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PROVINCE: NS

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				
ACUPUNCTURIST - INITIAL VISIT	344503	01-06-2024	MD, NP		MAC		1 VISIT/CY	\$100.00		
ACUPUNCTURIST - REPORT	249511	01-06-2024			MAC	MAC	2/1 CY	\$45.00/HR	Y	
ACUPUNCTURIST - SUBSEQUENT VISIT	344501	01-06-2024	MD, NP		MAC		15 VISITS/CY	\$90.00		
CHIROPRACTOR - INITIAL VISIT	240205	01-11-2023			MAC		1 VISIT/CY	\$125.00		
CHIROPRACTOR - INITIAL VISIT (ACUPUNCTURE)	240210	01-11-2023			MAC		1 VISIT/CY	\$125.00		CHIROPRACTORS MAY USE ACUPUNCTURE IN ALL PROVINCES EXCEPT BC AND QC
CHIROPRACTOR - REPORT	240225	01-11-2023			MAC	MAC	2/1 CY	\$40.00/HR	Y	
CHIROPRACTOR - SUBSEQUENT VISIT	240214	01-11-2023			MAC		20 VISITS/CY	\$80.00		
CHIROPRACTOR - SUBSEQUENT VISIT (ACUPUNCTURE)	240216	01-11-2023			MAC		15 VISITS/CY	\$80.00		CHIROPRACTORS MAY USE ACUPUNCTURE IN ALL PROVINCES EXCEPT BC AND QC
CHIROPRACTOR - X-RAY	240217	01-01-1997			MAC					

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CLINICAL CARE MANAGER - TRAVEL TIME	249441	01-12-2019			DO	DO			Y	ONE OCCURRENCE = 0.5 HOURS.SEE NOTE 10
COUNSELLING THERAPIST - COUPLE/FAMILY COUNSELLING	244971	01-04-2024			MAC	MAC	25/CY	160.00\$		SEE NOTE 4
COUNSELLING THERAPIST - GROUP THERAPY FOR CLIENT	244973	01-04-2024			MAC	MAC	25/CY	\$80.00		SEE NOTE 6
COUNSELLING THERAPIST - IN PERSON INDIVIDUAL VISIT	244972	01-04-2024			MAC	MAC	25/CY	\$160.00/HOUR		SEE NOTE 6 & 22
COUNSELLING THERAPIST - REPORT	244970	01-04-2024			MAC	MAC	10 HOURS/CY	\$160.00	Y	
COUNSELLING THERAPIST - SPOUSE/DEPENDANT VISIT	244974	01-04-2024			MAC	MAC	25/12CM	\$160.00	Y	SEE NOTES 3 AND 5
COUNSELLING THERAPIST - VIRTUAL INDIVIDUAL VISIT	244969	01-04-2024			MAC	MAC	25/CY	\$160.00/HOUR		SEE NOTE 6 & 22
COUNSELLING THERAPIST-ASSESSMENT	244975	01-04-2024			MAC	MAC	15 HRS/1 CY	\$160.00	Y	
DIETITIAN - REPORT	240081	01-05-2023			MAC	MAC		\$60.00/HR	Y	

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					GROUP A	GROUP B				
DIETITIAN - VISIT	240080	01-05-2023	MD, NP		MAC	MAC		\$120.00/HR		
HEALTH PROFESSIONAL -NEUROFEEDBACK/BIOFEEDBACK	249015	10-03-2021			MAC	MAC	25/CY		Y	SEE NOTE 13,19
MASSAGE THERAPIST - REPORT	249436	01-01-2023			MAC	MAC	2 / CY	\$55.00/HR	Y	
MASSAGE THERAPIST - VISIT	249432	01-04-2024			MAC		15 / CY	\$110.00/HR		
NATUROPATH CONSULTATIONS AND ASSESSMENTS	240490	01-07-2023						\$400.00/CY		SEE NOTE 21
NURSE - CLINICAL CARE MANAGER	244982	01-10-2018			DO	DO	90/1 CY	50.00 /HALF HOUR	Y	
OCCUPATIONAL THERAPIST - CLINICAL CARE MANAGER	249440	01-04-2024			DO	DO	90 OCC / CY	\$63.00/HALF HOUR	Y	
OSTEOPATH - VISIT	241907	01-11-2023	MD, NP		MAC		20/CY	\$120.00		
OSTEOPATH REPORT	241800	01-11-2023			MAC	MAC	2/1 CY	\$60.00	Y	

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PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

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					GROUP A	GROUP B				
OT ASSESSMENT - VAC REQUESTED	249030	01-04-2024			DO, VSA	DO, VSA		\$63.00/HALF HOUR	Y	SEE NOTE 12, 13, 14, 15, 16
OT ASSESSMENT-HOME ADAPTATIONS - VAC REQUESTED	249455	01-04-2024			DO, VSA	DO, VSA		\$63.00/HALF HOUR	Y	SEE NOTE 12, 13, 15
OT TRAVEL TIME	249445	01-04-2024			MAC, VSA	MAC, VSA		\$63.00/HALF HOUR	Y	SEE NOTE 9, 10, 11, 13, 17
OT TREATMENT - VAC REQUESTED	249450	01-04-2024			DO, VSA	DO, VSA		\$63.00/HALF HOUR	Y	SEE NOTE 13
OT VISIT - PROVIDER REQUESTED	249031	01-07-2024			MAC	MAC	12/CY	\$63.00/HALF HOUR	Y	SEE NOTE 13 AND 18
OTHER RELATED HEALTH CARE SERVICE	344500	01-08-2015	MD, NP		MAC	MAC			Y	SEE NOTES 2, 4, 5
PHYSIOTHERAPIST - INITIAL VISIT	244960	01-04-2023			MAC		1 VISIT/CY	\$110.00		
PHYSIOTHERAPIST - INITIAL VISIT (ACUPUNCTURE)	244965	01-04-2023			MAC		1 VISIT/CY	\$110.00		PHYSIOTHERAPISTS MAY USE ACUPUNCTURE IN ALL PROVINCES EXCEPT QUEBEC.
PHYSIOTHERAPIST - REPORT	244694	01-04-2023			MAC	MAC	2/1 CY	\$43.00/HR	Y	

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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
PHYSIOTHERAPIST - SUBSEQUENT VISIT	244987	01-04-2023			MAC		20 VISITS/CY	\$85.00		
PHYSIOTHERAPIST - SUBSEQUENT VISIT (ACUPUNCTURE)	244989	01-04-2023			MAC		15 VISITS/CY	\$85.00		PHYSIOTHERAPISTS MAY USE ACUPUNCTURE IN ALL PROVINCES EXCEPT QUEBEC.
PHYSIOTHERAPIST ASSESSMENT TRAVEL TIME	244688	01-04-2023			MAC, VSA	MAC, VSA		\$85.00	Y	SEE NOTE 9
PHYSIOTHERAPIST VAC REQUESTED ASSESSMENT	244685	01-04-2023			DO, VSA	DO, VSA		\$85.00	Y	SEE NOTE 12 AND 15
PODIATRIST/CHIROPODIST - INITIAL VISIT	247985	01-09-2024			MAC		1 VISIT/CY	\$95.00		
PODIATRIST/CHIROPODIST - SUBSEQUENT VISIT	247990	01-09-2024			MAC		10 VISITS/CY	\$95.00		
PROVIDER TRAVEL TIME (EXCEPT OT SERVICES & PHYSIO ASSESSMENTS)	248820	01-12-2020			MAC, VSA	MAC, VSA			Y	SEE NOTE 10
PSYCHOLOGIST - ASSESSMENT	249059	01-09-2021			MAC	MAC	15HRS/1 CY	\$210.00/HOUR	Y	
PSYCHOLOGIST - CLINICAL CARE MANAGER	244984	01-09-2021			DO	DO	90/1 CY	\$105.00/HALF HOUR	Y	

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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
PSYCHOLOGIST - GROUP THERAPY FOR CLIENT	249008	01-05-2023			MAC	MAC	25/CY	\$105.00/HOUR		SEE NOTE 6
PSYCHOLOGIST - GROUP THERAPY FOR FAMILY MEMBER	249006	01-05-2023			MAC	MAC	25/12CM	\$105.00/HOUR	Y	SEE NOTES 3 AND 5
PSYCHOLOGIST - IN-PERSON COUPLE OR FAMILY VISIT	249053	01-05-2023			MAC	MAC	25/CY	\$210.00/HOUR		SEE NOTE 4 & 22
PSYCHOLOGIST - IN-PERSON INDIVIDUAL VISIT	249040	01-05-2023			MAC		25/CY	\$210.00/HOUR		SEE NOTE 6 & 22
PSYCHOLOGIST - REPORT	249054	01-09-2021			MAC	MAC		\$210.00/HOUR	Y	
PSYCHOLOGIST - VIRTUAL COUPLE OR FAMILY VISIT	249110	01-05-2023			MAC	MAC	25/CY	\$210.00/HOUR		SEE NOTE 22
PSYCHOLOGIST - VIRTUAL INDIVIDUAL VISIT	249109	01-05-2023			MAC		25/CY	\$210.00/HOUR		SEE NOTE 22
PSYCHOLOGIST VISIT - FAMILY MEMBER(S)	240306	01-09-2021			MAC	MAC	25/12CM	\$210.00/HOUR	Y	SEE NOTES 3 AND 5
REHABILITATION PROGRAM - EXERCISE/SWIMMING PROGRAM FEES	240310	01-08-2015	MD, OT, RN, PT NP		MO	N/A		\$500/CY	Y	SEE NOTE 2

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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				
SOCIAL WORKER - ASSESSMENT	240126	01-09-2024			MAC	MAC	15HRS/1CY	\$180.00/HOUR	Y	
SOCIAL WORKER - CLINICAL CARE MANAGER	244980	01-09-2024			DO	DO	90/1 CY	\$90.00/HALF-HOUR	Y	
SOCIAL WORKER - GROUP THERAPY FOR CLIENT	240144	01-09-2024			MAC	MAC	25/CY	\$90.00 PER HOUR		SEE NOTE 6
SOCIAL WORKER - GROUP THERAPY FOR FAMILY MEMBER	240142	01-09-2024			MAC	MAC	25/12CM	\$90.00 PER HOUR	Y	SEE NOTES 3 AND 5
SOCIAL WORKER - IN PERSON INDIVIDUAL VISIT	240124	01-09-2024			MAC	MAC	25/CY	\$180.00/HOUR		SEE NOTE 6 & 22
SOCIAL WORKER - IN-PERSON COUPLE OR FAMILY VISIT	240130	01-09-2024			MAC	MAC	25/CY	\$180.00/HOUR		SEE NOTE 22
SOCIAL WORKER - REPORT	240127	01-09-2024			MAC	MAC		\$180.00/HOUR	Y	
SOCIAL WORKER - VIRTUAL COUPLE OR FAMILY VISIT	240141	01-09-2024			MAC	MAC	25/CY	\$180.00/HOUR		SEE NOTE 22
SOCIAL WORKER - VIRTUAL INDIVIDUAL VISIT	240139	01-09-2024			MAC	MAC	25/CY	\$180.00/HOUR		SEE NOTE 22

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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				
SOCIAL WORKER - VISIT FAMILY MEMBER(S)	240132	01-09-2024			MAC	MAC	25/12CM	\$180.00/HOUR	Y	SEE NOTES 3 AND 5
SPEECH LANGUAGE PATHOLOGIST	249020	01-09-2024	MD, NP		MAC			\$115.00/HOUR		
SPEECH LANGUAGE PATHOLOGIST - REPORT	249019	01-09-2024			MAC	MAC		\$57.50/HOUR	Y	
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010								

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PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

- GENERAL NOTES

- VAC WILL AUTHORIZE SERVICES UNDER A REGISTERED PROVIDERS SCOPE OF PRACTICE UP TO THE BENEFIT GRID LIMIT

- EXCEEDING FREQUENCIES - VAC PRE-AUTHORIZES POC 12 SERVICES UP TO AN ANNUAL FREQUENCY LIMIT AS IDENTIFIED ON THE VAC BENEFIT GRIDS. APPROVAL OF SESSIONS BEYOND THE ANNUAL FREQUENCY LIMIT MAY BE APPROVED TO ADDRESS CLIENT NEEDS WHEN A TREATMENT CAN BE SHOWN THAT IT HAS BEEN EFFECTIVE AND IS REASONABLY EXPECTED TO CONTINUE TO BE EFFECTIVE IN REACHING THE DESIRED TREATMENT OUTCOMES. THE VAC FORM 1/REQUEST FOR EXTENSION OF TREATMENT 1 AND/OR A TREATMENT PLAN FROM THE PROVIDER ARE TO BE USED IN DETERMINING IF EXCEEDING THE FREQUENCY IS JUSTIFIED.

- USE OF 1/OTHER1 CODES - THE MAC MAY REQUIRE SUPPORTING DOCUMENTATION FROM THE PROVIDER AND/OR OTHER HEALTH PROFESSIONALS AND/OR MAY NEED TO CONSULT WITH HEALTH PROFESSIONALS AND/OR OTHERS BEFORE AUTHORIZING THE REQUESTED SERVICE UNDER THE 1/OTHER1 CODE. A RATIONALE MUST BE DOCUMENTED WHEN USING THE POC 12 1/OTHER1 CODE.

- REHABILITATION - ALL BENEFITS FOR REHABILITATION CLIENTS MUST BE PRE- AUTHORIZED. THE FREQUENCY AND MAXIMUM LIMITS ARE GUIDELINES ONLY. LIMITS MAY BE EXCEEDED BY WAIVING THE RULES FOR FREQUENCY AND MAXIMUM IN THE AUTHORIZATION IF DIRECTED IN THE WORK ITEM BY THE CASE MANAGER.

- REPORTS - OCCURRENCE WILL EQUAL ONE HOUR UNLESS OTHERWISE NOTED. IF MORE TIME IS REQUIRED TO COMPLETE A REPORT, ADDITIONAL OCCURRENCE(S) CAN BE AUTHORIZED. RATIONALE MUST BE DOCUMENTED.

- SPECIAL NOTES

- NOTE 2- EXERCISE PROGRAMS MUST BE BOTH STRUCTURED AND SUPERVISED.

- NOTE 3 1 SERVICES FOR FAMILY MEMBERS ARE TO BE AUTHORIZED TO THE EXTENT THAT THEY ARE REQUIRED TO ACHIEVE THE TREATMENT OUTCOMES THAT HAVE BEEN ESTABLISHED FOR THE VETERAN. THE NEED TO INCLUDE FAMILY MEMBERS IN A VETERAN'S TREATMENT PLAN MUST BE ESTABLISHED BY THE CLIENT'S TREATING HEALTH PROFESSIONAL IN A TREATMENT PLAN, OR BE IDENTIFIED IN THE VAC REHABILITATION PLAN.

- NOTE 4 1 THESE SERVICES ARE INTENDED FOR THOSE SESSIONS WHERE THE FAMILY MEMBER(S) AND THE VETERAN ARE BOTH PARTICIPATING.

- NOTE 5 1 THESE SERVICES ARE INTENDED FOR THOSE SESSIONS WHERE THE FAMILY MEMBER(S) IS PARTICIPATING WITHOUT THE VETERAN.

- NOTE 6- THESE SERVICES ARE INTENDED FOR THOSE SESSIONS WHERE THE VETERAN IS PARTICIPATING WITHOUT ANY FAMILY MEMBER(S).

- NOTE 8 - QUALIFIED PROVIDERS INCLUDE: REGISTERED PSYCHOEDUCATORS WITH A BACHELOR'S DEGREE IF GRADUATED BEFORE 2002, OR A MASTERS DEGREE IF GRADUATED AFTER 2002.

- NOTE 9 - TRAVEL TIME IN EXCESS OF THE FIRST HOUR IS PAID AT THE SAME RATE AS THE ASSESSMENT, UP TO THE BENEFIT GRID MAXIMUM. THE FIRST HOUR OF TRAVEL TIME IS INCLUDED IN THE ASSESSMENT CODE.

- NOTE 10 - TRAVEL TIME IS PAID AT THE SAME RATE AS THE VISIT, UP TO THE BENEFIT GRID MAXIMUM FOR THAT VISIT.

- NOTE 11 - IF OT TRAVEL TIME IS FOR AN ASSESSMENT, THIS CODE IS ONLY TO BE USED WHEN THE TRAVEL TIME EXCEEDS 1 HOUR PER RETURN TRIP.

- NOTE 12: THIS INCLUDES ONE HOUR OF TRAVEL TIME, A REPORT AND A FOLLOW-UP VISIT OR CALL.

- NOTE 13: ONE OCCURRENCE = 0.5 HOURS

- NOTE 14: THIS CODE IS NOT TO BE USED FOR HOME ADAPTATION ASSESSMENTS.

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PROGRAM OF CHOICE: 12 - RELATED HEALTH SERVICES

- NOTE 15: THIS CODE DOES NOT INCLUDE THE PROVIDER'S TRAVEL TIME AFTER THE FIRST HOUR. FOR TRAVEL TIME IN EXCESS OF THE FIRST HOUR, USE THE RELEVANT TRAVEL TIME CODE FOR THE PROFESSION.
- NOTE 16: FOR OT HOME ADAPTATION ASSESSMENTS, USE CODE 249455.
- NOTE 17: REQUESTS BEYOND 4 OCCURRENCES PER DAY REQUIRES APPROVAL FROM THE VAC AREA OFFICE.
- NOTE 18: REQUESTS BEYOND 12 OCCURRENCES PER YEAR REQUIRES APPROVAL FROM THE VAC AREA OFFICE.
- NOTE 19: NEUROFEEDBACK/EEG BIOFEEDBACK MAY BE REIMBURSED UP TO THE BENEFIT GRID RATE OF THE HEALTH PROFESSIONAL THAT IS ADMINISTERING THE TREATMENT.
- NOTE 20: FREQUENCIES ARE COMBINED WITH IN PERSON VISITS AND VIRTUAL VISITS IN ACCORDANCE WITH THE BENEFIT GRID.
- NOTE 21: ONLY ASSESSMENTS AND/OR CONSULTATIONS MAY BE COVERED UP TO BENEFIT GRID MAXIMUM EACH CALENDAR YEAR. MEDICATIONS/TREATMENTS PROVIDED BY A NATUROPATH CANNOT BE REIMBURSED.
- NOTE 22: IN-PERSON AND VIRTUAL VISITS HAVE A COMBINED YEARLY FREQUENCY OF 25 HOURS PER CALENDAR YEAR.