

## IFHP Benefit Grid - Basic 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
<b>Per Diem</b>									
In-patient (up to 45 days)	0164IPU	5-Nov-14		Yes				\$668.70 / day	See NOTES 1, 2, 32 & 42
In-patient (over 45 days)	0164IPO	5-Nov-14		Yes				\$200.65 / day	See NOTES 1, 2, 32 & 42
In-patient Rehabilitation facility (up to 45 days)	0164IPRU	5-Nov-14		Yes				\$668.70 / day	See NOTES 1, 2, 28, 32 & 42
In-patient Rehabilitation facility (over 45 days)	0164IPRO	5-Nov-14		Yes				\$200.65 / day	See NOTES 1, 2, 28, 32 & 42
Inpatient for Only 1 Day - Under 8 Hours	0164IPDU	5-Nov-14		Yes				\$93.70	See NOTE 32 & 42 Must include admission and discharge times. Only Emergency room fee is payable.
Inpatient for Only 1 Day - Over 8 Hours	0164IPDO	5-Nov-14		Yes				\$334.35	See NOTE 32 & 42 Must include admission and discharge times. Half the per-diem will be reimbursed.
<b>Main Facility Fees</b>									
Emergency Room	0155ER	5-Nov-14		Yes				\$93.70 / day	See NOTE 3, 4, 5, 32 & 42 Exception to NOTE 3: CT and MRI secondary facility fees can be billed together with Emergency Room main facility fee.
Outpatient	0155OP	5-Nov-14		Yes				\$26.75 / day	See NOTE 3, 5, 32, 33 & 42
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	5-Nov-14		Yes				\$93.70 / day	See NOTE 3, 5, 32 & 42
Overnight Emergency Room Stay	0155OER	5-Nov-14		Yes				\$200.65 / day	See NOTES 3, 4, 5, 32 & 42 Exception to NOTE 3: CT and MRI secondary facility fees can be billed together with Overnight Emergency Room Stay main facility fee.
Urgent Care Centre Visits	0155UC	5-Nov-14		Yes				\$93.70 / day	See NOTE 3, 6, 32 & 42 Exception to NOTE 3: CT and MRI secondary facility fees can be billed together with Urgent Care Centre Visits main facility fee.

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<b>Secondary Facility Fees</b>									
Dialysis	0155D	5-Nov-14		Yes				\$200.65 / day	See NOTES 3, 32 & 42 Not payable together with per diem.
Chemotherapy (not including chemo drugs)	0155C	5-Nov-14		Yes				\$60.20 / day	See NOTES 3, 30, 32 & 42 Not payable together with per diem. For Chemo drugs please refer to benefit code 101729.
Out-patient Day Surgery	0155OPS	5-Nov-14		Yes				\$200.65 / day	See NOTES 3, 7, 8, 9, 21, 32 & 42
Blood Transfusion	0155BT	5-Nov-14		Yes				\$60.20 / day	See NOTES 3, 32 & 42 Not payable together with per diem.
Radiotherapy	0155RT	5-Nov-14		Yes				\$60.20 / day	See NOTES 3, 32 & 42 Not payable together with per diem.
CT Scans	0155CT	5-Nov-14						\$200.65 / service	See NOTES 3, 10, 11, 32 & 42 Exception to NOTE 3: CT secondary facility fees can be billed together with any of the following: Urgent Care Centre Visits, Overnight Emergency Room Stay, Emergency Room main facility fee.
MRI	0155MRI	5-Nov-14						\$200.65 / service	See NOTES 3, 11, 12, 32 & 42 Exception to NOTE 3: MRI secondary facility fee can be billed together with any of the following: Urgent Care Centre Visits, Overnight Emergency Room Stay, Emergency Room main facility fee.
Abortion	0155A	5-Nov-14						\$573.05 / day	See NOTES 3, 32 & 42 Not payable together with per diem
Lithotripsy	0155L	5-Nov-14		Yes				\$668.70 / day	See NOTES 3, 32 & 42 Not payable together with per diem.
Physiotherapy	0155P	5-Nov-14		Yes				\$26.75 / day	See NOTES 3, 32 & 42 Not payable together with per diem.
<b>Professional Fees &amp; Diagnostic and Therapeutic Procedures and Tests</b>									
Physician Services	see comment	5-Nov-14	Refer to the NOTES section for billing requirements	Yes	Yes				See NOTES 13, 14, 19, 20, 21, 22, 23, 24, 25, 32 & 42 Submit bill with provincial health codes. For a clinic visit - referral from a GP or NP is required.

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Other Home Care Services - Visit by a Nurse	0211CI	5-Nov-14		Yes				\$53.30 / hour	See Note 32 & 42
Community Nursing Services-Vaccination	0212CI	5-Nov-14		Yes				\$26.75 / visit	See note 32 & 42
Midwifery Services	103246	5-Nov-14						see comments	See NOTE 32 & 42 Fee per Province: (ON = \$3,075 / Full Course of Care) all other (provinces and territories = \$3,042 / Full Course of Care)
Transplants	see comment	5-Nov-14	Yes	Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Anaesthesia	see comment	5-Nov-14			Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
General Practice	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Cardiology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Clinical Immunology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Community Medicine	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Cardiovascular and Thoracic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Emergency Medicine	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
General Surgery	see comments	5-Nov-14		Yes	Yes				See NOTE 21, 32 & 42 Submit bill with provincial health codes.
General Thoracic Surgery	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Geriatrics	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Haematology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Immunology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Infectious Disease	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Internal Medicine	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Medical Oncology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Neurosurgery	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Nuclear Medicine	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.

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Oral / Maxillofacial Surgeon	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Paediatrics	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Respiratory Disease	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Rheumatology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Orthopaedic Surgery	see comments	5-Nov-14	Yes	Yes	Yes				See NOTE 24, 32 & 42 Submit bill with provincial health codes.
Plastic Surgery	see comments	5-Nov-14	Yes	Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Vascular Surgery	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Radiation Oncology	see comments	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Critical Care	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Dermatology	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Endocrinology & Metabolism	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Gastroenterology	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Gynaecology & Obstetrics	see comment	5-Nov-14		Yes	Yes				See NOTES 29, 32 & 42 Submit bill with provincial health codes.
Laboratory Medicine	see comment	5-Nov-14			Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Nephrology	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes. Prior approval is required for transplant procedures.
Neurology	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Ophthalmology	see comment	5-Nov-14		Yes	Yes				See NOTES 15, 32 & 42 Submit bill with provincial health codes.
Otolaryngology	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Psychiatry	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Urology	see comment	5-Nov-14		Yes	Yes				See NOTES 16, 32 & 42 Submit bill with provincial health codes.
Nerve Blocks	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Integrated Prenatal Screening Tests	420201	5-Nov-14						\$130.75 / day	See NOTES 31, 32 & 42

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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
Maternal Serum Screening Tests	420202	5-Nov-14						\$130.75 / day	See NOTES 31, 32 & 42
Injections or Infusions or oral administration of substances	101729	5-Nov-14	Yes	Yes	Yes				See NOTES 32, 41 & 42
Electrocardiography (ECG)	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Non-invasive Cardiology	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Echocardiography	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Dialysis	see comment	5-Nov-14		Yes					See NOTE 32 & 42 Submit bill with provincial health codes.
Sleep Studies	see comment	5-Nov-14	Yes	Yes	Yes				See NOTES 26, 32 & 42 Submit bill with provincial health codes.
Hyperbaric therapy	see comment	5-Nov-14		Yes	Yes				See NOTES 27, 32 & 42 Submit bill with provincial health codes.
Diagnostic Tests (Laboratory)	see comment	5-Nov-14			Yes				See NOTES 17, 32 & 42 Submit bill with provincial health codes. Prenatal tests do not require an ICD code.
Specialized Products for diagnostic tests (radiopharmaceuticals)	420210	5-Nov-14							See NOTES 32, 34 & 42
Diagnostic Tests (X Ray)	see comment	5-Nov-14			Yes				See NOTE 32 & 42 Submit bill with provincial health codes.
Diagnostic Tests (Ultrasound)	see comment	5-Nov-14			Yes				See NOTE 32 & 42 Submit bill with provincial health codes. Prenatal tests do not require an ICD code.
Hearing Tests	0235CI	01-Jun-10		Yes	Yes				Otolaryngologist specialists, submit bill with provincial / territorial health codes. See NOTE 43.
Molecular genetics, biochemistry genetics and cytology genetic tests	420203	5-Nov-14	Yes	Yes					See NOTES 32, 35 & 42
Nuclear Medicine in Vivo	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
Pulmonary Function Studies	see comment	5-Nov-14		Yes	Yes				See NOTE 32 & 42 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.

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Magnetic Resonance Imaging (MRI)	see comment	5-Nov-14			Yes				See NOTE 32 & 42 Submit bill with provincial health codes. For clinic visit - referral from a GP or NP is required.
<b>Transportation</b>									
Ambulance - Ground	0729E	5-Nov-14						\$350.00	See NOTES 39, 32 & 42
Medical Transportation	0729NE	5-Nov-14	Yes						See NOTES 40, 32 & 42
<b>Standard Immunization</b>									
Immunization - See Notes	249067	5-Nov-14	Yes					\$428/lifetime	See NOTE 32, 36, 37 & 42 Age Restriction: 0-17
Immunization- See Notes	249061	5-Nov-14	Yes					\$446/lifetime	See NOTE 37, 38 & 42 Age Restriction: 18 and older

**NOTES:**

- NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) PST, GST, HST; (4) telephones, etc., 5) Charges from a person who receives a remuneration from hospital.
- NOTE 2 - Facility Fee charges for the following services will be rejected if they occur during the time of the hospital stay: (1) X-rays, (2) Ultrasounds, (3) Pharmaceuticals (excluding chemo drugs), (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient and (11) Home Visits.
- NOTE 3 - Where a fee is claimed together with main or secondary facility fee on the same day, only the facility fee with the highest reimbursement rate can be claimed.
- NOTE 4 - The emergency room facility fee is an all-inclusive rate and includes payment for swabs, bandages, plaster casts, splints, medical supplies and drug packets.
- NOTE 5 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code.
- NOTE 6 - For professional fees, hospitals must indicate the appropriate provincial / territorial physician fee code(s), plus time units, where applicable.
- NOTE 7 - Type of surgery performed should be indicated on the claim form.
- NOTE 8 - Two visits on the same day are not allowed.
- NOTE 9 - Surgery for a cosmetic purpose is not covered.
- NOTE 10 - More than one CT Scan per patient, per day is payable if: 1) CT scans were for a different area of the body or 2) several CT scans were performed at different times during the day. Not payable together with per diem.
- NOTE 11 - Examined body/region must be specified on the claim.

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- NOTE 12 - More than one MRI per patient, per day is payable if: 1) MRI scans were for a different area of the body or 2) several MRI scans were performed at different times during the day. Not payable together with per diem.
- NOTE 13 - For professional fees, the appropriate provincial/territorial physician fee code(s), plus time units, (where applicable) must be indicated.
- NOTE 14 - For service performed in a hospital, the name of a referring practitioner is not required.
- NOTE 15 - Laser eye surgery is not covered.
- NOTE 16 - Reversal of sterilization procedures, male circumcision for non-medical reasons and treatment of impotence are not covered.
- NOTE 17 - Allergy tests for uncomplicated seasonal allergies or food allergies are not covered.
- NOTE 18 - Tattoo removal, treatment of uncomplicated acne vulgaris and treatment of warts are not covered.
- NOTE 19 - For a clinic visit, referral from a GP or NP is required. Services are available from the following physician Specialties: Anaesthesia, Cardiology, Clinical Immunology, Community Medicine, Cardiovascular & Thoracic Surgery, Dermatology, Endocrinology & Metabolism, Emergency Medicine, Gastroenterology, General Surgery, General Thoracic Surgery, Geriatrics, Haematology, Infectious Disease, Laboratory Medicine, Internal Medicine, Medical Oncology, Neurosurgery, Nuclear Medicine, Nephrology, Neurology, Gynaecology, Otolaryngology, Ophthalmology, Paediatrics, Psychiatry, Respiratory Disease, Rheumatology, Urology, Orthopaedic Surgery, Plastic Surgery, Vascular Surgery, Diagnostic Radiology, Radiation Oncology, Pediatric General Surgery, Allergy, Clinical Immunology and Allergy, Anatomic Pathology, Neonatology, Critical Care Medicine, Cardiac Surgery, Cardiathoracic Surgery, Forensic Medicine, Microbiology, Haematological Pathology, Medical Biochemistry, Neuropathology, Occupational Medicine, Physical Medicine and Rehabilitation, Paediatric Cardiology.
- NOTE 20 - Dermatology - treatment for cosmetic purposes is not covered.
- NOTE 21 - General Surgery - Surgery performed for cosmetic or religious purposes, elective surgery and transsexual surgery are not covered.
- NOTE 22 - Ophthalmology - referral is not required.
- NOTE 23 - Paediatrics - Referral is not required.
- NOTE 24 - Orthopaedic Surgery - Limited to acute care or where the timing of surgery will affect a child's development.
- NOTE 25 - Plastic Surgery - Surgery / treatments solely for the purpose of altering or restoring appearance, except for severe disfigurements / burns, are not covered.
- NOTE 26 - 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 27 - 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 28 - Transfers from hospitals to rehabilitation centres do not require prior approval. In all other cases, clients must have experienced a disabling physical illness or injury including but not limited to: Amputations, Spinal Cord Injuries, Strokes, Lung Disease, Multiple Sclerosis, Chronic Pain.
- NOTE 29 - Fertility diagnostic and therapeutic procedures and reversal of sterilisation procedures are not covered.
- NOTE 30 - When billing for Chemo drugs, please refer to the following benefit code 101729: Injections or Infusions or oral administration of substances.

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- NOTE 31 - Claims for Integrated Prenatal Screening Tests and Maternal Serum Screening Tests do not require a provincial / territorial health code or ICD code.
- NOTE 32 - Services provided to Canadian citizens, including newborns, are not covered.
- NOTE 33 - Outpatient fee 0155OP is not payable where the sole purpose for an outpatient visit is to administer laboratory test, diagnostic radiology or diagnostic ultrasound procedures and 0155OP submitted together with provincial fee(s) for above procedures which include a technical component.
- NOTE 34 - IFH will reimburse for the cost of radiopharmaceuticals (products) to hospitals/lab/imaging clinics:
- a) when product purchased/ordered in advance of a service and the client ceases to be eligible after the product is purchased/ordered but before the scheduled service date.
  - b) the product was purchased/ordered within a maximum of 2 weeks before the scheduled procedure, and the client was eligible on the date the product was purchased/ordered (submit the printout of the eligibility query screen with time stamp, copy of a dated order confirmation or receipt).
  - c) IFH will reimburse only for the cost of the product as per invoice amount. All other fees/services will not be reimbursed.
  - d) Note, in situations where the client is still covered under the same plan on the date of service, providers will be reimbursed as per respective P/T fee code and/or IFH main or secondary facility fee.
  - e) The following procedures are eligible:
- |  |  |
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| <ul style="list-style-type: none"> <li>Abdominal Scintigraphy</li> <li>Adrenal Scintigraphy</li> <li>Biliary Scintigraphy</li> <li>Bone marrow Scintigraphy</li> <li>Bone Scintigraphy</li> <li>Brain Scintigraphy</li> <li>Calcium absorption</li> <li>Calcium absorption/excretion</li> <li>Cardioangiography</li> <li>CSF Circulation</li> <li>Gallium Scintigraphy</li> <li>Gastrointestinal (protein/ blood loss, transit)</li> <li>Gastro-oesophageal reflux and absorption</li> <li>Leukocyte Scintigraphy</li> <li>Liver Scintigraphy</li> <li>Lymphangiogram</li> <li>Malabsorption test</li> </ul> | <ul style="list-style-type: none"> <li>Myocardial Perfusion Scintigraphy</li> <li>Myocardial Scintigraphy</li> <li>Myocardial Wall Motion</li> <li>Parathyroid Scintigraphy</li> <li>Perfusion lung Scintigraphy</li> <li>Positron Emission Tomography</li> <li>Renal Scintigraphy</li> <li>Salivary Gland Scintigraphy</li> <li>Scintimammography</li> <li>Shilling test</li> <li>Single-photon emission computed tomography (SPECT)</li> <li>Spleen Scintigraphy</li> <li>Testicular and Scrotal Scintigraphy</li> <li>Thyroid Scintigraphy</li> <li>Thyroid uptake and repeat</li> <li>Venography</li> <li>Ventilation Lung Scintigraphy</li> </ul> |
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- NOTE 35 - Providers must include on the claim a written diagnosis or ICD code that provides clinical information or diagnosis relating to a disease or symptom for which genetic testing is indicated.
- NOTE 36 - Include vaccines: (1) Varicella; (2) Hep B; (3) Hep A; (4) Meningococcal C; (5) Pneumococcal C-7; (6) T-Dap; (7) DTaP; (8) Td; (9) MMR; (10) IPV; (11) Hib ; (12) Influenza vaccine and (13) Combinations/Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).
- NOTE 37 - IFHP will cover immunizations as per NACI guidelines for immunization of persons with inadequate/without immunization records or risk factors. Can be claimed together with: (1) provincial physician fee codes for vaccination; OR (2) injections fee; OR (3) IFHP Nursing Services - Vaccination code. Once max dollar amount is reached, (whether reached during the initial or subsequent service), only professional fees are payable (nursing visits or physician fees).
- NOTE 38 - Include vaccines: (1) Varicella; (2) Meningococcal C; (3) Pneumococcal C-23; (4) T-dap; (5) Td; (6) MMR; (7) Hep B; (8) Hep A; (9) Influenza vaccine and (10) Combinations/Other. Claims must include rationale for immunization (i.e. no record, inadequate immunization record, unclear history of prior immunization or risk factors).
- NOTE 39 - IFHP follows the provincial / territorial fee guidelines. Where no provincial / territorial fee guidelines exist, IFHP will pay up to a maximum \$350 for ground ambulance transportation.
- NOTE 40 - Coverage is limited to circumstances where a health-care professional is required to escort the patient due to the severity of the patient's condition. Physician or Nurse Practitioner recommendation is required. The IFHP will reimburse for medical transportation for the patient and the medical escort (where applicable).



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- NOTE 41 - Payable only if billed together with 0155C, 0164IPU, 0164IPO. Submit bill with DIN number or drug name. Chemo drugs must be approved by Health Canada and supported by provincial / territorial Cancer Care Centre's clinical guidelines. For provinces without definitive cancer drug formularies, IFHP will reimburse for the cost of drugs included in the BC Cancer Agency formulary or the Cancer Care Ontario drug formulary.
- NOTE 42 - Services and Products must be provided in Canada.
- NOTE 43 - Audiologists and Speech Language Pathologists: will be reimbursed usual/ customary charges up to \$74.20 per test.