



Ontario Temporary Health Program (OTHP) Benefit Grid - Health Care Coverage

Ministry of Health and Long-term Care

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Freq Limit	Maximum Dollar Amount	Comments
Per Diem									
In-patient (up to 45 days)	0164IPU	1-Dec-13		Yes				\$668.70 / day	See NOTES 1, 2, 20 & 21
In-patient (over 45 days)	0164IPO	1-Dec-13		Yes				\$200.65 / day	See NOTES 1, 2, 20 & 21
In-patient for Only 1 Day - Under 8 Hours	0164IPDU	1-Dec-13		Yes				\$93.70 / day	See NOTES 1, 2, 20 & 21 Must include admission and discharge times. Only Emergency Room fee is payable.
In-patient for Only 1 Day - Over 8 Hours	0164IPDO	1-Dec-13		Yes				\$334.35 / day	See NOTES 1, 2, 20 & 21 Must include admission and discharge times. Half the per-diem will be reimbursed.
Main Facility fees									
Emergency Room	0155ER	1-Dec-13		Yes				\$93.70 / day	See NOTES 3, 4, 5 & 21. Only emergency room fee is payable. Exception to note 5: CT and MRI can be billed together with Emergency Room fee.
Outpatient	0155OP	1-Dec-13		Yes				\$26.75 / day	See NOTES 5, 20, 21 & 22
Outpatient - Patient in a bed (kept for observation under 24 hours)	0155OPB	1-Dec-13		Yes				\$93.70 / day	See NOTES 3, 4, 5, 20 & 21
Overnight Emergency Room Stay	0155OER	1-Dec-13		Yes				\$200.65 / day	See NOTES 3, 4, 5 & 21 Exception to NOTE 5: CT and MRI can be billed together with Overnight Emergency Room Stay.
Urgent Care Centre Visits	0155UC	1-Dec-13		Yes				\$93.70 / day	See NOTES 5, 6 & 21 Exception to NOTE 5: CT and MRI can be billed together with Urgent Care Centre Visits.
Secondary Facility fees									
Dialysis	0155D	1-Dec-13		Yes				\$200.65 / day	See NOTES 5 & 21. Not payable together with per diem.
Chemotherapy (excluding the cost of chemo drugs)	0155C	1-Dec-13		Yes				\$60.20 / day	See NOTES 5 & 21. Not payable together with per diem. OTHP does not cover chemo drugs.
Out-patient day surgery	0155OPS	1-Dec-13	Yes	Yes				\$200.65 / day	See NOTES 5, 7, 8 & 21. Not payable together with per diem.
Blood Transfusion	0155BT	1-Dec-13		Yes				\$60.20 / day	See NOTES 5 & 21. Not payable together with per diem.
Radiotherapy	0155RT	1-Dec-13		Yes				\$60.20 / day	See NOTES 5 & 21. Not payable together with per diem.
CT Scans	0155CT	1-Dec-13						\$200.65 / service	See NOTES 5, 9, 10 & 21. Exception to NOTE 5: CT scans can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay.



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MRI	0155MRI	1-Dec-13						\$200.65 / service	See NOTES 5, 10, 11 & 21. Exception to NOTE 5: MRI scans can be billed together with Urgent Care Centre Visits, Emergency Room Visits or Overnight Emergency Room stay.
Abortion	0155A	1-Dec-13						\$573.05 / day	See NOTES 5 & 21. Not payable together with per diem.
Lithotripsy	0155L	1-Dec-13		Yes				\$668.70 / day	See NOTES 5 & 21. Not payable together with per diem.
Professional Fees									
Community Nursing Services	0211CI	1-Dec-13		Yes			40 / CM	\$53.30 / hour and \$2,132.00 / CM	See NOTE 21 Not payable with per diem. OTHP will pay as per invoice up to a maximum of \$53.30 / hour when the visit is for Community Nursing services, for acute care clients. Requires a physician's order as part of hospital discharge. OTHP covers prenatal care, obstetrical care and post-partum care up to 28 days after delivery, for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
General Practice	see comments	1-Dec-13		Yes	Yes				See NOTES 12 & 21 OTHP covers prenatal care, obstetrical care and post-partum care up to 28 days after delivery, for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Anaesthesia	see comments	1-Dec-13	see comments		Yes				See NOTES 6, 13, 20 & 21
Cardiology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Clinical Immunology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Community Medicine	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Cardiovascular and Thoracic Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Dermatology	see comments	1-Dec-13	Yes	Yes	Yes				See NOTES 6, 14 & 21 OTHP does not cover treatment for cosmetic purposes, tattoo removal, treatment of warts and uncomplicated acne vulgaris.
Endocrinology & Metabolism	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Emergency Medicine	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21



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Gastroenterology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
General Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21 OTHP does not cover elective surgery, or surgical procedures performed for cosmetic or religious purposes.
General Thoracic Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Geriatrics	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Haematology	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Immunology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Infectious Disease	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Laboratory Medicine	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Internal Medicine	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Medical Oncology	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Neurosurgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Nuclear Medicine	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Nephrology	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Neurology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Gynecology / Obstetrics	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 15, 20 & 21 OTHP covers prenatal care, obstetrical care and post-partum care up to 28 days after delivery, for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Oral / Maxillofacial Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 20 & 21 Coverage is limited to treatment provided in a hospital.
Otolaryngology	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Ophthalmology	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21



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Pediatrics	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 13 & 21 OTHP covers prenatal care, obstetrical care and post-partum care up to 28 days after delivery, for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Psychiatry	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Respiratory Disease	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Rheumatology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Urology	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 17, 20 & 21
Orthopaedic Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21 Limited to acute care.
Plastic Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21 Surgery for cosmetic purposes is not covered.
Vascular Surgery	see comments	1-Dec-13	see comments	Yes	Yes				See NOTES 6, 14, 20 & 21
Radiation Oncology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Diagnostic Radiology	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Physical Medicine	see comments	1-Dec-13		Yes	Yes				See NOTES 6, 14 & 21
Diagnostic and Therapeutic Procedures and Tests									
Diagnostic Tests (Laboratory)	see comments	1-Dec-13			Yes				See NOTES 6 & 21 OTHP covers prenatal care, obstetrical care and post-partum care up to 28 days after delivery, for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.
Specialized Products for diagnostic tests (radiopharmaceuticals)	420210	1-Dec-13							See NOTES 6, 21 & 23
Diagnostic Tests (Radiology)	see comments	1-Dec-13			Yes				See NOTES 6 & 21
Diagnostic Tests (Ultrasound)	see comments	1-Dec-13			Yes				See NOTES 6 & 21 OTHP covers prenatal care, obstetrical care and post-partum care up to 28 days after delivery, for the following specialties: General Practice, Gynecology / Obstetrics, Pediatricians and Community Nursing Services.



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Integrated Prenatal Screening Tests	420201	1-Dec-13						\$130.75 / day	See NOTE 21
Maternal Serum Screening Tests	420202	1-Dec-13						\$130.75 / day	See NOTE 21
Transportation									
Ambulance - Ground	0729E	1-Dec-13						\$350.00	See NOTES 18, 19 & 21
Ambulance - Air	0729A	1-Dec-13	Yes	Yes					See NOTES 19 & 21. Actual cost allowed.

NOTES:

- NOTE 1 - Hospital charges not covered: (1) The day of discharge from hospital; (2) Television; (3) HST; (4) Telephones, etc.; (5) Charges from a person who received remuneration from the 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, (4) Lab Work, (5) MRI's, (6) CT Scans, (7) Dialysis, (8) Surgical Daycare, (9) Emergency, (10) Outpatient; and (11) Nurse Visits.
- NOTE 3 - The Emergency Room Facility Fee is an all inclusive rate and includes payment for: (1) Swabs; (2) Bandages; (3) Plaster casts; (4) Splints; (5) Medical supplies; and (6) Drug packets.
- NOTE 4 - Charges for follow-up visits and accompanying services, must be billed under the appropriate facility fee code.
- NOTE 5 - When fee is claimed together with a main or secondary facility fee on the same day, only the facility fee for the service with the highest reimbursement rate can be claimed.
- NOTE 6 - For professional fees, hospitals / practitioners must indicate the appropriate physician fee code(s), from the OHIP Schedule of Benefits, plus time units, where applicable. Reimbursement will reflect the rates stipulated by the current OHIP Schedule of Benefits.
- NOTE 7 - Type of surgery performed should be indicated on the claim form.
- NOTE 8 - The following services are not covered: (1) Two visits on the same day; (2) Surgery for cosmetic purposes; (3) Elective surgery.
- NOTE 9 - 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 10 - Examined body / region must be specified on the claim.
- NOTE 11 - 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 12 - For professional fees, the appropriate provincial physician fee code(s), plus units of time, (where applicable) must be indicated. Services not covered: (1) Periodic oculo-visual assessments for all age groups; (2) Annual health examinations; (3) Genetic assessments; (4) Smoking cessation.
- NOTE 13 - For service performed in a hospital, the name of the referring practitioner is not required.



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NOTE 14 - For service performed in a hospital, the name of the referring practitioner is not required. For clinic visits - referral from a GP or NP is required.

NOTE 15 - The following services are not covered: (1) Tubal occlusion / interruption / removal by any method or approach for the purpose of sterilization; (2) Fertility diagnostic and treatment procedures and (3) Elective procedures.

NOTE 16 - Services not covered: (1) Periodic oculo-visual assessment for all age groups; (2) Services for the purpose of prescription of eye glasses; (3) Pterigium surgery with or without graft for all age groups; (4) Refractive surgery.

NOTE 17 - The following services are not covered: (1) Circumcision performed for ritual, cultural, religions or cosmetic reasons, at any age; (2) Circumcision for neonatal phimosis; (3) Vasectomy for sterilization purposes; (4) Vasectomy reversal; (5) Fertility diagnostic and treatment procedures.

NOTE 18 - OTHP follows the provincial fee guidelines. Where no provincial fee guidelines exist, OTHP will pay up to a maximum \$350 for ground ambulance transportation.

NOTE 19 - Ground or air conveyance, used or intended to be used for a person who:

- (a) injured in a traffic or industrial accident or otherwise have suffered an illness that poses an immediate threat to a person's life, limb or a function;
- (b) transported to a health facility or between two health facilities, as arranged by an attending physician or health care provider designated by a physician.

NOTE 20 - Solid organ and tissue transplant procedures (single and multiple) e.g. lung, heart, kidney, liver, pancreas, skin, bone and bone marrow transplants and transplant adjunctive services can only be considered on exceptional approval from the OTHP. Note that under Health Care Coverage, OTHP does not cover medications and products unless they are required to prevent, diagnose and treat diseases posing a risk to public health or conditions of public safety concern and included in the IFHP Public Health and Public Safety Drug Benefit List. Chemo drugs, immunosuppressants, anti-infective medications, medical supplies etc., for treatment of cancer or transplant patients are not covered under Health Care Coverage. Contact Medavie Blue Cross prior to transplant procedures.

NOTE 21 - Services provided to Ontario residents with OHIP coverage are not covered.

NOTE 22 - Out-patient fee 0155OP is not payable when the sole purpose for an out-patient visit is to administer laboratory tests, diagnostic radiology or diagnostic ultrasound procedures.

NOTE 23 - OTHP 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) OTHP 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 OTHP main or secondary facility fee.
- e) The following procedures are eligible:

Venography	Abdominal Scintigraphy	Brain Scintigraphy
Cardioangiography	Calcium absorption/excretion	Perfusion lung Scintigraphy
Myocardial Perfusion Scintigraphy	Gastro-oesophageal reflux and absorption	Ventilation Lung Scintigraphy
Myocardial Scintigraphy	Abdominal Scintigraphy	Lymphangiogram



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Myocardial Wall Motion									Scintimammography
Adrenal Scintigraphy									Testicular and Scrotal Scintigraphy
Thyroid Scintigraphy									Leukocyte Scintigraphy
Thyroid uptake and repeat									Positron Emission Tomography
Parathyroid Scintigraphy									Single-photon emission computed tomography (SPECT)
Shilling test									
Malabsorption test									
Gastrointestinal (protein/ blood loss, transit)									
Calcium absorption									
									Biliary Scintigraphy
									Salivary Gland Scintigraphy
									Liver Scintigraphy
									Spleen Scintigraphy
									Renal
									Bone marrow Scintigraphy
									Bone Scintigraphy
									Gallium Scintigraphy
									CSF Circulation