



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

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 st , 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
<u>Important Note</u> 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 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.