	ICD-10 Code or written DX Required	Referring Prescriber	Freq Limit *	Comments
<b>IME fees (combinations)</b>									
501, 703, 707, 712, 502-510	IME + HIV + Syphilis + Chest X-ray + Urinalysis (>=15 years)	1	0293HXUO	01-Apr-17				1 / 8 CM	See NOTE 1
501, 703, 502-510	IME+ Chest X-ray + Urinalysis (11-14 years)	2	0293XUO	01-Apr-17				1 / 8 CM	See NOTE 1
501, 703	IME + Urinalysis (<=10 years)	3	0293EUO	01-Apr-17				1 / 8 CM	See NOTE 1
501, 703, 707, 712	IME + HIV + Syphilis + Urinalysis (Pregnant)	4	0293HSUO	01-Apr-17				1 / 8 CM	See NOTE 1
<b>IME fees (Individual Services and Tests)</b>									
501	IME (exam only)	5	0293CIO	01-Apr-17				1 / 8 CM	See NOTE 1
502, 503, 504, 508, 509, 510	Chest X-Ray	6	0293CXO	01-Apr-17			Panel Physician		See NOTES 1, 10 & 21
703	Lab Exam (URINALYSIS)	7	0293LO	01-Apr-17			Panel Physician		See NOTES 1 & 10
712	Venereal Disease Research Lab (SYPHILIS TEST)	8	0293VDRO	01-Apr-17			Panel Physician		See NOTES 1, 8 & 10
707	HIV Lab test (HIV)	9	0293HLTO	01-Apr-17			Panel Physician		See NOTES 1 & 10
711	Syphilis Confirmation Tests	10	0293SCTO	01-Apr-17			Panel Physician		See NOTE 2
722	HIV Confirmation Tests	11	0293HIVO	01-Apr-17			Panel Physician		See NOTE 9
722	Post Test Counselling for HIV	12	0293PHO	01-Apr-17		Yes	Panel Physician	1 / 8 CM	See NOTES 6 & 23
601	Sputum Culture and Smear (TB)	13	0293SPO	01-Apr-17			Panel Physician		
708	Hepatitis B-surface Antigen	14	0293HBO	01-Apr-17			Panel Physician		
704	Creatinine, serum	15	0293CRO	01-Apr-17			Panel Physician		
716	HCV Serology (Anti HCV IgM/IgG)	16	0293HCVO	01-Apr-17			Panel Physician		

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	Furtherance – Panel Physician	17	0293FPPO	01-Apr-17			RMO		See NOTE 24
	Furtherance – MD / specialist (Public health concerns only – TB or Syphilis) or HIV specialist	18	0293FPSO	01-Apr-17			Panel Physician or RMO		See NOTE 24
	Furtherance – MD / Psychiatrist (Public safety concerns only)	19	0293FO	01-Apr-17			Panel Physician or RMO		See NOTE 4
<b>Treatment of TB and Syphilis</b>									
711	Block fee: Treatment of Syphilis	20	0293SYO	01-Apr-17		Yes	Panel Physician		See NOTES 3 & 11
602, 604, 607, 608	Block fee: Treatment of Active TB or Latent TB	21	0293TBO	01-Apr-17		Yes	Panel Physician		See NOTES 5, 12 & 13
602, 604, 607, 608	Hospital Services – In-patient Treatment of Active TB or Latent TB	22	0293HTBO	01-Apr-17		Yes	Panel Physician		See NOTES 10 & 13
602, 604, 607, 608	Hospital Services – Out-patient Treatment of Active TB or Latent TB	23	0293OTBO	01-Apr-17		Yes	Panel Physician		See NOTES 10 & 13
602, 604, 607, 608	Physician Services – Treatment of Active TB or Latent TB	24	0293DTBO	01-Apr-17		Yes	Panel Physician		See NOTES 10 & 13
602, 604, 607, 608	Diagnostic Tests (Laboratory) – Treatment of Active TB or Latent TB	25	0293LTBO	01-Apr-17		Yes	Panel Physician		See NOTES 10 & 13
602, 604, 607, 608	Diagnostic Tests (X-ray) – Treatment of Active TB or Latent TB	26	0293XTBO	01-Apr-17		Yes	Panel Physician		See NOTES 10 & 13
602, 604, 607, 608	Pharmaceuticals – Treatment of Active TB or Latent TB	27	0293PTBO	01-Apr-17		Yes	Panel Physician		See NOTES 10 & 13
<b>Vaccinations (IOM Panel sites only)</b>									
	Measles	28	0293MO	01-Apr-18				2 LT	See NOTES 14, 22 & 25
	Measles Rubella Vaccine (MR)	29	0293MV	01-Apr-19				2 LT	See NOTES 14, 22 & 25
	Measles Mumps Rubella Vaccine (MMR)	30	0293MVO	01-Apr-17				2 LT	See NOTES 14 & 22
	DTaP / DTP Diphtheria-Tetanus-Pertussis (a = acellular)	31	0293TVO	01-Apr-17				2 LT	See NOTES 15 & 22
	Inactivated Polio Virus (IPV) / Oral Polio (OPV)	32	0293PVO	01-Apr-17				2 LT	See NOTES 16 & 22
	Hepatitis B	33	0293HEPO	01-Apr-17				2 LT	See NOTES 20 & 22
	Haemophilus influenza type B (Hib)	34	0293FLUO	01-Apr-17				2 LT	See NOTE 22

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	Tdap/TD Low dose Tetanus-diphtheria-acellular pertussis / Tetanus-diphtheria	35	0293LTVO	01-Apr-17				1 LT	See NOTES 17 & 22
	Rotavirus	36	0293RTVO	01-Apr-17				2 LT	See NOTE 22
	Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B	37	0293DPPO	01-Apr-17				2 LT	See NOTE 22
	Diphtheria, Tetanus, Pertussis, Hib, Hepatitis B	38	0293DTHO	01-Apr-17				2 LT	See NOTE 22
	Diphtheria, Tetanus, Pertussis, Polio, Hib	39	0293DTPO	01-Apr-17				2 LT	See NOTE 22
	Diphtheria, Tetanus, Pertussis, Polio	40	0293DTSO	01-Apr-18				2 LT	See NOTE 22
<b>Outbreak Response Management</b>									
	Outbreak Response Management Fee	41	0293MGTO	01-Apr-17	Yes **				See NOTE 7
<b>Medical Support in Transit</b>									
610	Medical Escort and Support Fee	42	0293SRTO	01-Apr-17	Yes **	Yes		1 LT	See NOTES 18 & 19

\* 1/CY= One per Calendar Year, 1/LT= One per Life Time, 1/8 CM = One per 8 Calendar Months

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

## NOTES:

NOTE 1 - Cannot be billed with another individual or combination IME code that includes the same service/benefit.

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.

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 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.

NOTE 5 - Coverage includes referral to a TB centre/hospital or a specialist for TB investigations and/or treatment including Directly Observed Treatment (DOT). Services covered:

- 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.

**NOTE: Coverage does not include treatment of MDR TB or XDR TB cases.**

NOTE 6 - Must include diagnosis of HIV / AIDS.

NOTE 7 - The cost and services must be approved by IRCC.

Services may include:

- 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.**

NOTE 8 - Coverage includes polymerase chain reaction (PCR), nucleic acid sequence-based amplification (NASBA) or by Branched DNA (bDNA) methods.

NOTE 9 - HIV confirmation test cost may include: Western Blot, Immunoblot, Radioimmunoprecipitation or Immunofluorescence.

NOTE 10 - Cannot be billed with another IFHP fee code that includes the same benefit.

NOTE 11 - Claims must include diagnosis of Syphilis.

NOTE 12 - Claims must include diagnosis of Tuberculosis.

NOTE 13 - The treatment may be reviewed by a Medical Officer (IRCC RMO).

NOTE 14 - Vaccination dosage: 2 doses when greater than 1 year old or born on or after 1957.

NOTE 15 - Vaccination dosage: 2 doses at least one month apart if 6 weeks to <7 years of age.

NOTE 16 - Vaccination dosage: 2 doses if between 6 weeks old and under 11 years old.

NOTE 17 - Vaccination dosage: 1 dose if > 7 years of age.

NOTE 18 - Services must be approved by IRCC.

NOTE 19 - The cost may include:

- The cost of travel by the most direct route at the most economical rate available for medical escort (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 escort 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.

NOTE 20 - For clients with risk factors HBsAg testing must be administered prior to vaccination.

NOTE 21 - The cost may include chest X-ray (PA, Lateral, Lordotic) images and examination reports.

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 23 - Can only be billed for HIV Positive Tests.

NOTE 24 - Coverage includes: the cost of the first and subsequent visits, diagnostic tests, interim, final treatment reports.

NOTE 25 - Preference should be given to MMR, unless contraindicated or unavailable.