



**CANADIAN ARMED FORCES (CAF)  
PROGRAM OF CHOICE (POC) 12 – RELATED HEALTH SERVICES  
SERVICE FEE UPDATE – NUNAVUT**

March 2024

The Canadian Armed Forces (CAF) wishes to advise you of a change to the following rates for Program of Choice (POC) 12 – Related Health Services, **effective April 1, 2024.**

The following revisions are effective April 1 <sup>st</sup> , 2024			
Benefit Code	Description	Revised Dollar Amount	Special Note
240110	OCCUPATIONAL THERAPY IN-HOME FOLLOW UP	\$426	8 & 11
240151	OCCUPATIONAL THERAPY IN-HOME ASSESSMENT	\$1,096	7 & 11
240275	OCCUPATIONAL THERAPY IN-CLINIC FOLLOW UP	\$122	6
240270	OCCUPATIONAL THERAPY IN-CLINIC ASSESSMENT	\$487	5 & 11
240171	OCCUPATIONAL THERAPIST VIRTUAL (CARE/TREATMENT) FOLLOW UP	\$122	6
240163	CFHS REQUESTED OCCUPATIONAL THERAPY REPORTS	\$244	9
240145	OCCUPATIONAL THERAPY COMMUNITY/WORKSITE ASSESSMENT	\$913	10 & 11
<b><u>Important Note</u></b> Providers are required to record travel time and start/end times of appointments, and have this record signed by the Client. Please ensure to review Special Notes on the Benefit Grid for additional information.			

Special Notes
NOTE 5: OCCURRENCE TO INCLUDE DIRECT CARE, COST FOR REPORTS, PREPARATION, AND ANY OTHER NON-DIRECT CARE COSTS / ONE OCCURRENCE REPRESENTS ONE VISIT UP TO A MAXIMUM OF 4 HRS PROVIDER SHALL ONLY BILL FOR THE TIME REQUIRED

NOTE 6: OCCURRENCE TO INCLUDE DIRECT CARE, COSTS FOR REPORTS, PREPARATION, OR ANY OTHER NON-DIRECT CARE COSTS / ONE OCCURRENCE REPRESENT ONE VISIT UP TO A MAXIMUM OF 1 HRS/PROVIDER SHALL ONLY BILL FOR THE TIME REQUIRED
NOTE 7: OCCURRENCE TO INCLUDE DIRECT CARE, TRAVEL TIME, COSTS FOR REPORTS, PREPARATION, OR ANY OTHER NON-DIRECT CARE COSTS / ONE OCCURRENCE REPRESENT ONE VISIT UP TO A MAXIMUM OF 9 HRS / PROVIDER SHALL ONLY BILL FOR THE TIME REQUIRED
NOTE 8: OCCURRENCE TO INCLUDE COSTS FOR REPORTS, PREPARATION, DIRECT CARE, TRAVEL TIME OR ANY OTHER NON-DIRECT CARE COSTS / ONE OCCURRENCE REPRESENT ONE VISIT UP TO A MAXIMUM OF 3.5 HRS / PROVIDER SHALL ONLY BILL FOR THE TIME REQUIRED
NOTE 9: FOR AMENDMENTS AND ADDITIONAL JUSTIFICATION REQUESTED BY CFHS, ONE OCCURRENCE/REPORT, UP TO MAX 2 HRS/ PROVIDER SHALL ONLY BILL FOR THE TIME REQUIRED
NOTE 10: OCCURRENCE TO INCLUDE COSTS FOR REPORTS, TRAVEL TIME, PREPARATION, DIRECT CARE, OR ANY OTHER NON-DIRECT CARE COSTS / ONE OCCURRENCE REPRESENT ONE VISIT UP TO A MAXIMUM OF 7.5 HRS / PROVIDER SHALL ONLY BILL FOR THE TIME REQUIRED
NOTE 11: PROVIDER TO KEEP IN FILE: IN AND OUT TIME DATED AND SIGNED BY THE CLIENT AND TRAVEL TIME

**Providers shall charge the lesser of the rate charged by the provider to any patient paying cash for the same service/product or up to the maximum rate contained in the benefit grids.**

For details pertaining to fees and claims submission requirements, please refer to the Claims Submission Agreement and related supporting documentation found on the Medavie Blue Cross website at [www.medaviebc.ca](http://www.medaviebc.ca) and click on the Health Professionals link. On our website you will also find important information on how to:

- register to access our secure ePay provider portal by clicking on the Register or Update link;
- sign up for direct deposit; and
- view provider guides and benefit grids, download provider payment schedules and other important information.

Should you or your members have any questions, please contact Medavie Blue Cross at 1-888-261-4033.

Thank you for the ongoing care and service you provide to CAF Members.