

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	COMMENT
	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B			PREAUTH.	
(OSI) ADDICTIONS ASSESSMENT	240420	01-08-2015								
(OSI) ADDICTIONS TREATMENT	240445	01-08-2015								
(OSI) MENTAL HEALTH NURSE ASSESSMENT	240050	01-08-2015								
(OSI) MENTAL HEALTH NURSE TREATMENT	240457	01-08-2015								
(OSI) MENTAL HEALTH NURSE TREATMENT (INDIVIDUAL)	240455	01-08-2015			YES				Y	
(OSI) PHARMACOTHERAPY (PSYCHIATRIST) TREATMENT	240470	01-08-2015			YES				Y	
(OSI) PHYSIOTHERAPY TREATMENT (GROUP)	240335	01-08-2015						\$140.00/HR		
(OSI) PHYSIOTHERAPY TREATMENT (INDIVIDUAL)	240330	01-08-2015						\$111.00/HR		
(OSI) PSYCHIATRIC NURSING INTAKE	240400	01-08-2015			YES				Y	

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
(OSI) PSYCHIATRIST ASSESMENT (INDIVIDUAL)	240405	01-08-2015			YES			Y	
(OSI) PSYCHIATRIST TREATMENT (GROUP)	240392	01-08-2015							
(OSI) PSYCHIATRIST TREATMENT (INDIVIDUAL)	240390	01-08-2015							
(OSI) PSYCHO-EDUCATION PROGRAM ASSESSMENT (GROUP)	240430	01-08-2015							
(OSI) PSYCHOLOGIST ASSESMENT (INDIVIDUAL)	240410	01-08-2015			YES			Y	
(OSI) PSYCHOTHERAPIST TREATMENT (GROUP)	240460	01-08-2015			YES			Y	
(OSI) PSYCHOTHERAPIST TREATMENT (INDIVIDUAL)	240465	01-08-2015			YES			Y	
(OSI) SOCIAL WORKER (FAMILY)	240415	01-08-2015			YES			Y	
(OSI) SOCIAL WORKER (GROUP)	240452	01-08-2015							

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
(OSI) SOCIAL WORKER ASSESSMENT (INDIVIDUAL)	240052	01-08-2015							
(OSI) SOCIAL WORKER TREATMENT (INDIVIDUAL)	240450	01-08-2015			YES			Y	
ADDICTION COUNSELLING (OUTPATIENT)	240100	01-08-2015	MD		YES	10/12 CM		Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
CFHS REQUESTED OT REPORTS	240163	01-08-2015			YES		\$120.00 PER HOUR	Y	FOR AMENDMENTS AND ADDITIONAL JUSTIFICATION
CHIROPODIST - VISIT	249012	01-08-2015	MD,NP,PT,PA		YES	5/CY	\$60.00	Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
CHIROPRACTIC TELEHEALTH FOLLOW UP	240172	20-04-2020	MD,NP,OT,PA PT,RN		YES	2/CY	\$70/HR	Y	
CHIROPRACTIC ASSESSMENT	240200	01-08-2015	MD,NP,PT,PA		YES		\$100.00	Y	THE COST OF THIS SERVICE MUST INCLUDE THE REPORT
CHIROPRACTOR - VISIT	240214	01-08-2015	MD,NP,PT,PA		YES	10/CY	\$70.00	Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
FUNCTIONAL CAPACITY EVALUATION	240150	01-08-2015	MD,PH		YES			Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
					GROUP A	GROUP B				
HEALTH PROMOTION - WEIGHT CONTROL AND REDUCTION	240106	04-01-2000			YES					
HOME CARE - ACCESS TO NUTRITION	240505	01-09-2020	NP, PA, RN, MD		YES		\$10/MEAL	Y	SCC EXCEPTIONAL APPROVAL REQUIRED BY DMEDPOL/NATIONAL HOME CARE MGR	
HOME CARE - MD FAMILY/SPECIALIST VISIT	240158	01-08-2015	MD		YES			Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS	
HOME CARE - NEEDS ASSESSMENT BY OT	240156	01-08-2015	MD, NP, OT, PA		YES			Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS	
HOME CARE - NURSE PRACTITIONER VISIT	240159	01-08-2015	MD, NP, PA		YES			Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS	
HOME CARE - OCCUPATIONAL THERAPIST VISIT	240110	01-08-2015	MD, NP, PT, OT PA		YES		10/12 CM	Y	THIS SERVICE MUST INCLUDE REPORTS AFTER EVERY VISIT AND ON DISCHARGE	
HOME CARE - OCCUPATIONAL THERAPY ASSESSMENT	240151	01-08-2015	MD, NP, PA		YES			Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT	
HOME CARE - PHARMACIST VISIT	240160	01-08-2015	MD, NP, PA		YES			Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS	
HOME CARE - PHYSIOTHERAPIST VISIT	240111	01-08-2015	MD, NP, PT		YES			Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS	

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	COMMENT
	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B			PREAUTH.	
HOME CARE - PSYCHOLOGY	240161	01-08-2015	MD		YES		10/12 CM		Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
HOME CARE - RESPIRATORY MEDICINE	240162	01-08-2015	MD		YES				Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
HOME CARE - SOCIAL WORKER VISIT	240112	01-08-2015	MD,NP,PA				10/12 CM			THIS SERVICE MUST INCLUDE REPORTS AFTER EVERY VISIT AND ON DISCHARGE
HOME CARE - SPEECH LANGUAGE PATHOLOGIST - ASSESSMENT	240152	01-08-2015	MD,NP,PA		YES				Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT
HOME CARE - SPEECH LANGUAGE PATHOLOGIST - VISIT	240113	01-08-2015	MD,NP,PA		YES		10/12 CM		Y	THIS SERVICE MUST INCLUDE REPORTS AFTER EVERY VISIT AND ON DISCHARGE
MASSAGE THERAPY - VISIT	249432	01-08-2015	MD		YES		15/CY	\$80.00	Y	APPROVAL REQUIRED BY D MED POL.MUST INCLUDE ASSESS&DISCHARGE REPORTS
NUTRITIONIST VISIT	240109	01-08-2015	MD,NP,PA							PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
OCCUPATIONAL THERAPIST VIRTUAL (CARE/TREATMENT) FOLLOW UP	240171	01-08-2020	MD,PH,PT		YES		4/CY	\$120.00/HR	Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT - SEE NOTE 2
OCCUPATIONAL THERAPIST - HOME MODIFICATIONS/ADAPTATION ASSESSMENT	240153	01-08-2015	MD,PH		YES		1/LT		Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	COMMENT
	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B			PREAUTH.	
OCCUPATIONAL THERAPIST - VEHICLE MODIFICATIONS/ADAPTATION ASSESSMENT	240154	01-08-2015	MD,PH		YES				Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT
OSI OT ASSESSMENT - INDIVIDUAL	240255	01-04-2019						\$114.00/HR		
OSI OT VISIT - GROUP	240265	01-04-2019						\$14.00/HR		
OSI OT VISIT - INDIVIDUAL	240260	01-04-2019						\$114.00/HR		
OSTEOPATH TELEHEALTH FOLLOW UP	240173	20-04-2020	MD,NP,OT,PA PT,RN		YES		2/CY	\$80/HR	Y	THIS SERV. MUST INCLUDE AN ASSESSMENT REPORT AND A DISCHARGE SUMMARY
OSTEOPATH - VISIT	241907	01-08-2015	MD,NP,PT,PA		YES		10/CY	\$80.00/HR	Y	THIS SERV. MUST INCLUDE AN ASSESSMENT REPORT AND A DISCHARGE SUMMARY
OTHER RELATED HEALTH CARE SERVICE	344500	01-08-2015	MD,NP,PA		YES				Y	
PHYSIOTHERAPIST TELEHEALTH FOLLOW UP	240170	20-04-2020	MD,NP,OT,PA PT,RN		YES		4/CY	\$75/HR	Y	
PHYSIOTHERAPIST - VISIT	244987	01-08-2015	MD,NP,PT,PA		YES		10/CY	\$75.00/HR	Y	THIS SERVICE MUST INCLUDE REPORTS EVERY 10 VISITS AND ON DISCHARGE

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	COMMENT
	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B			PREAUTH.	
PHYSIOTHERAPY - ASSESSMENT	240116	01-08-2015	MD, NP, PT, PA		YES			\$100.00	Y	THE COST OF THIS SERVICE MUST INCLUDE THE REPORT
PHYSIOTHERAPY- PELVIC FLOOR	240340	01-05-2019	MD, NP, PH, PA PT		YES		10/1 CY		Y	
PODIATRIST/CHIROPODIST - SUBSEQUENT VISIT	247990	01-08-2015	MD, NP, PT, PA		YES		5/CY	\$70.00	Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
PROVINCIAL SALES TAX (PST)	0PST	01-01-2011								
PSYCHOLOGIST - INDIVIDUAL VISIT	249040	01-08-2015	MD		YES		10/12 CM		Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
PSYCHOLOGIST - MARITAL OR FAMILY VISIT	249053	01-08-2015	MD		YES		10/12 CM		Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
PSYCHOLOGIST - OTHER	249042	01-08-2015	MD		YES		10/12 CM		Y	
PSYCHOLOGIST - REPORT	249051	01-08-2015								SEE NOTE 1
PSYCHOLOGIST ASSESSMENT	249059	01-08-2015					15 HRS/CY	\$225/HR		

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
REGISTERED DIETICIAN HOME CARE	240157	01-04-2019	MD,NP,PA		YES			Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
REGISTERED DIETICIAN SERVICES (PRIVATE CLINIC)	240500	01-04-2019	MD,NP,PA		YES				
SOCIAL WORK - INDIVIDUAL VISIT	240124	01-08-2015	MD		YES	10/12 CM		Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
SOCIAL WORK - MARITAL OR FAMILY VISIT	240130	01-08-2015	MD		YES	10/12 CM		Y	PROVIDER NOTE: VERIFY PROVIDER PKG FOR REPORT REQUIREMENTS
SOCIAL WORKER - REPORT	240127	01-07-2007							
SPEECH LANGUAGE PATHOLOGIST - ASSESSMENT	240155	01-08-2015	MD,NP,PA		YES			Y	THE COST OF THESE ITEMS MUST INCLUDE THE REPORT
SPEECH LANGUAGE PATHOLOGIST - REPORT	249019	01-04-2019							
SPEECH LANGUAGE PATHOLOGIST - VISIT	249020	01-08-2015	MD,NP,PA		YES			Y	MUST INCLUDE ASSESSMENT REPORT AND PROGRESS REPORTS AFTER EVERY VISIT
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010							

PRINT DATE: JANUARY 07, 2021

PROVINCE: SK
PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	COMMENT
	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B			PREAUTH.	
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0TPS	04-01-2000								
TELEMENTAL HEALTH	249052	01-08-2015	MD				10/12 CM			

PROVINCE: SK

PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

- GENERAL NOTES

- SPECIAL NOTES

- SPECIAL NOTE 1: 249051 - FREQUENCY LIMITED TO 5 REPORTS PER CY, MAX 1HR PER REPORT, 1 REPORT DUE AFTER EVERY 10 SESSIONS AND ON DISCHARGE

- SPECIAL NOTE 2: IN-PERSON HOME VISITS (240110#) IS TO BE USED FOR HOME MODIFICATIONS, RE-EVALUATIONS/PROGRESS AND DISCHARGE REPORTS ARE REQUIRED WITH VISIT