



## Interim Federal Health (IFH) Program Reimbursement Rates<sup>1</sup>

\*\* effective September 1, 2008 \*\*

Hospital Facility Fees		
Service Description	Code	Fee
Emergency Room – Facility Fee	99500	\$93.70
<b>**new fee**</b> Overnight Emergency Room – Facility Fee	105	\$200.65
Out-patient – Facility Fee	99501	\$26.75
<b>**new fee**</b> Out-patient in a Bed – Facility Fee	104	\$93.70
In-patient Per Diem (up to 45 days) – Facility Fee	99650	\$668.70
In-patient Per Diem (over 45 days) – Facility Fee	99651	\$200.65
<b>**new fee**</b> In-patient Newborn Per Diem (up to 45 days) – Facility Fee	94	\$225.45
<b>**new fee**</b> In-patient Newborn Per Diem (over 45 days) – Facility Fee	95	\$200.65
<b>**new fee**</b> In-patient Rehabilitation Per Diem (up to 45 days) – Facility Fee	96	\$668.70
<b>**new fee**</b> In-patient Rehabilitation Per Diem (over 45 days) – Facility Fee	97	\$200.65
Lithotripsy – Facility Fee	30	\$668.70
Surgical Daycare – Facility Fee	31	\$200.65
Dialysis – Facility Fee	36	\$200.65
Chemotherapy - Facility Fee	38	\$60.20
Blood Transfusion - Facility Fee	39	\$60.20
Radiotherapy - Facility Fee	40	\$60.20
CT Scan - Facility Fee	41	\$200.65
Abortion (All Provinces) – Facility Fee	44	\$573.05
Physiotherapy – Facility Fee	62	\$26.75
Occupational Therapy – Facility Fee	98	\$26.75
MRI – Magnetic Resonance Imaging – Facility Fee	554	\$200.65

<sup>1</sup> IFH reimburses health care providers according to provincially-set rates for medical treatment, diagnostic services, pharmaceuticals and other health care services for which the applicable province has published rates for its residents. In the absence of provincial rates, Citizenship and Immigration Canada has established the rates contained on this schedule. These rates are to be used for IFH purposes only.



<b>Community-Based Services (Require Prior Approval)</b>		
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Service Description	Code	Fee
Hearing Aids	550	\$585.40
Home Care Visits	80	\$24.25
Private Duty Nursing	575	\$53.50
Nursing Home (monthly)	614	\$1736.45
Translator	43	\$28.95

<b>Vision Care Services</b>		
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Service Description	Code	Fee
Single Vision (Frame & Lenses)	22	\$123.70
Single Vision with Astigmatism (Frame & Lenses)	88	\$130.40
Regular Bifocals (Frame & Lenses)	89	\$170.45
Bifocals with Astigmatism (Frame & Lenses)	91	\$183.85
Eye Exam	240	\$54.60
Partial Eye Exam	106	\$33.30
Visual Field Testing	103	\$54.60

<b>Immigration Medical Exam Services (for Designated Medical Practitioners only)</b>		
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Service Description	Code	Fee
Immigration Medical Exam (IME)	70	\$115.00
“OPM” Immigration Medical Exam (IME)	84	\$115.00
2nd Immigration Medical Exam (IME) for Convention Refugees	101	\$115.00
Venipuncture - Immigration Medical Exam	67	\$9.60
VDRL - Immigration Medical Exam	68	\$15.75
Chest X-ray – Immigration Medical Exam	71	\$42.10
Urinalysis - Immigration Medical Exam	72	\$2.90
HIV Laboratory Testing	63	\$21.00
Post-Test Counselling for HIV	65	\$119.95