

**Interim Federal Health Program (IFHP)  
Important Information for all Dental Care Providers**

May 2016

This bulletin is to confirm dental services covered by the Interim Federal Health Program (IFHP). Full details can be found in the benefit grid below. Please share this information with the members of your Association.

Should you or your members have any questions or require more information regarding the IFHP or Medavie Blue Cross, please call our Customer Information Centre at 1-888-614-1880 or e-mail [CIC\\_Inquiry@medavie.bluecross.ca](mailto:CIC_Inquiry@medavie.bluecross.ca).

You may also access the Medavie Blue Cross website at <https://provider.medavie.bluecross.ca> to view Guides, Bulletins and other important information regarding the IFHP.

**IFHP DENTAL BENEFIT GRID**

IFHP dental coverage provides coverage for emergency care for dental conditions involving pain, infection or trauma. It is not intended to provide on-going regular or routine dental care.

Services, post emergency exams and radiographs, are limited to emergency relief of pain or infection only. Routine care is not eligible. If the treating dentist considers additional treatment necessary, such as restorations and complicated extractions, a prior approval request must be submitted to Medavie Blue Cross before treatment begins.

Please note that certain services such as root canals, prophylaxis, orthodontic treatment etc., including any procedures that are the initial steps towards these services, are **not covered** under IFHP dental coverage.

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The IFHP benefits are limited to the services indicated in the chart below:

TREATMENT	PRE-AUTHORIZATION REQUIRED	CRITERIA or LIMITATIONS
Oral Exams	NO	<ul style="list-style-type: none"> <li>Emergency examinations are covered no more than once every six months per dental office.</li> </ul>
X-rays	NO	<ul style="list-style-type: none"> <li>One panoramic radiograph limited to once per lifetime.</li> <li>Complete full mouth series, 16 periapicals and 2 Bitewings limited to once per lifetime.</li> <li>2 additional periapical X-rays per year permitted while eligible on the program.</li> <li>X-rays must be clear, discernible and properly labelled. Digital X-rays are acceptable.</li> <li>Intraoral photographs in addition to X-rays are accepted but must be labelled with macros noted on teeth with decay.</li> </ul>
Caries, Trauma, Pain Control	NO	
Writing or Dispensing an Emergency Prescription	NO	
Amalgam/ Composite Restorations	YES	<ul style="list-style-type: none"> <li>Covered for severely affected teeth.</li> <li>Incipient lesions or those not visible on an X-Ray are not covered.</li> <li>Restorations will be paid on a continuous surface basis only.</li> <li>Molar teeth are limited to the cost of an equivalent bonded or non-bonded amalgam restoration.</li> </ul>
Extractions (simple/ uncomplicated)	NO	<ul style="list-style-type: none"> <li>Simple/uncomplicated extractions do not require pre-authorization.</li> <li>Limited to GP rate except for Oral Surgeons and Pedodontists.</li> </ul>
Denture Relines	NO	<ul style="list-style-type: none"> <li>Limited to one upper and one lower per lifetime (LT).</li> </ul>

TREATMENT	PRE-AUTHORIZATION REQUIRED	CRITERIA or LIMITATIONS
Complete and Partial Dentures	YES	<ul style="list-style-type: none"> <li>• Complete dentures are limited to one upper and one lower per lifetime (LT).</li> <li>• Partial dentures are limited to one upper and one lower per lifetime (LT).</li> <li>• Partial dentures to replace only posterior teeth are not covered.</li> </ul> <p>**All dentures, Complete and Partial, are limited to the cost of transitional denture(s).**</p>
Denture Repairs	NO	<ul style="list-style-type: none"> <li>• Limited to one upper and one lower per lifetime (LT).</li> </ul>
General Anaesthesia	YES	<ul style="list-style-type: none"> <li>• Limited to 4 units for children under age 13.</li> <li>• Limited to 8 units for age 13 and over.</li> <li>• Limited to GP rate except for Oral Surgeons and Pedodontists.</li> </ul>

**Dental care services not covered:**

- Root canal treatments
- Orthodontics
- Intravenous sedation and nitrous oxide
- Prophylaxis and fluoride
- Facility fees
- Specialist fees (unless specially approved for Oral Surgeons and Pedodontists)
- Restoration of incipient lesions or those not visible on an X-ray are considered routine care and will not be covered
- Scaling and root planning

Bitewings are not covered separately, only in conjunction with the Complete series code.

**Documents required for submitting a prior approval for dental treatment:**

1. A standard dental claim form with procedure codes and fees and treatment plan/notes, if applicable.
2. Radiographs that are clear, discernible and properly labelled.