



Reciprocal Billing Report, Canada 2004–2005

Revised August 2007

N a t i o n a l P h y s i c i a n D a t a b a s e



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, or by any information storage and retrieval system now known or to be invented, without the prior permission in writing from the owner of the copyright, except by a reviewer who wishes to quote brief passages in connection with a review written for inclusion in a magazine, newspaper or broadcast.

Requests for permission should be addressed to:

Canadian Institute for Health Information
495 Richmond Road
Suite 600
Ottawa, Ontario
K2A 4H6

Phone: 613-241-7860
Fax: 613-241-8120
www.cihi.ca

ISBN 978-1-55465-064-4 (PDF)

© 2007 Canadian Institute for Health Information

How to cite this document:

Canadian Institute for Health Information, *Reciprocal Billing Report, Canada, 2004–2005, Revised August 2007* (Ottawa: CIHI, 2007).

Cette publication est aussi disponible en français sous le titre
Rapport sur la facturation réciproque, Canada, 2004-2005, révisé en août 2007
ISBN 978-1-55465-065-1 (PDF)

Reciprocal Billing Report, Canada, 2004–2005, Revised August 2007

Table of Contents

Acknowledgements	i
Foreword.....	iii
Preface	iii
Introduction	1
Methodological Notes.....	2
Background.....	2
Data Sources and Collection	2
Data Quality.....	7
Data Definitions.....	7
Computations and Adjustments.....	11
General Table Characteristics	11
Data Limitations	13
Privacy and Confidentiality.....	15
Products and Services	16

Data Tables

Table 1-1. Number of Services, Payments (\$) and Cost (\$) per Service for Reciprocal Billing Services Provided and Received, 2004–2005.....	19
Table 1-2. Number of Services by Type of Practice, 2004–2005.....	20
Table 1-3. Payments (\$) for Services Provided by Type of Practice, 2004–2005	21
Table 1-4. Cost (\$) per Service for Services Provided by Type of Practice, 2004–2005	22
Table 1-5. Number of Services by Service Type, 2004–2005	23
Table 1-6. Payments (\$) for Services Provided by Service Type, 2004–2005.....	24
Table 1-7. Cost (\$) per Service for Services Provided by Service Type, 2004–2005	25
Table 1-8. Number of Services Received by Type of Practice, 2004–2005	26
Table 1-9. Payments (\$) for Services Received by Type of Practice, 2004–2005.....	27
Table 1-10. Cost (\$) per Service for Services Received by Type of Practice, 2004–2005	28

Table 1-11. Number of Services Received by Service Type, 2004–2005	29
Table 1-12. Payments (\$) for Services Received by Service Type, 2004–2005	30
Table 1-13. Cost (\$) per Service for Services Received by Service Type, 2004–2005	31

List of Appendices

Appendix A—Fee-for-Service Physician Counts	A-1
Appendix B—NPDB Authorization Officers	B-1
Appendix C—NPDB Specialty Categories	C-1
Appendix D—NPDB National Grouping System Categories and Strata	D-1
Appendix E—Fee-for-Service Radiology and Laboratory Coverage in NPDB	E-1
Appendix F—Services Excluded Under the Interprovincial Reciprocal Billing Agreement.....	F-1

Acknowledgements

The Canadian Institute for Health Information (CIHI) wishes to acknowledge and thank the following individuals for their contribution to the *Reciprocal Billing Report, Canada, 2004–2005, Revised August 2007*:

Lori Kirby, Senior Analyst, Health Human Resources, CIHI

Walter Feeney, Senior Analyst, Health Human Resources, CIHI

Robert Kyte, Program Lead, Health Human Resources, CIHI

CIHI would also like to thank the ministry of health representatives from the CIHI Advisory Group on Physician Databases, as well as many other ministry of health representatives in the jurisdictions for their assistance in the development and publication of this report.

Foreword

The Canadian Institute for Health Information (CIHI) is one of Canada's leading sources of quality, reliable and timely health information. More and more, Canadians are turning to CIHI for information they can trust. CIHI is a not-for-profit, pan-Canadian organization governed by a strong and active board of directors whose membership strikes a balance among the health sectors and regions of Canada.

The key to CIHI's achievements is partnership. CIHI is a focal point for collaboration among major health players—from provincial and territorial governments, regional health authorities and hospitals to the federal government, researchers and associations representing health care professionals. The result of this cooperative effort is a strong and responsive health information system.

CIHI provides Canadians with essential statistics and analysis about their health and their health care system. CIHI has become an indispensable source of information for those seeking answers to critical questions around the delivery of health care. Is the health system training enough health care professionals and is it making optimal use of their skills? Are Canadians getting reasonable access to the health services they need? Are we investing in the right resources and equipment?

For more information, visit our website (www.cihi.ca).

Preface

Previously produced reports in the *Reciprocal Billing* series:

- *Reciprocal Billing Report, Canada, 2003–2004 (2006)*
- *Reciprocal Billing Report, Canada, 2002–2003 (2005)*
- *Reciprocal Billing Report, Canada, 2001–2002 (2004)*
- *Reciprocal Billing Report, Canada, 2000–2001 (2003)*
- *Reciprocal Billing Report, Canada, 1999–2000 (2002)*
- *Reciprocal Billing Report, Canada, 1998–1999 (2001)*
- *Reciprocal Billing Report, Canada, 1995–1996 (1999)*
- *Reciprocal Billing Report, Canada, 1993–1994 (1998)*
- *Reciprocal Billing Services, 1988–1989 (1990)*

Prior to 1995, Reciprocal Billing reports were produced by the Health Information Division at Health Canada. These publications were produced using the Medical Care Database (MCDB), the predecessor of the National Physician Database (NPDB). In 1995, both databases were transferred to CIHI.

The MCDB was developed following the implementation of the *Medical Care Act* in 1967 and was used to monitor the services provided and payments made by the provincial and territorial medical insurance plans. The NPDB expanded on the MCDB by including information on physician demographic and practice characteristics as well as the age and gender of patients.

Introduction

The Reciprocal Billing agreement, which became effective April 1 of 1988, allows physicians to bill their own provincial or territorial medical care plans for services provided to residents of other jurisdictions under certain defined circumstances. The physician receives payment from the medical care plan and the medical care plan recovers the payment amount from the medical care plan of the patient's home province or territory.

Through an agreement reached by the Advisory Committee on Institutional and Medical Services (ACIMS), all provinces and territories, with the exception of Quebec, participate in the reciprocal billing arrangements. At a meeting in 1987 with medical care plan representatives, the ACIMS asked each participating province or territory to submit data to National Health and Welfare on a quarterly basis. The reciprocal billing data are submitted by the provinces and territories, except Quebec, to the Canadian Institute for Health Information (CIHI) for use in the National Physician Database (NPDB).

The National Physician Database (NPDB) has been used by the federal, provincial and territorial governments, by medical stakeholder groups and various private organizations and researchers as a data source for the service utilization patterns of physicians in Canada for program administration, evaluation and policy development.

The *Reciprocal Billing Report, Canada, 2004–2005, Revised August 2007* presents summary tables that indicate the total number of services provided and received by each province and territory, the total dollar value of these services and the cost per service. The summary tables show breakdowns by physician specialty and type of service.

Any questions regarding this publication or the NPDB should be directed to:

Program Lead, NPDB
Health Human Resources, CIHI
495 Richmond Road
Suite 600
Ottawa, Ontario
K2A 4H6

Email: npdb@cihi.ca

Phone: 613-241-7860

Fax: 613-241-8120

Methodological Notes

Background

The National Physician Database (NPDB) provides information on the demographic characteristics of physicians and their level of activity within the Canadian medical care system and is used by governments, professional associations, consulting firms, pharmaceutical companies, researchers and the media for medical human resource planning and utilization analysis. The establishment of the database was approved in 1987 by the Conference of Deputy Ministers of Health upon the recommendation of the Advisory Committee on Health Human Resources (ACHHR).

On August 1, 1995, the NPDB was transferred to the Canadian Institute for Health Information (CIHI). CIHI assumed the responsibilities of Health Canada in maintaining the database. Previously, the NPDB was under the direction of the Working Group on Medical Care Statistics (WGMCS) which was disbanded when the database was transferred to CIHI. An Advisory Group on Physician Databases was convened in April 1996 and advises CIHI on data quality, methodology and product development matters relating to the NPDB and the Scott Medical Database (SMDB).

The NPDB contains data on the demographic characteristics and activity levels of fee-for-service physicians. Information on activity levels includes total payments, total services, average payment per physician and full-time equivalent physician counts. CIHI is working with the provinces, territories and ministries to also include data on clinical activities remunerated under alternative reimbursement plans (such as salaries, contracts and sessional fees).

Data Sources and Collection

NPDB Data

Data are derived from physician fee-for-service claims submitted by provincial and territorial medical insurance programs to CIHI. The claims data and associated physician and patient demographic data are submitted in five files, as listed below. Data files are usually received within six months of the end of the quarter to which the data correspond. Any files that do not meet appropriate layouts, as defined in the NPDB Data Submission Specifications Manual, are returned to the provinces and territories for correction and subsequent re-submission.

Files submitted include:

Title	Description
25 File	Dental services and other non-physician services file (file not submitted by all jurisdictions)
30 File	Reciprocal billing file*
35 File	Physician characteristics file
50 File	Utilization File (by fee-code, UPI, sex and age group of patient)
55 File	Changes to UPI file

* 30 File data is not applicable to the province of Quebec.

In addition to the NPDB data files described above, CIHI gathers annual, aggregate level, alternative payment information through a variety of information sources, including provincial and territorial representatives of CIHI's Advisory Group on Physician Databases. A summary of this information is presented in Table 2 of the Payment Mode: Level of Fee-for-Service Coverage section.

For a complete description of NPDB record layouts, please see the *NPDB Data Submission Specifications Manual*, available at www.cihi.ca. For further information regarding the NPDB, including alternative payments, please contact the Program Lead, NPDB, CIHI.

Reciprocal Billing Data

The Reciprocal Billing service counts and dollar amounts are created using data from the Reciprocal Billing File. The Reciprocal Billing File contains data on out-of-province or out-of-territory services processed by the Reciprocal Billing System. This means each province or territory sends data on services their physicians provided to out-of-province or out-of-territory patients. Quebec does not participate in reciprocal billing arrangements, therefore no services provided by Quebec physicians are included. The file also excludes services provided to residents of the United States.

Figures are calculated based on the fiscal year (e.g. April 2004 through March 2005). Therefore, figures in this publication may differ from those reported by data providers, possibly based on the calendar year.

For the 2004–2005 fiscal year, 35,685 fee-for-service physicians were reimbursed for services provided under the reciprocal billing plan. A breakdown by jurisdiction is provided in Appendix A.

Type of Data: Date of Service vs. Date of Payment

Generally, reciprocal billing data files are submitted on a date-of-payment basis for Newfoundland and Labrador, Prince Edward Island, New Brunswick, Manitoba and Saskatchewan and on a date-of-service basis for Nova Scotia, Ontario, Alberta, British Columbia, and Yukon Territory. Jurisdictions submitting on a date-of-service basis wait six months or until 98% of services are captured before submitting data files for processing. Please see Table 1 for a breakdown by province and territory of the type of data file submission.

Table 1. Reciprocal Billing File Submission: Date of Service (DOS) vs. Date of Payment (DOP)

Province or Territory	2004–2005	
	DOS	DOP
N.L.		✓
P.E.I.		✓
N.S.	✓	
N.B.		✓
Ont.	✓	
Man.		✓
Sask.		✓
Alta.	✓	
B.C.	✓	
Y.T.	✓	

Note: Reciprocal billing data are not applicable to the province of Quebec.

Type of Data: Billing vs. Payment Data

All jurisdictions submit payment data. Billing data reflect the full amount the physician billed the provincial and territorial Medical Services Plan for a particular fee code item. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied due to threshold values being met, income capping or clawbacks. For British Columbia, payments do not include adjustments for threshold values being met, income capping or clawbacks. They do, however, include adjustments of payments for geographic incentives, specifically payments for Northern and Isolation Allowances (NIA). In Ontario payment data includes only Social Contract adjustments, all other adjustments are excluded.

Payment Mode: Level of Fee-for-Service Coverage

Reciprocal Billing (RB) Report results are based on fee-for-service billing and payment information only. A variety of alternative forms of payment, such as salary and sessional payments, are commonly used across jurisdictions. Alternative forms of reimbursement are currently not submitted comprehensively to the NPDB and are, therefore, not included in the statistics presented in this report. Figure 1 gives current estimates of alternative payments as a percentage of total physician payments across jurisdictions.

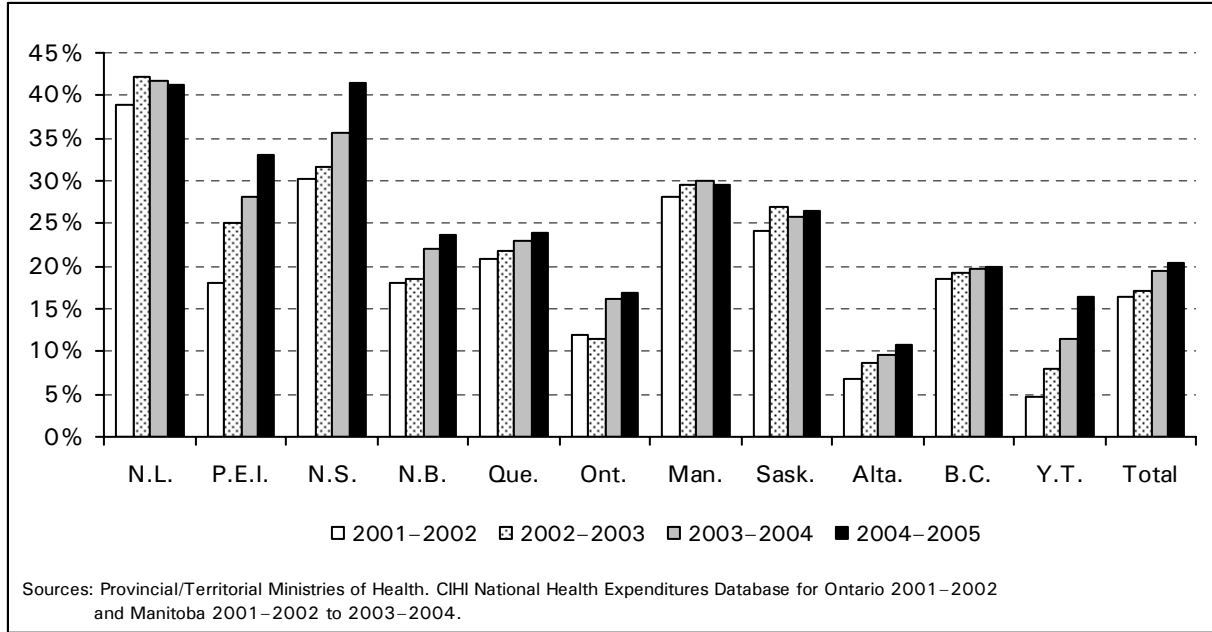


Figure 1. Physicians’ Alternative Clinical Payments as a Percentage of Total Clinical Payments, 2001–2002 to 2004–2005

Please note, each jurisdiction defines with its physician group, whether a service should be paid under a fee-for-service plan payment or an alternative plan payment. Thus, one jurisdiction may pay for a service through the fee-for-service plan, whereas, another jurisdiction may pay for the same service within an alternative plan which would not be captured in this report. In addition, jurisdictions may vary with respect to how alternative payments are allocated to physicians. For example, alternative payments may represent a relatively small percentage of income for most physicians in one province, while in another province some physicians might be paid primarily through alternative plans with others paid primarily through fee-for-service arrangements. These variations across jurisdictions can impact reciprocal billing payment results.

It is important to note that the range of physician payment information submitted to the National Physician Database varies across provinces and territories. Table 2 presents a summary of payment information submitted to the National Physician Database and indicates payment data that are included and excluded from reciprocal billing payment calculations.

Table 2. Payment Information Submitted to the NPDB and Inclusion/Exclusion Criteria Used to Produce Reciprocal Billing (RB) Report Results, 2004–2005 (Current Dollars)

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.****	B.C.	Y.T.	Total
NPDB Payment Information Included in Reciprocal Billing (RB) Report Calculations												
Reciprocal billing (RB) payments	1,489,633	342,829	6,736,355	4,491,786	n/a	17,155,524	9,536,404	6,089,161	35,702,724	19,398,901	570,876	101,514,194
NPDB Payment Information Excluded From Reciprocal Billing (RB) Report Calculations												
RB Non-physician and fee-for-service sessional payments	5,045	12,150	1,373	0	n/a	0	27,250	0	57,942	0	0	103,761
RB Payments made to facilities	0	0	0	0	n/a	1,083,068	0	7,514	5,298,884	0	0	6,389,465
Medical care plan, fee-for-service payments for within-province or territory patients	176,274,638	34,492,476	247,150,726	256,292,540	2,256,092,598	5,827,337,129	382,211,037	337,816,629	1,265,220,170	1,934,418,618	9,727,082	12,727,033,645
All payments made to out of province, territory or country physicians*	446,453	0	0	6,326,346	9,619,710	67,564,458	0	577,388	0	3,096,642	1,097,447	88,728,444
Salary, sessional, and capitation payments**	0	0	0	58,732,270	0	0	0	0	0	0	0	58,732,270
Rural retention premiums***	0	0	0	0	0	0	0	0	0	32,919,667	0	32,919,667
Worker's compensation board payments	0	0	0	0	58,919,606	0	0	0	0	25,035,241	0	83,954,847
Provincial/Territorial Insurance Corporation	0	0	0	0	0	0	0	0	0	8,196,114	0	8,196,114
Contracts	0	0	0	0	0	0	0	0	0	0	507,073	507,073
Shadow billing and other	0	0	0	0	0	0	0	25,787,612	0	861,900	0	26,649,512
Subtotal—payments excluded from RB calculations	176,726,136	34,504,626	247,152,099	321,351,157	2,324,631,915	5,895,984,655	382,238,287	364,189,142	1,270,576,996	2,004,528,182	11,331,603	13,033,214,799
Total payment information submitted to the NPDB	178,215,769	34,847,456	253,888,455	325,842,942	2,324,631,915	5,913,140,179	391,774,691	370,276,303	1,306,279,721	2,023,927,083	11,902,479	13,134,728,993

n/a = Not Applicable— There were no physician services reported for this type of service for this jurisdiction.
 *Includes payments made to out of province, territory or country physicians through all remuneration modes and sources of payment.
 ** Excludes salary, sessional and capitation payments made to out of province, territory or country physicians.
 *** Includes rural retention premiums made through all sources of payment (e.g., worker's compensation board, insurance corporation).
 **** Alberta's anaesthesia services and anaesthesia specialty are excluded.

Source: NPDB, CHI.

Data Quality

Error/Validation Routines

The NPDB files are derived from provincial and territorial administrative systems, and edit checks are conducted on the data by the jurisdiction prior to processing the NPDB files. As CIHI has no control over these edit checks, all data files received by CIHI are processed through the NPDB error/validation routines. The error/validation routines are limited in scope because the data cannot be confirmed against the source. Error/validation routines include review of the total record counts, service counts and dollar amounts for each file, checking each value in the fields against acceptable values, checking for invalid fee codes, checking for Unique Physician Identifier (UPI) numbers in illogical formats and logical review of the processed data. Any files that do not pass through the error/validation routines are returned to data providers for correction and subsequent re-submission.

Additional Data Quality Checks

Service counts, dollar amounts and other economic indicators are validated against previous years' data and provincial and territorial annual reports.

Data providers are given the opportunity to review their own data for validity and consistency. This publication was reviewed and authorized by the provincial and territorial medical insurance plan authorization officers prior to publication. For a complete list of these authorization officers, please see Appendix B.

Alberta Anaesthesia

Alberta's services reported under the specialty Anaesthesia and any anaesthesia services performed by other specialties are excluded from the *Reciprocal Billing Report, Canada, 2004–2005, Revised August 2007*.

Data Definitions

Home of Patient

Home of patient refers to the province or territory where the patient resides and is registered with the provincial or territorial medical care plan.

Host Provider

Host provider refers to the province or territory where the physician is registered and receives payments from the provincial or territorial medical care plan.

Specialty

Physician specialty designations on the NPDB are assigned by the provincial and territorial medical care plans and grouped within the NPDB to a national equivalent. Of the two specialties, latest acquired certified specialty and plan payment specialty, the latter is used for the purposes of this report.

In three provinces, Nova Scotia, Quebec, and British Columbia, data for public health specialists are reported in the family medicine figures. For all provinces and territories other than Ontario, community medicine is also grouped with family medicine. In Ontario, community medicine, public health, occupational medicine and pediatric cardiology are received as internal medicine specialists. Internal medicine includes the sub-specialties such as cardiology, gastroenterology, hematology, rheumatology and medical oncology. Psychiatry includes neuropsychiatry. Neurology includes electro-encephalogram (EEG) specialists, and physical medicine includes specialists in electromyography. Specialists in the double specialty of ophthalmology/otolaryngology are included with the ophthalmologists.

In Newfoundland, Saskatchewan and British Columbia, non-certified specialists are reported under their respective specialties rather than family medicine.

For a complete listing of the specialty designations and their groupings, please see Appendix C.

Strata

Fee payments by medical care insurance plans to physicians are made in accordance with payment schedules (also known as benefit schedules) in which the amounts payable for particular services are specified. Provincial and territorial payment schedules do not only differ with respect to fee prices, but also with respect to internal organization by type of service, by body system, by specialty, the extent of composite fees (i.e. the fees for certain procedural or diagnostic services may include the fee for associated visits or examinations, or the fees for examinations may include the fee for minor procedural or diagnostic services), general terminology, the definition of certain services, coding systems used, etc. In addition, there are substantial interjurisdictional differences in “assessment rules”, i.e. regulations and conventions which govern the application of the payment schedule in particular situations.

Once the data have gone through the various edit and validation checks, they are assigned to one of 120 categories of service and undergo adjustments that allow for comparisons across jurisdictions. Please see below for a list of the NGS strata and Appendix D for a complete listing of all NGS categories and strata.

Consultations

Major, initial, ordinary, minor, repeat, regional and operative consultations performed in the office, hospital, chronic care and convalescent hospitals and nursing homes, as well as psychiatric and obstetrical consultations where no *Special Call* is involved.

Major Assessments

General and specific assessments, reassessments, initial visits with a complete exam, new condition seen for first time and including complete history and exam, complete specific exam depending upon the physician specialty, annual exams, newborn/premature care and special eye exams performed in any location where no *Special Call* is involved.

Other Assessments

Partial or minor assessments, regional exams, first or subsequent or repeat exams, ordinary, pre- and post-natal care, well baby care in any location, chronic and convalescent care, outpatient visits and other visits when physician is in the hospital, intermediate and minor assessments, partial assessments, follow-up exams and regional exams, additional patients seen during a special call and detention.

Hospital Care Days

Regular visits up to 28/30/31 or 35/42 days, over 28/30/31 or 35/42 days, inpatient supportive care, continuing care, concurrent care, directive care, convalescent care, palliative care and daily management.

Special Calls

Visits at night, on Saturdays, Sundays and holidays, requiring travel, to the office, homes, nursing homes, outpatient and emergency departments. Also included are special visits, consultations, specific assessments and reassessments, general reassessments, ordinary home visits, home summary and specific exams.

Psychotherapy/Counselling

Individual psychotherapy, hypnotherapy, narco-analysis, diagnostic/therapeutic interviews, group and family psychotherapy and interviews, and interviews for physical medicine and counselling for drugs, family, genetic, marriage and contraception, and case conferences on behalf of patients with allied workers, teachers, clergy, etc.

Major Surgery

Services were classified as major or minor surgery in 1988 based on a threshold fee of at least \$75 in the Ontario fee schedule that year. In subsequent years, new surgical procedures have been classified as major or minor depending on their classifications in provincial and territorial fee schedules.

Minor Surgery

See major surgery definition above.

Surgical Assistance

All services and payments for surgical assistance.

Anaesthesia

Includes anaesthesia fees for major surgery, minor surgery and diagnostic and therapeutic procedures.

Obstetrical Services

Include normal and caesarean deliveries, therapeutic abortions and services to the mother in the hospital at the time of delivery (e.g. induction of labour and repair of lacerations).

Other Diagnostic/Therapeutic Services

Includes procedures of a diagnostic nature, such as allergy testing and electrocardiogram (ECG). Also included are services such as colonoscopy, which are used for treatment as well as diagnosis.

Radiology Services

Includes head and neck, spine and pelvis, extremities, chest, gastrointestinal tract, genitor-urinary tract, therapeutic radiology/radioisotope, computed axial tomography, ultrasound and other diagnostic/therapeutic radiology. See Appendix E for further information on radiology data within the NPDB.

Laboratory Services

Includes hematology and blood bank; biochemistry and immunology; microbiology, anatomical pathology, histology and cytology, nuclear medicine and isotopes and other diagnostic/therapeutic laboratory services. See Appendix E for further information on laboratory data within the NPDB.

Special Services

Includes services that do not fit into the other strata, such as immunizations and Pap tests.

Miscellaneous Services

Includes all services that are unidentified or are identified but paid for by Social Services, the Attorney General, Workers' Compensation, etc. Examples include services relative to impaired driving, to rape victims and as a result of injuries sustained at work.

Unique Physician Identifier (UPI)

A unique identifier is created by the province or territory using components of the physician's first and last names (scrambled using an algorithm), date of birth, gender and place of Medical Doctorate (M.D.) graduation.

Computations and Adjustments

General Table Characteristics

The table series, within the Data Tables section, provides a summary of the reciprocal billing activities in various jurisdictions. Services received by residents of each jurisdiction and services provided by physicians of each jurisdiction are listed in terms of the number of services, the total dollar value and the cost per service of these services. Summary tables show breakdowns by physician specialty, referred to as “Type of Practice” throughout the tables, and by type of service.

The reciprocal billing data files are received with the service data aggregated at the fee code and physician level. In order to standardize fee code data across provinces and territories, the National Grouping System (NGS) is used to allocate fee codes to various procedure-based groups which are called categories. The categories are then aggregated at the strata level. Service data are reported at the strata level for the purposes of this report. The NGS also adjusts service counts for certain types of services to improve comparability across jurisdictions. NPDB fee codes may be adjusted in the following ways.

Adjustment A

To minimize the double counting of services, an Adjustment A is attached to the fee service code (FSC) and the service count is not included. For example, this occurs when two or more surgical procedures are performed at the same time and an additional fee is paid under a separate fee service code.

Example

FSC 1 Pyloroplasty

FSC 2 with suture of bleeding peptic ulcer, additional amount.

The service count and payments for FSC 1 are included, but only the payments for FSC 2 are retained.

Adjustment B

Fees are calculated to provide more comparable service counts for psychotherapy, detention, inhalation and physiotherapy, hospital per diem visits, resuscitation, intensive care services, pre- and post-natal care, stand-by fees and diagnostic/therapeutic tests. The revised service count is calculated by dividing the total payment for the fee service code by the calculated fee for the standardized service.

The following are the criteria used for B adjustments.

- Psychotherapy—It is assumed that the average duration for all psychotherapy services is thirty minutes and that group therapy sessions comprise four persons.
- Allergy Tests—The total price for the number of tests equivalent to the fee for an office visit is used to calculate the service count. This is most often used for patch and hypersensitivity tests.

- Detention—The duration of one detention service is one quarter of an hour. Service counts are adjusted when a fee for one half hour or one hour is indicated. A fee would be calculated based on one fifteen-minute period.
- Intensive Care—The duration of one intensive care service is assumed to be one hour. When an intensive care unit fee is paid on a per diem basis, the visits are considered equivalent to one hour.
- Monthly rates are adjusted to daily rates assuming twenty working days per month.

Adjustment C

This adjustment is used when a fee code is redefined during a year and each definition is applicable to a different category or, for instance, when laboratory surcharges are applicable to different procedures. By applying this adjustment, the services and payments for a specific fee service code are divided between two categories.

Adjustment D

This is the same as Adjustment B except the service counts are revised on the basis of whether they were performed by a General Practitioner or Specialist, with a different fee for each.

Example

Resuscitation

General Practitioner	\$14.00 per ¼ hour
Specialist	\$18.00 per ¼ hour

Calculated Fees

General Practitioner	\$56.00 per hour
Specialist	\$72.00 per hour

Adjustment E

In many jurisdictions, physicians are entitled to premiums or additional fees which are paid on visits or procedures provided outside regular office hours or during off-hours, evenings, nights, Saturdays, Sundays and statutory holidays or if the visit or procedure is provided on an emergency basis. To eliminate the double counting, services for these premium codes are dropped and the payments are reassigned to the appropriate visit or surgical category.

Example

FSC 1 Surcharge for a consultation

The service count for FSC 1 is subtracted from Category 1, Consultations. Payments removed from Category 1 are calculated by multiplying the service count of FSC 1 by the fee for a consultation. Category 20, Out of Hours/Emergency, contains the services and payments for FSC 1 plus the payments removed from Category 1.

Adjustment F

Payment for obstetrical care may be made on the basis of all-inclusive fees (comprising the remuneration for the delivery or Caesarean section and for all pre- and post-natal care) or by fees for the delivery or Caesarean section only and separate fees for associated pre- and post-natal services. Over the last few years, jurisdictions have increasingly, but not exclusively, adopted the latter approach.

To minimize the effect of these changes upon the comparability between jurisdictions and intertemporal comparability of the data, all-inclusive fees are broken down in accordance with the following assumptions, and the estimated number and cost of segregated visit services are included in the categories shown in brackets.

Pre-natal care includes one complete examination (Category 3 or 8) and eight subsequent visits to the office (Category 10 or 14), followed by one hospital post-partum visit (Category 11) and one post-natal office visit (Category 10 or 14). Note, if a consultation was specified in the composite fee description, then a consultation (Category 1) replaces the complete examination.

Service counts for all but subsequent office visits are the same as the count for the composite fee code. Service counts for subsequent office visits are calculated by multiplying the composite fee code count by nine (i.e. the assumed number of pre- and post-natal office visits). Payments for all but pre-natal subsequent office visits are calculated using the fees listed in the payment schedules. Payments for pre-natal subsequent office visits consist of the total payment for the composite fee items minus the amounts calculated as described above.

Note: If only the consultation and procedure are specified, then the payments for the consultation become the residual.

Jurisdiction-Specific Adjustments

There are also several adjustments made, for various reasons, to the data that do not apply consistently to each province or territory. For example, premium fees for off-hour visits and procedures are claimed in several jurisdictions. To maintain consistency, the dollar amounts for such premiums are included, but the service counts are dropped, to eliminate the double counting of services. Where radiology and laboratory services are billed, only the professional component and/or total component are counted, again to eliminate the double counting of services.

Data Limitations

Data Exclusions

Medical services covered by third parties, such as hospital insurance and workers' compensation plans, are not included in this report. The data also exclude certain categories of persons, among them members of the Armed Forces and of the Royal Canadian Mounted Police and inmates of federal and provincial penitentiaries who are covered under other public programs (these persons account for less than 0.5% of the total population).

Certain payments made directly by patients are also omitted; for example, amounts extra-billed or balance-billed by physicians and the costs of plastic surgery for cosmetic purposes.

Because of differences in coverage across the country, a common list of exclusions has been established. Such procedures are not eligible for reimbursement under reciprocal billing. For a complete list of ineligible procedures, please see Appendix F.

De-Insured and De-Listed Services

Certain services within each province or territory have been de-insured or de-listed. These services may differ across jurisdictions or from year to year. The impact of these services could explain minor fluctuations over years or minor differences between jurisdictions. For further information on de-insured and de-listed services please contact the Program Lead, NPDB, CIHI.

De-Insured Services

Services which, at some point in time, were defined as an insured service (i.e. covered by a provincial or territorial health plan), but are no longer covered.

De-Listed Services

Services which used to have an individual fee code assigned to them and have been included in another fee code.

Specialty Designations

Provinces and territories are requested to provide two types of specialty information on the NPDB files—latest acquired certified specialty and payment plan specialty. The latest acquired certified specialty is the most recently acquired specialty designation from the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada. The payment plan specialty may or may not be different from the latest certified specialty and should reflect the specialty area in which the physician provides the majority of their services. The payment plan specialty is not provided by all provinces and territories.

For the purpose of this report, the payment plan specialty is used. Provinces and territories may provide latest certified specialty instead of plan payment specialty if they do not have that information available. The latest certified specialty may or may not coincide with specialty orientation of the work actually carried out by a physician.

Additionally, any physicians who practised under more than one specialty during the fiscal year were assigned the specialty under which they received the majority of their payments.

CIHI National Grouping System Categories statistics may vary from provincial and territorial statistics because of differences in the way specialties are grouped. For example, CIHI groups geriatrics in with internal medicine whereas Alberta groups it with family medicine. Please see Appendix C for CIHI specialty categories.

Privacy and Confidentiality

There are three safeguards utilized by CIHI to protect the privacy and confidentiality of the physician data. CIHI employs a variety of safeguards to protect the privacy and confidentiality of physician data. These include:

Unique Physician Identifier (UPI)

Physician names are not used on the provincial and territorial files. Instead, a Unique Physician Identifier (UPI) is generated by the province or territory using components of the physician's name, date of birth, gender and place of M.D. graduation. The name portion of the UPI is scrambled using an algorithm known only to the province or territory. The UPI helps protect the privacy and confidentiality of the physician and allows for the tracking of the physician throughout their career in Canada.

Data Suppression

CIHI is committed to the privacy protection of the Canadian public's confidential health information. Although the level of aggregation in this report prevents identification of single individuals in jurisdictions with large populations, such as Ontario or British Columbia, the same may not be applicable for less populated jurisdictions, such as the Territories. To ensure anonymity, cell counts containing 1 to 4 services are suppressed in the data tables presented in this publication. Data suppression was carried out by first carefully examining service count summaries produced for the *Reciprocal Billing Report, Canada, 2004–2005, Revised August 2007*. These services have been excluded from both the provincial and territorial data columns as well as from aggregate level row and column totals in order to avoid re-identification of individuals through subtraction or other methods of imputation.

The "*" symbol is used within data tables to identify cells where information has been suppressed as a result of the methodology described above. The following footnote has been added to the data tables:

* Service value was from 1 to 4 for this cell. Data have been suppressed within the cell and are not included in aggregate level row and column totals.

Please note, in some cases the "*" symbol may appear in the "Total" column even though the service count is greater than 4. This occurs when rows contain only zeros and "*" symbols. For example, if in one row, all provinces and territories reported a service count of 3 for a particular type of service, the total service count would be 33 in an unsuppressed table. However, the 33 is changed to "*" in a suppressed table because every value in the row is changed to a "*" symbol.

Disclosure avoidance techniques are also applied to CIHI's release of data through ad hoc queries and special analytical studies.

NPDB Data Access/Release Policy

The Privacy Secretariat at CIHI has developed a set of guidelines to safeguard the privacy and confidentiality of data received by CIHI. The document *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information* may be obtained from the CIHI website (www.cihi.ca). These policies govern the release of data for all provinces except Quebec and Newfoundland and Labrador in publications, media releases, the CIHI website and through ad hoc requests and special studies. In compliance with these guidelines, CIHI prevents residual disclosure by implementing cell suppression for cells with counts from 1 to 4. For further information on data suppression, please see section Data Suppression above. These policies ensure the privacy and confidentiality of all health care providers and recipients.

The release of data from the NPDB for the provinces of Quebec and Newfoundland and Labrador is governed by the NPDB Data Access/Release Policy, which was established by the provincial and territorial ministries of health and is administered by CIHI. Depending on the type of client, the level of data aggregation, the province or territory and indicator of interest, CIHI may not be able to release data to the client without prior approval from the province or territory.

Products and Services

There are three types of products that are generated from the NPDB—ad hoc requests, publications and special projects. Ad hoc requests are generally short queries that do not require major programming resources. Services counts and dollars amounts by specific fee codes or procedures are the most common forms of ad hoc request. Most ad hoc requests can be handled through standard reports that are generated annually. The following series of publications, among others, are currently available:

- *Average Payment Per Physician Report*
- *Full-time Equivalent Physicians Report*
- *National Grouping System Categories Report*
- *Reciprocal Billing Report*

For details on publication years and reporting periods covered, please refer to the CIHI website (www.cihi.ca).

Special projects require project planning and the commitment of extra resources. Please contact the Program Lead, NPDB at CIHI for costs associated with these products and services.

Data Tables

Table 1-1. Number of Services, Payments (\$) and Cost (\$) per Service for Reciprocal Billing Services Provided and Received, 2004–2005

		Host Provider													
Home of Patient		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Services Received
N.L.	#	n/a	2,095	14,813	4,710	n/a	37,807	1,194	1,086	15,871	5,096	79	n/a	n/a	82,751
	\$	n/a	47,433	778,969	188,737	n/a	1,682,634	37,905	38,771	765,555	189,025	4,883	n/a	n/a	3,733,913
	Cost per Service	n/a	22.64	52.59	40.07	n/a	44.51	31.75	35.70	48.24	37.09	62.08	n/a	n/a	45.12
P.E.I.	#	704	n/a	11,227	14,921	n/a	8,700	157	245	2,210	1,599	13	n/a	n/a	39,776
	\$	21,604	n/a	1,021,312	837,096	n/a	340,227	3,868	8,500	112,606	49,341	418	n/a	n/a	2,394,973
	Cost per Service	30.69	n/a	90.97	56.10	n/a	39.11	24.69	34.64	50.95	30.85	33.00	n/a	n/a	60.21
N.S.	#	7,347	3,834	n/a	52,776	n/a	39,547	1,515	1,462	13,438	12,098	152	n/a	n/a	132,168
	\$	237,082	78,827	n/a	2,544,092	n/a	1,572,974	42,583	45,723	634,311	412,139	6,211	n/a	n/a	5,573,942
	Cost per Service	32.27	20.56	n/a	48.21	n/a	39.77	28.12	31.28	47.20	34.07	40.86	n/a	n/a	42.17
N.B.	#	2,565	2,467	38,909	n/a	n/a	30,067	970	1,090	7,847	6,218	88	n/a	n/a	90,222
	\$	88,222	53,198	2,904,548	n/a	n/a	1,229,696	28,504	37,633	425,476	221,429	3,291	n/a	n/a	4,991,997
	Cost per Service	34.40	21.56	74.65	n/a	n/a	40.90	29.40	34.52	54.22	35.61	37.26	n/a	n/a	55.33
Que.	#	n/a	n/a	n/a	101	n/a	40,197	42	n/a	n/a	n/a	n/a	n/a	n/a	40,340
	\$	n/a	n/a	n/a	3,808	n/a	3,898,914	1,848	n/a	n/a	n/a	n/a	n/a	n/a	3,904,569
	Cost per Service	n/a	n/a	n/a	37.70	n/a	97.00	44.00	n/a	n/a	n/a	n/a	n/a	n/a	96.79
Ont.	#	22,358	5,261	38,541	15,428	n/a	n/a	103,424	12,384	66,272	167,824	936	n/a	n/a	432,428
	\$	717,429	118,128	1,353,981	601,056	n/a	n/a	5,905,067	418,754	3,045,354	5,728,796	43,077	n/a	n/a	17,931,641
	Cost per Service	32.09	22.45	35.13	38.96	n/a	n/a	57.10	33.81	45.95	34.14	46.03	n/a	n/a	41.47
Man.	#	741	102	1,594	640	n/a	29,625	n/a	48,207	31,552	32,466	211	n/a	n/a	145,137
	\$	25,530	2,242	56,893	23,293	n/a	1,514,793	n/a	2,159,338	2,307,652	1,163,098	9,301	n/a	n/a	7,262,140
	Cost per Service	34.44	22.09	35.70	36.40	n/a	51.13	n/a	44.79	73.14	35.83	44.01	n/a	n/a	50.04
Sask.	#	411	140	1,074	639	n/a	13,986	43,416	n/a	193,137	36,836	293	n/a	n/a	289,932
	\$	12,524	3,282	36,325	30,099	n/a	648,442	1,605,224	n/a	11,901,517	1,450,145	14,857	n/a	n/a	15,702,414
	Cost per Service	30.49	23.44	33.83	47.08	n/a	46.37	36.97	n/a	61.62	39.37	50.71	n/a	n/a	54.16
Alta.	#	7,300	896	7,463	3,431	n/a	56,236	17,822	61,744	n/a	227,903	1,636	n/a	n/a	384,431
	\$	244,962	20,686	259,431	138,220	n/a	2,029,312	530,400	2,501,131	n/a	8,671,128	82,017	n/a	n/a	14,477,286
	Cost per Service	33.56	23.10	34.76	40.28	n/a	36.09	29.76	40.51	n/a	38.05	50.12	n/a	n/a	37.66
B.C.	#	2,808	692	7,360	2,600	n/a	95,221	17,024	22,244	202,898	n/a	6,664	n/a	n/a	357,509
	\$	89,969	15,070	271,483	109,523	n/a	3,181,581	487,843	787,689	13,746,027	n/a	371,699	n/a	n/a	19,060,884
	Cost per Service	32.04	21.78	36.89	42.13	n/a	33.41	28.66	35.41	67.75	n/a	55.78	n/a	n/a	53.32
Y. T.	#	81	52	183	28	n/a	1,436	297	590	6,459	17,600	n/a	n/a	n/a	26,725
	\$	2,939	2,984	5,555	1,277	n/a	49,403	8,880	22,105	520,920	1,237,654	n/a	n/a	n/a	1,851,716
	Cost per Service	36.40	57.39	30.36	45.92	n/a	34.40	29.89	37.44	80.65	70.32	n/a	n/a	n/a	69.29
N.W.T.	#	535	15	525	182	n/a	2,316	1,352	1,327	22,376	6,028	589	n/a	n/a	35,244
	\$	16,026	232	20,364	6,511	n/a	84,816	66,328	51,718	1,938,691	247,885	27,968	n/a	n/a	2,460,539
	Cost per Service	29.98	15.97	38.79	35.88	n/a	36.62	49.08	38.98	86.64	41.12	47.45	n/a	n/a	69.81
Nun.	#	880	41	525	180	n/a	12,743	13,504	501	3,327	751	94	n/a	n/a	32,545
	\$	33,347	712	27,495	8,075	n/a	922,732	817,955	17,798	304,615	28,261	7,155	n/a	n/a	2,168,144
	Cost per Service	37.90	17.37	52.37	44.82	n/a	72.41	60.57	35.55	91.56	37.63	75.98	n/a	n/a	66.62
Total	#	45,729	15,594	122,213	95,635	n/a	367,880	200,714	150,880	565,387	514,419	10,756	n/a	n/a	2,089,207
Services	\$	1,489,633	342,793	6,736,355	4,491,786	n/a	17,155,524	9,536,404	6,089,161	35,702,724	19,398,901	570,876	n/a	n/a	101,514,158
Provided	Cost per Service	32.58	21.98	55.12	46.97	n/a	46.63	47.51	40.36	63.15	37.71	53.08	n/a	n/a	48.59

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician services reported for this type of service for this jurisdiction.

Notes

Services Provided includes the nine provinces and the Yukon Territory, Northwest Territories, Nunavut, and Quebec did not submit data to CIHI. Ontario and British Columbia anaesthesia services are primarily in units. Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-2. Number of Services Provided by Type of Practice, 2004–2005

Type of Practice	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	30,817	11,277	84,047	34,640	n/a	215,993	65,637	95,906	340,078	307,205	10,377	n/a	n/a	1,195,976
Medical Specialties	5,243	1,414	9,541	44,865	n/a	85,242	56,565	16,384	105,167	46,103	63	n/a	n/a	370,587
Internal Medicine	2,793	1,129	3,201	11,817	n/a	31,955	23,554	9,941	50,671	20,246	6	n/a	n/a	155,314
Neurology	97	n/a	288	2,547	n/a	2,852	1,846	642	4,108	1,355	8	n/a	n/a	13,742
Psychiatry	1,240	136	1,339	840	n/a	17,970	5,639	1,737	20,264	11,165	16	n/a	n/a	60,347
Pediatrics	466	116	956	1,179	n/a	13,590	12,459	1,689	22,492	3,471	16	n/a	n/a	56,434
Dermatology	148	19	1,867	1,025	n/a	2,450	1,731	400	5,671	2,513	5	n/a	n/a	15,829
Physical Medicine	n/a	n/a	46	138	n/a	5,261	1,314	13	1,960	303	n/a	n/a	n/a	9,036
Anaesthesia	498	14	1,844	27,318	n/a	11,163	10,023	1,962	0	7,050	12	n/a	n/a	59,884
Surgical Specialties	3,887	1,288	27,115	14,790	n/a	50,712	32,513	26,583	71,600	24,791	316	n/a	n/a	253,595
General Surgery	804	420	2,000	1,338	n/a	5,736	5,586	3,371	14,377	4,472	225	n/a	n/a	38,328
Thoracic/Cardiovascular Surgery	28	n/a	510	892	n/a	2,802	1,817	169	2,880	883	n/a	n/a	n/a	9,981
Urology	119	*	1,604	1,813	n/a	3,051	2,216	980	4,506	1,967	n/a	n/a	n/a	16,255
Orthopedic Surgery	473	183	1,042	2,867	n/a	6,375	3,662	1,563	10,424	4,101	20	n/a	n/a	30,709
Plastic Surgery	157	n/a	338	860	n/a	1,846	1,874	512	5,116	1,097	n/a	n/a	n/a	11,799
Neurosurgery	80	n/a	6	1,188	n/a	1,131	186	288	854	538	n/a	n/a	n/a	4,271
Ophthalmology	299	100	15,318	1,523	n/a	10,577	5,545	10,019	11,758	4,716	31	n/a	n/a	59,886
Otolaryngology	592	110	1,065	1,510	n/a	3,429	2,942	3,736	6,391	2,439	40	n/a	n/a	22,253
Obstetrics/Gynecology	1,336	475	5,232	2,799	n/a	15,766	8,688	5,945	15,295	4,578	n/a	n/a	n/a	60,114
Technical Specialties	5,782	1,615	1,509	1,341	n/a	15,934	45,999	12,007	48,542	136,320	n/a	n/a	n/a	269,048
Radiology	5,746	1,615	1,465	1,264	n/a	11,583	11,575	6,778	2,345	9,130	n/a	n/a	n/a	51,501
Laboratory	36	n/a	44	77	n/a	4,350	34,424	5,229	46,197	127,189	n/a	n/a	n/a	217,547
Total Specialties	14,912	4,317	38,165	60,996	n/a	151,887	135,078	54,975	225,309	207,214	379	n/a	n/a	893,231
Total Physicians	45,729	15,594	122,213	95,635	n/a	367,880	200,714	150,880	565,386	514,419	10,756	n/a	n/a	2,089,207

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician payments reported for this type of service for this jurisdiction.

* Service value was from 1 to 4 for this cell. Data has been suppressed within the cell and is not included in aggregate level row and column totals.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-3. Payments (\$) for Services Provided by Type of Practice, 2004–2005

Type of Practice	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	791,360	173,118	2,488,117	1,151,775	n/a	5,340,050	2,058,954	2,717,011	14,760,254	10,819,732	502,258	n/a	n/a	40,802,628
Medical Specialties	302,434	55,797	996,388	1,610,100	n/a	6,305,703	3,432,892	1,131,581	8,772,559	3,973,876	11,395	n/a	n/a	26,592,724
Internal Medicine	138,348	37,280	271,223	741,607	n/a	2,163,167	1,387,071	513,320	4,502,724	1,510,807	1,049	n/a	n/a	11,266,596
Neurology	8,679	n/a	21,996	123,818	n/a	162,416	143,537	42,314	350,801	138,974	1,455	n/a	n/a	993,991
Psychiatry	56,329	10,793	105,400	73,449	n/a	922,959	287,004	118,150	1,375,421	954,741	1,872	n/a	n/a	3,906,119
Pediatrics	27,139	3,698	80,904	132,564	n/a	716,629	421,715	107,526	2,105,954	278,596	2,385	n/a	n/a	3,877,109
Dermatology	8,504	984	110,032	45,134	n/a	75,319	63,180	19,525	304,638	124,697	449	n/a	n/a	752,461
Physical Medicine	n/a	n/a	5,020	8,643	n/a	305,780	59,752	1,118	133,021	30,784	n/a	n/a	n/a	544,119
Anaesthesia	63,434	3,042	401,813	484,886	n/a	1,959,433	1,070,633	329,626	0	935,276	4,186	n/a	n/a	5,252,330
Surgical Specialties	257,404	78,953	3,019,302	1,688,244	n/a	4,681,362	3,350,423	1,723,082	10,938,012	2,783,166	57,223	n/a	n/a	28,577,170
General Surgery	59,114	32,912	284,339	157,713	n/a	651,798	547,348	351,249	2,376,799	506,805	43,267	n/a	n/a	5,011,343
Thoracic/Cardiovascular Surgery	1,623	n/a	146,944	187,245	n/a	924,635	428,614	80,382	2,016,100	221,362	n/a	n/a	n/a	4,006,906
Urology	8,723	*	232,940	199,420	n/a	209,804	213,568	97,252	596,841	192,138	n/a	n/a	n/a	1,750,685
Orthopedic Surgery	48,013	14,247	147,055	447,905	n/a	544,033	437,819	166,595	1,642,473	654,359	3,254	n/a	n/a	4,105,753
Plastic Surgery	15,946	n/a	39,131	96,610	n/a	201,237	211,136	56,885	917,158	137,185	n/a	n/a	n/a	1,675,287
Neurosurgery	8,822	n/a	748	183,902	n/a	264,497	12,306	51,076	254,007	141,159	n/a	n/a	n/a	916,518
Ophthalmology	26,008	6,694	1,756,937	77,036	n/a	881,529	622,243	455,367	1,115,715	381,082	4,584	n/a	n/a	5,327,195
Otolaryngology	24,927	2,187	66,074	102,385	n/a	196,423	229,361	150,072	674,133	170,556	6,117	n/a	n/a	1,622,236
Obstetrics/Gynecology	64,228	22,913	345,134	236,029	n/a	807,404	648,030	314,204	1,344,784	378,520	n/a	n/a	n/a	4,161,245
Technical Specialties	138,436	34,926	232,548	41,667	n/a	828,410	694,135	517,488	1,231,899	1,822,127	n/a	n/a	n/a	5,541,636
Radiology	136,474	34,926	229,537	36,527	n/a	639,279	501,311	466,101	336,003	446,818	n/a	n/a	n/a	2,826,977
Laboratory	1,961	n/a	3,012	5,140	n/a	189,130	192,825	51,386	895,896	1,375,310	n/a	n/a	n/a	2,714,659
Total Specialties	698,273	169,676	4,248,238	3,340,011	n/a	11,815,474	7,477,451	3,372,150	20,942,470	8,579,169	68,618	n/a	n/a	60,711,530
Total Physicians	1,489,633	342,793	6,736,355	4,491,786	n/a	17,155,524	9,536,404	6,089,161	35,702,724	19,398,901	570,876	n/a	n/a	101,514,158

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician payments reported for this type of service for this jurisdiction.

* Service value was from 1 to 4 for this cell. Data has been suppressed within the cell and is not included in aggregate level row and column totals.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-4. Cost (\$) per Service for Services Provided by Type of Practice, 2004–2005

Type of Practice	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	25.68	15.35	29.60	33.25	n/a	24.72	31.37	28.33	43.40	35.22	48.40	n/a	n/a	34.12
Medical Specialties	57.69	39.46	104.43	35.89	n/a	73.97	60.69	69.06	83.42	86.20	180.87	n/a	n/a	71.76
Internal Medicine	49.53	33.02	84.73	62.76	n/a	67.69	58.89	51.64	88.86	74.62	174.80	n/a	n/a	72.54
Neurology	89.33	n/a	76.37	48.61	n/a	56.95	77.78	65.88	85.40	102.58	181.85	n/a	n/a	72.33
Psychiatry	45.43	79.36	78.69	87.42	n/a	51.36	50.90	68.00	67.87	85.51	117.00	n/a	n/a	64.73
Pediatrics	58.25	31.88	84.63	112.43	n/a	52.73	33.85	63.68	93.63	80.26	149.03	n/a	n/a	68.70
Dermatology	57.30	51.78	58.94	44.04	n/a	30.74	36.51	48.76	53.72	49.63	89.74	n/a	n/a	47.54
Physical Medicine	n/a	n/a	109.14	62.51	n/a	58.12	45.46	86.03	67.85	101.60	n/a	n/a	n/a	60.22
Anaesthesia	127.31	217.29	217.90	17.75	n/a	175.53	106.82	168.00	0.00	132.66	348.85	n/a	n/a	87.71
Surgical Specialties	66.22	61.30	111.35	114.15	n/a	92.31	103.05	64.82	152.77	112.26	181.23	n/a	n/a	112.69
General Surgery	73.54	78.36	142.17	117.88	n/a	113.64	97.99	104.20	165.32	113.32	192.52	n/a	n/a	130.75
Thoracic/Cardiovascular Surgery	57.97	n/a	288.13	209.82	n/a	330.02	235.92	475.63	700.07	250.69	n/a	n/a	n/a	401.46
Urology	73.30	*	145.22	110.02	n/a	68.76	96.40	99.24	132.46	97.70	n/a	n/a	n/a	107.70
Orthopedic Surgery	101.56	77.85	141.13	156.23	n/a	85.34	119.57	106.59	157.57	159.56	162.71	n/a	n/a	133.70
Plastic Surgery	101.76	n/a	115.77	112.34	n/a	109.03	112.67	111.10	179.28	125.05	n/a	n/a	n/a	141.98
Neurosurgery	110.74	n/a	124.67	154.80	n/a	233.79	66.16	177.35	297.56	262.38	n/a	n/a	n/a	214.61
Ophthalmology	86.98	66.94	114.70	50.57	n/a	83.34	112.22	45.45	94.89	80.81	147.87	n/a	n/a	88.96
Otolaryngology	42.10	19.88	62.04	67.83	n/a	57.28	77.97	40.17	105.49	69.93	152.94	n/a	n/a	72.90
Obstetrics/Gynecology	48.08	48.24	65.97	84.32	n/a	51.21	74.59	52.85	87.92	82.68	n/a	n/a	n/a	69.22
Technical Specialties	23.94	21.63	154.11	31.07	n/a	51.99	15.09	43.10	25.38	13.37	n/a	n/a	n/a	20.60
Radiology	23.75	21.63	156.68	28.90	n/a	55.19	43.31	68.77	143.28	48.94	n/a	n/a	n/a	54.89
Laboratory	54.48	n/a	68.45	66.75	n/a	43.47	5.60	9.83	19.39	10.81	n/a	n/a	n/a	12.48
Total Specialties	46.83	39.30	111.31	54.76	n/a	77.79	55.36	61.34	92.95	41.40	181.17	n/a	n/a	67.97
Total Physicians	32.58	21.98	55.12	46.97	n/a	46.63	47.51	40.36	63.15	37.71	53.08	n/a	n/a	48.59

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician payments reported for this type of service for this jurisdiction.

* Service value was from 1 to 4 for this cell. Data has been suppressed within the cell and is not included in aggregate level row and column totals.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-5. Number of Services by Service Type, 2004–2005

Type of Service	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Consultations and Visits	35,027	11,121	92,776	44,450	n/a	244,679	115,495	102,419	408,080	314,365	9,164	n/a	n/a	1,377,575
Consultations	1,939	557	8,316	8,950	n/a	23,368	14,332	7,801	54,803	18,295	209	n/a	n/a	138,570
Major Assessments	1,947	350	3,033	1,707	n/a	19,148	20,523	5,780	30,735	10,290	1,174	n/a	n/a	94,687
Other Assessments	25,487	6,960	73,580	25,529	n/a	138,705	52,204	73,619	248,374	227,616	5,525	n/a	n/a	877,599
Hospital Care Days	3,693	815	3,653	5,531	n/a	25,155	20,766	7,321	39,396	15,014	349	n/a	n/a	121,693
Special Calls	162	2,146	672	1,202	n/a	10,416	4,273	4,625	14,641	27,941	1,373	n/a	n/a	67,451
Psychotherapy/Counselling	1,798	293	3,522	1,531	n/a	27,887	3,397	3,273	20,132	15,209	534	n/a	n/a	77,576
Procedures	10,702	4,473	29,437	51,185	n/a	123,201	85,220	48,461	157,306	200,054	1,592	n/a	n/a	711,631
Major Surgery	331	96	5,001	1,934	n/a	6,184	4,286	2,249	14,012	3,495	66	n/a	n/a	37,654
Minor Surgery	490	140	642	442	n/a	3,937	1,210	2,155	8,462	5,527	161	n/a	n/a	23,166
Surgical Assistance	19	38	1,229	782	n/a	1,890	678	485	12,512	1,701	13	n/a	n/a	19,347
Anaesthesia	448	9	1,416	26,785	n/a	5,188	4,898	2,055	0	6,799	86	n/a	n/a	47,684
Obstetrical Services	90	34	356	186	n/a	1,242	1,080	247	3,426	703	28	n/a	n/a	7,392
Diagnostic/Therapeutic Services	2,702	1,441	12,694	13,098	n/a	41,136	18,189	17,196	58,519	27,092	298	n/a	n/a	192,367
Radiology	5,780	1,972	130	1,348	n/a	11,459	11,299	7,661	1,447	8,973	146	n/a	n/a	50,215
Laboratory Services	73	82	32	11	n/a	37,772	37,946	11,395	44,833	141,374	723	n/a	n/a	274,241
Special Services	759	650	7,291	1,858	n/a	11,192	4,043	2,353	12,699	3,428	10	n/a	n/a	44,283
Miscellaneous Services	10	11	646	4,741	n/a	3,201	1,591	2,664	1,396	962	61	n/a	n/a	15,283
Total Services	45,729	15,594	122,213	95,635	n/a	367,881	200,714	150,880	565,386	514,419	10,756	n/a	n/a	2,089,207

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician services reported for this type of service for this jurisdiction.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI. Ontario and British Columbia anaesthesia services are primarily in units. Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-6. Payments (\$) for Services Provided by Service Type, 2004–2005

Type of Service	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Consultations and Visits	1,049,293	215,338	3,189,683	1,923,011	n/a	8,537,037	4,513,478	3,397,992	19,019,251	12,875,650	446,006	n/a	n/a	55,166,739
Consultations	155,219	37,669	714,369	833,238	n/a	2,002,219	1,301,811	627,630	5,223,547	2,002,237	26,673	n/a	n/a	12,924,610
Major Assessments	88,997	10,582	152,699	79,432	n/a	911,890	983,691	319,156	1,931,787	731,622	61,539	n/a	n/a	5,271,395
Other Assessments	631,205	123,006	1,975,556	714,500	n/a	3,542,681	1,266,811	1,947,979	7,648,674	7,037,358	205,826	n/a	n/a	25,093,596
Hospital Care Days	82,972	14,019	103,897	115,518	n/a	545,972	438,706	175,846	1,217,313	458,745	38,101	n/a	n/a	3,191,088
Special Calls	9,283	9,892	35,410	75,249	n/a	331,288	329,789	132,907	1,694,575	1,495,637	70,720	n/a	n/a	4,184,750
Psychotherapy/Counselling	81,616	20,170	207,752	105,074	n/a	1,202,987	192,671	194,474	1,303,357	1,150,051	43,148	n/a	n/a	4,501,300
Procedures	440,341	127,455	3,546,673	2,568,775	n/a	8,618,487	5,022,926	2,691,169	16,683,473	6,523,251	124,869	n/a	n/a	46,347,419
Major Surgery	94,052	24,173	1,932,189	880,955	n/a	2,899,466	1,748,892	802,752	7,889,704	1,626,068	31,082	n/a	n/a	17,929,332
Minor Surgery	15,483	3,248	28,091	22,335	n/a	137,688	61,127	108,486	601,180	355,133	11,598	n/a	n/a	1,344,369
Surgical Assistance	3,399	4,560	179,773	176,512	n/a	384,606	154,813	112,090	522,520	177,044	3,600	n/a	n/a	1,718,916
Anaesthesia	58,364	2,701	374,374	413,350	n/a	1,418,282	1,014,883	389,073	0	928,674	29,377	n/a	n/a	4,629,078
Obstetrical Services	22,811	12,029	146,084	103,863	n/a	212,573	276,899	92,603	674,803	249,959	11,722	n/a	n/a	1,803,344
Diagnostic/Therapeutic Services	95,070	34,884	704,585	751,372	n/a	2,469,274	1,034,394	539,230	5,918,370	1,260,669	20,176	n/a	n/a	12,828,023
Radiology	137,505	40,173	3,716	56,289	n/a	513,051	446,762	529,317	160,336	426,919	8,182	n/a	n/a	2,322,249
Laboratory Services	4,124	1,021	1,733	518	n/a	296,614	220,757	72,296	686,253	1,392,757	6,162	n/a	n/a	2,682,236
Special Services	9,095	3,525	156,872	18,193	n/a	103,296	26,282	23,299	174,697	31,645	510	n/a	n/a	547,414
Miscellaneous Services	440	1,142	19,256	145,387	n/a	183,637	38,118	22,024	55,610	74,384	2,460	n/a	n/a	542,457
Total Services	1,489,633	342,793	6,736,355	4,491,786	n/a	17,155,524	9,536,404	6,089,161	35,702,724	19,398,901	570,876	n/a	n/a	101,514,158

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician services reported for this type of service for this jurisdiction.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.
 Ontario and British Columbia anaesthesia services are primarily in units.
 Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-7. Cost (\$) per Service for Services Provided by Service Type, 2004–2005

Host Provider

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	29.96	19.36	34.38	43.26	n/a	34.89	39.08	33.18	46.61	40.96	48.67	n/a	n/a	40.05
Consultations	80.05	67.63	85.90	93.10	n/a	85.68	90.83	80.46	95.31	109.44	127.62	n/a	n/a	93.27
Major Assessments	45.71	30.23	50.35	46.53	n/a	47.62	47.93	55.22	62.85	71.10	52.42	n/a	n/a	55.67
Other Assessments	24.77	17.67	26.85	27.99	n/a	25.54	24.27	26.46	30.79	30.92	37.26	n/a	n/a	28.59
Hospital Care Days	22.47	17.20	28.44	20.89	n/a	21.70	21.13	24.02	30.90	30.55	109.17	n/a	n/a	26.22
Special Calls	57.30	4.61	52.69	62.60	n/a	31.81	77.18	28.74	115.74	53.53	51.51	n/a	n/a	62.04
Psychotherapy/Counselling	45.38	68.95	58.99	68.64	n/a	43.14	56.72	59.41	64.74	75.62	80.75	n/a	n/a	58.02
Procedures	41.14	28.49	120.48	50.19	n/a	69.95	58.94	55.53	106.06	32.61	78.45	n/a	n/a	65.13
Major Surgery	284.15	251.80	386.36	455.51	n/a	468.87	408.05	356.88	563.07	465.26	470.94	n/a	n/a	476.16
Minor Surgery	31.60	23.20	43.76	50.53	n/a	34.97	50.52	50.35	71.04	64.26	72.04	n/a	n/a	58.03
Surgical Assistance	178.87	120.01	146.28	225.72	n/a	203.52	228.34	231.11	41.76	104.08	276.90	n/a	n/a	88.85
Anaesthesia	130.28	300.13	264.39	15.43	n/a	273.37	207.20	189.33	0.00	136.59	341.59	n/a	n/a	97.08
Obstetrical Services	253.45	353.79	410.35	558.40	n/a	171.15	256.39	374.44	196.97	355.56	418.63	n/a	n/a	243.95
Diagnostic/Therapeutic Services	35.18	24.21	55.51	57.36	n/a	60.03	56.87	31.36	101.14	46.53	67.76	n/a	n/a	66.69
Radiology	23.79	20.37	28.58	41.76	n/a	44.77	39.54	69.09	110.81	47.58	56.04	n/a	n/a	46.25
Laboratory Services	56.50	12.45	54.17	47.13	n/a	7.85	5.82	6.34	15.31	9.85	8.52	n/a	n/a	9.78
Special Services	11.98	5.42	21.52	9.79	n/a	9.23	6.50	9.90	13.76	9.23	50.99	n/a	n/a	12.36
Miscellaneous Services	43.96	103.77	29.81	30.67	n/a	57.37	23.96	8.27	39.84	77.32	40.33	n/a	n/a	35.49
Total Services	32.58	21.98	55.12	46.97	n/a	46.63	47.51	40.36	63.15	37.71	53.08	n/a	n/a	48.59

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician services reported for this type of service for this jurisdiction.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.
 Ontario and British Columbia anaesthesia services are primarily in units.
 Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-8. Number of Services Received by Type of Practice, 2004–2005

Type of Practice	Home of Patient													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	56,060	15,081	65,904	53,001	1,927	229,713	81,844	189,261	252,495	217,272	10,926	5,607	16,886	1,195,976
Medical Specialties	13,092	14,776	41,270	11,189	17,449	69,104	21,703	43,231	37,518	67,370	8,084	16,024	9,777	370,587
Internal Medicine	5,946	4,427	13,659	5,163	2,700	29,740	10,687	17,599	16,336	33,768	4,595	5,572	5,122	155,314
Neurology	484	466	2,532	321	741	2,186	800	1,556	1,080	2,384	240	626	326	13,742
Psychiatry	2,590	858	3,322	2,007	432	10,988	3,342	10,290	8,075	14,864	1,093	899	1,588	60,347
Pediatrics	1,358	279	2,510	1,286	5,013	10,107	3,941	9,076	4,728	9,691	547	6,166	1,732	56,434
Dermatology	559	947	1,080	811	n/a	3,592	710	1,856	1,863	3,465	172	212	563	15,829
Physical Medicine	107	75	265	39	4,282	1,220	119	681	536	1,174	59	247	233	9,036
Anaesthesia	2,049	7,723	17,903	1,562	4,280	11,272	2,104	2,174	4,900	2,023	1,379	2,302	212	59,884
Surgical Specialties	8,323	7,855	15,589	18,879	20,814	41,751	23,932	32,191	25,260	42,351	3,316	7,734	5,598	253,595
General Surgery	1,543	551	1,836	1,574	915	5,960	2,296	7,322	5,388	8,194	409	1,399	942	38,328
Thoracic/Cardiovascular Surgery	453	526	849	384	1,277	1,926	618	1,248	516	1,340	309	250	284	9,981
Urology	891	391	2,100	750	547	3,112	1,050	1,644	1,350	3,537	331	248	304	16,255
Orthopedic Surgery	718	608	2,939	689	2,308	5,084	1,375	4,158	3,676	6,882	530	1,082	663	30,709
Plastic Surgery	278	291	783	244	437	2,231	406	1,139	1,029	3,637	239	553	532	11,799
Neurosurgery	111	800	376	76	476	396	274	314	498	595	140	169	46	4,271
Ophthalmology	2,153	2,640	1,400	11,701	6,597	8,282	9,947	4,856	3,224	6,631	741	841	874	59,886
Otolaryngology	564	334	1,700	1,072	775	4,029	2,559	2,757	3,199	3,653	262	771	578	22,253
Obstetrics/Gynecology	1,613	1,716	3,607	2,390	7,483	10,730	5,407	8,753	6,381	7,883	356	2,421	1,375	60,114
Technical Specialties	5,276	2,064	9,405	7,152	150	91,860	17,658	25,249	69,157	30,516	4,399	3,180	2,983	269,048
Radiology	2,305	1,146	3,874	2,195	150	14,668	2,729	4,324	11,726	5,956	569	1,334	527	51,501
Laboratory	2,972	918	5,531	4,957	n/a	77,192	14,929	20,925	57,431	24,560	3,830	1,846	2,456	217,547
Total Specialties	26,691	24,695	66,264	37,220	38,413	202,716	63,293	100,670	131,936	140,237	15,799	26,938	18,358	893,231
Total Physicians	82,751	39,776	132,168	90,222	40,340	432,428	145,137	289,932	384,431	357,509	26,725	32,545	35,244	2,089,207

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician payments reported for this type of service for this jurisdiction.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-9. Payments (\$) for Services Received by Type of Practice, 2004–2005

Type of Practice	Home of Patient													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	1,671,755	469,251	1,986,452	1,560,363	163,491	7,576,965	2,733,386	7,304,905	8,220,618	7,757,180	406,475	209,912	741,875	40,802,628
Medical Specialties	930,684	797,857	1,763,105	1,013,489	1,697,552	4,709,017	1,942,087	3,484,356	2,765,295	4,899,446	770,286	1,048,280	771,271	26,592,724
Internal Medicine	418,208	365,375	749,340	395,717	205,269	1,936,323	880,886	1,497,045	1,064,182	2,651,987	370,567	324,525	407,173	11,266,596
Neurology	28,157	27,331	123,783	24,009	37,497	178,362	54,970	133,939	92,886	199,607	24,899	38,772	29,778	993,991
Psychiatry	134,630	47,831	217,190	129,710	25,495	750,194	226,124	642,480	620,432	853,540	90,929	56,213	111,350	3,906,119
Pediatrics	66,294	24,899	171,297	92,009	326,449	503,749	390,713	829,235	264,867	685,291	49,643	326,919	145,743	3,877,109
Dermatology	25,174	53,006	40,853	43,906	n/a	153,474	57,751	77,804	70,642	167,603	15,581	8,152	38,713	752,461
Physical Medicine	6,445	3,707	11,833	3,651	269,048	63,520	7,737	44,676	25,638	73,862	6,533	11,722	15,745	544,119
Anaesthesia	251,777	275,708	449,009	324,486	833,793	1,123,394	323,906	259,176	626,647	267,556	212,133	281,978	22,767	5,252,330
Surgical Specialties	926,871	977,991	1,596,994	2,167,678	2,033,633	4,203,934	2,208,730	4,348,626	2,228,990	5,613,731	590,870	817,503	861,618	28,577,170
General Surgery	195,611	89,213	224,749	231,073	118,643	630,968	364,087	993,242	529,436	1,226,994	78,559	154,135	174,633	5,011,343
Thoracic/Cardiovascular Surgery	104,865	171,499	151,178	137,854	557,480	493,249	453,695	852,035	108,123	706,183	113,316	54,387	103,040	4,006,906
Urology	126,323	54,943	205,130	97,644	38,634	290,050	105,810	168,821	116,053	417,270	46,909	26,296	56,800	1,750,685
Orthopedic Surgery	69,814	107,767	430,123	78,851	150,100	637,126	183,048	596,738	463,833	1,006,581	110,395	139,691	131,686	4,105,753
Plastic Surgery	36,919	36,797	87,070	31,341	40,689	263,162	64,737	177,036	115,793	615,682	48,208	60,308	97,545	1,675,287
Neurosurgery	46,217	126,831	68,563	13,353	71,494	60,109	78,003	126,958	70,994	173,491	53,698	19,481	7,327	916,518
Ophthalmology	223,591	257,966	83,218	1,355,972	606,277	803,655	524,306	369,012	215,154	601,740	84,613	88,645	113,047	5,327,195
Otolaryngology	30,441	23,663	108,419	63,227	45,884	278,003	131,311	289,192	194,009	298,532	23,409	65,131	71,016	1,622,236
Obstetrics/Gynecology	93,090	109,311	238,544	158,363	404,431	747,612	303,733	775,593	415,594	567,259	31,762	209,429	106,525	4,161,245
Technical Specialties	204,603	149,874	227,391	250,468	9,894	1,441,724	377,937	564,526	1,262,383	790,526	84,085	92,449	85,775	5,541,636
Radiology	148,442	133,844	151,920	134,620	9,894	621,215	155,200	261,478	667,796	389,931	34,352	74,087	44,199	2,826,977
Laboratory	56,161	16,031	75,471	115,848	n/a	820,510	222,737	303,048	594,587	400,595	49,733	18,362	41,576	2,714,659
Total Specialties	2,062,158	1,925,722	3,587,491	3,431,634	3,741,078	10,354,676	4,528,754	8,397,509	6,256,668	11,303,703	1,445,241	1,958,233	1,718,664	60,711,530
Total Physicians	3,733,913	2,394,973	5,573,942	4,991,997	3,904,569	17,931,641	7,262,140	15,702,414	14,477,286	19,060,884	1,851,716	2,168,144	2,460,539	101,514,158

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician payments reported for this type of service for this jurisdiction.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-10. Cost (\$) per Service for Services Received by Type of Practice, 2004–2005

Type of Practice	Home of Patient													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	29.82	31.12	30.14	29.44	84.86	32.98	33.40	38.60	32.56	35.70	37.20	37.44	43.93	34.12
Medical Specialties	71.09	54.00	42.72	90.58	97.29	68.14	89.48	80.60	73.71	72.72	95.28	65.42	78.89	71.76
Internal Medicine	70.34	82.54	54.86	76.64	76.02	65.11	82.43	85.07	65.14	78.53	80.65	58.24	79.49	72.54
Neurology	58.22	58.67	48.89	74.79	50.60	81.59	68.70	86.06	86.00	83.72	103.65	61.94	91.34	72.33
Psychiatry	51.98	55.74	65.39	64.64	59.02	68.27	67.66	62.44	76.83	57.43	83.16	62.52	70.11	64.73
Pediatrics	48.83	89.10	68.26	71.56	65.11	49.84	99.13	91.37	56.02	70.71	90.81	53.02	84.12	68.70
Dermatology	45.03	55.95	37.65	54.14	n/a	42.73	81.34	41.92	37.93	48.37	90.67	38.46	68.76	47.54
Physical Medicine	60.31	49.42	44.64	94.61	62.83	52.06	65.06	65.64	47.85	62.90	110.73	47.38	67.72	60.22
Anaesthesia	122.90	35.70	25.08	207.68	194.80	99.66	153.94	119.22	127.88	132.23	153.88	122.50	107.18	87.71
Surgical Specialties	111.36	124.50	102.44	114.82	97.70	100.69	92.29	135.09	88.24	132.55	178.17	105.71	153.91	112.69
General Surgery	126.80	162.05	122.39	146.80	129.73	105.86	158.57	135.65	98.27	149.74	192.17	110.18	185.34	130.75
Thoracic/Cardiovascular Surgery	231.54	326.14	177.98	359.01	436.46	256.05	734.31	682.81	209.37	527.08	366.99	217.21	362.79	401.46
Urology	141.75	140.52	97.69	130.13	70.57	93.20	100.76	102.71	85.97	117.98	141.72	106.25	186.84	107.70
Orthopedic Surgery	97.28	177.34	146.37	114.53	65.04	125.33	133.14	143.50	126.18	146.27	208.47	129.16	198.61	133.70
Plastic Surgery	132.66	126.65	111.23	128.33	93.08	117.94	159.39	155.48	112.57	169.30	201.62	108.96	183.23	141.98
Neurosurgery	416.37	158.54	182.35	176.47	150.20	151.84	284.68	404.45	142.56	291.60	382.25	115.27	160.15	214.61
Ophthalmology	103.86	97.73	59.46	115.89	91.90	97.04	52.71	75.99	66.74	90.75	114.19	105.39	129.34	88.96
Otolaryngology	53.98	70.85	63.77	58.99	59.23	69.00	51.32	104.89	60.65	81.72	89.35	84.46	122.85	72.90
Obstetrics/Gynecology	57.72	63.70	66.14	66.27	54.05	69.67	56.17	88.61	65.13	71.96	89.33	86.52	77.48	69.22
Technical Specialties	38.78	72.61	24.18	35.02	65.96	15.69	21.40	22.36	18.25	25.91	19.12	29.07	28.76	20.60
Radiology	64.41	116.78	39.21	61.33	65.96	42.35	56.88	60.48	56.95	65.47	60.43	55.53	83.95	54.89
Laboratory	18.90	17.46	13.65	23.37	n/a	10.63	14.92	14.48	10.35	16.31	12.99	9.95	16.93	12.48
Total Specialties	77.26	77.98	54.14	92.20	97.39	51.08	71.55	83.42	47.42	80.60	91.48	72.69	93.62	67.97
Total Physicians	45.12	60.21	42.17	55.33	96.79	41.47	50.04	54.16	37.66	53.32	69.29	66.62	69.81	48.59

Source: NPDB, CIHI.

n/a = Not Applicable—There were no physician payments reported for this type of service for this jurisdiction.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-11. Number of Services Received by Service Type, 2004–2005

Home of Patient

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	59,774	21,004	76,737	58,320	22,652	272,390	94,077	214,792	255,179	242,990	15,864	20,468	23,327	1,377,574
Consultations	4,158	3,539	9,035	6,956	7,030	22,837	8,666	25,620	14,381	27,021	2,840	3,203	3,284	138,570
Major Assessments	3,681	1,223	4,608	3,459	3,724	22,100	5,829	15,872	12,040	16,468	593	3,239	1,851	94,687
Other Assessments	40,491	11,039	46,520	38,895	7,965	178,488	61,253	138,782	183,644	144,479	8,073	6,119	11,852	877,600
Hospital Care Days	5,083	2,765	7,986	3,649	2,286	21,783	8,504	19,643	13,561	24,606	2,354	6,118	3,353	121,692
Special Calls	2,863	435	3,467	2,122	359	13,493	4,640	8,648	19,713	9,285	801	745	880	67,451
Psychotherapy/Counselling	3,497	2,004	5,121	3,239	1,288	13,688	5,185	6,227	11,840	21,131	1,203	1,043	2,108	77,575
Procedures	22,977	18,772	55,430	31,901	17,688	160,039	51,060	75,140	129,251	114,519	10,861	12,078	11,917	711,632
Major Surgery	1,318	1,365	1,995	3,894	2,377	5,173	2,738	4,899	3,039	7,625	804	1,104	1,324	37,655
Minor Surgery	908	220	1,160	803	312	3,817	1,825	3,588	5,166	4,642	193	170	362	23,166
Surgical Assistance	434	446	730	1,022	676	1,408	1,168	4,618	928	6,442	576	214	685	19,347
Anaesthesia	1,419	7,278	17,208	1,062	1,542	7,242	1,905	1,532	4,829	1,404	891	1,203	170	47,684
Obstetrical Services	114	122	235	143	571	1,087	340	2,215	759	995	39	423	349	7,392
Diagnostic/Therapeutic Services	7,295	5,372	15,163	10,674	10,552	31,292	17,457	22,456	22,163	36,610	3,270	5,114	4,950	192,366
Radiology	2,092	661	3,990	1,726	182	14,581	3,437	3,963	11,859	5,630	511	1,171	416	50,215
Laboratory Services	5,805	1,882	9,747	8,905	1,153	83,414	18,281	23,842	72,465	39,737	4,158	2,073	2,779	274,241
Special Services	2,726	798	3,161	3,205	144	8,817	2,672	6,949	5,538	8,928	340	300	704	44,283
Miscellaneous Services	868	628	2,042	468	180	3,208	1,236	1,077	2,505	2,507	80	307	177	15,283
Total Services	82,751	39,776	132,168	90,222	40,340	432,428	145,137	289,932	384,431	357,509	26,725	32,545	35,244	2,089,207

Source: NPDB, CIHI.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-12. Payments (\$) for Services Received by Service Type, 2004–2005

Home of Patient

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	2,108,919	841,383	2,941,330	2,196,834	1,086,796	10,646,480	3,595,594	9,071,622	9,619,331	10,272,457	792,055	876,301	1,117,636	55,166,739
Consultations	376,056	324,581	816,577	588,665	606,337	2,175,647	755,111	2,219,403	1,414,389	2,693,498	313,727	302,015	338,604	12,924,610
Major Assessments	194,158	63,093	232,788	177,026	166,730	1,162,737	323,905	964,548	722,581	955,507	37,214	160,293	110,814	5,271,395
Other Assessments	1,105,203	302,002	1,258,772	1,057,390	176,565	5,031,613	1,748,039	4,128,776	5,362,339	4,137,430	250,630	162,794	372,043	25,093,596
Hospital Care Days	119,501	62,783	181,067	96,174	53,281	521,753	225,335	571,707	370,718	688,989	64,526	135,824	99,430	3,191,088
Special Calls	146,366	25,751	163,132	94,588	16,553	853,824	254,639	794,795	973,531	685,376	46,307	60,085	69,805	4,184,750
Psychotherapy/Counselling	167,634	63,174	288,994	182,990	67,330	900,906	288,566	392,393	775,772	1,111,657	79,651	55,291	126,941	4,501,300
Procedures	1,624,994	1,553,590	2,632,612	2,795,162	2,817,773	7,285,161	3,666,546	6,630,792	4,857,955	8,788,427	1,059,661	1,291,843	1,342,903	46,347,419
Major Surgery	608,081	663,913	835,462	1,498,909	1,259,302	2,221,081	1,457,793	2,793,942	1,126,979	3,914,457	466,656	423,941	658,816	17,929,332
Minor Surgery	45,129	10,953	55,699	38,133	18,427	229,581	95,478	253,612	282,517	268,106	12,914	12,067	21,754	1,344,369
Surgical Assistance	63,952	99,467	138,408	130,344	175,063	203,594	129,499	234,449	142,632	311,266	32,412	30,081	27,751	1,718,916
Anaesthesia	204,952	226,063	390,013	288,606	507,892	1,049,219	341,960	258,503	660,000	256,927	179,601	242,229	23,111	4,629,078
Obstetrical Services	32,247	34,014	88,856	55,297	91,304	288,200	99,408	489,918	251,162	200,969	10,156	101,398	60,416	1,803,344
Diagnostic/Therapeutic Services	445,832	431,615	772,117	558,360	750,387	1,692,036	1,101,923	2,046,913	946,240	2,927,738	275,165	404,212	475,484	12,828,023
Radiology	88,936	25,847	150,100	65,448	6,196	570,729	199,777	190,456	649,373	276,615	26,659	46,161	25,951	2,322,249
Laboratory Services	60,630	20,984	96,505	86,214	2,126	824,299	185,218	242,744	641,902	430,349	46,867	15,243	29,154	2,682,236
Special Services	38,072	13,040	30,084	52,974	1,647	114,268	29,198	83,983	55,475	109,094	4,117	3,769	11,692	547,414
Miscellaneous Services	37,162	27,695	75,368	20,877	5,430	92,153	26,292	36,272	101,675	92,904	5,114	12,742	8,774	542,457
Total Services	3,733,913	2,394,973	5,573,942	4,991,997	3,904,569	17,931,641	7,262,140	15,702,414	14,477,286	19,060,884	1,851,716	2,168,144	2,460,539	101,514,158

Source: NPDB, CIHI.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Table 1-13. Cost (\$) per Service for Services Received by Service Type, 2004–2005

Home of Patient

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	35.28	40.06	38.33	37.67	47.98	39.09	38.22	42.23	37.70	42.28	49.93	42.81	47.91	40.05
Consultations	90.44	91.72	90.38	84.63	86.25	95.27	87.13	86.63	98.35	99.68	110.47	94.29	103.11	93.27
Major Assessments	52.75	51.59	50.52	51.18	44.77	52.61	55.57	60.77	60.02	58.02	62.76	49.49	59.87	55.67
Other Assessments	27.29	27.36	27.06	27.19	22.17	28.19	28.54	29.75	29.20	28.64	31.05	26.60	31.39	28.59
Hospital Care Days	23.51	22.71	22.67	26.36	23.31	23.95	26.50	29.10	27.34	28.00	27.41	22.20	29.66	26.22
Special Calls	51.12	59.20	47.05	44.58	46.11	63.28	54.88	91.91	49.39	73.82	57.81	80.65	79.32	62.04
Psychotherapy/Counselling	47.94	31.52	56.43	56.49	52.28	65.82	55.65	63.01	65.52	52.61	66.19	53.03	60.23	58.03
Procedures	70.72	82.76	47.49	87.62	159.31	45.52	71.81	88.25	37.59	76.74	97.57	106.96	112.69	65.13
Major Surgery	461.37	486.38	418.78	384.93	529.79	429.36	532.45	570.31	370.84	513.37	580.42	384.00	497.41	476.14
Minor Surgery	49.70	49.79	48.02	47.49	59.06	60.15	52.31	70.69	54.69	57.76	67.01	70.98	60.09	58.03
Surgical Assistance	147.48	222.91	189.53	127.51	259.15	144.60	110.83	50.76	153.68	48.32	56.32	140.84	40.49	88.85
Anaesthesia	144.45	31.06	22.66	271.86	329.39	144.88	179.47	168.69	136.67	183.02	201.59	201.44	136.12	97.08
Obstetrical Services	282.87	278.80	378.11	386.69	159.90	265.13	292.39	221.18	330.91	201.98	260.41	239.71	172.95	243.95
Diagnostic/Therapeutic Services	61.12	80.35	50.92	52.31	71.11	54.07	63.12	91.15	42.69	79.97	84.14	79.04	96.06	66.69
Radiology	42.52	39.13	37.62	37.92	34.05	39.14	58.13	48.06	54.76	49.14	52.22	39.44	62.46	46.25
Laboratory Services	10.44	11.15	9.90	9.68	1.84	9.88	10.13	10.18	8.86	10.83	11.27	7.35	10.49	9.78
Special Services	13.97	16.34	9.52	16.53	11.47	12.96	10.93	12.09	10.02	12.22	12.11	12.57	16.60	12.36
Miscellaneous Services	42.81	44.10	36.91	44.61	30.16	28.73	21.27	33.68	40.59	37.06	63.92	41.50	49.57	35.49
Total Services	45.12	60.21	42.17	55.33	96.79	41.47	50.04	54.16	37.66	53.32	69.29	66.62	69.81	48.59

Source: NPDB, CIHI.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit data to CIHI.

Ontario and British Columbia anaesthesia services are primarily in units.

Alberta's anaesthesia services and anaesthesia specialty are excluded.

Appendix A

Fee-for-Service Physician Counts

Fee-for-Service Physician Counts

Table A. Physician Counts for Physicians Billing Fee-for-Service Reciprocal Billing Services at Least Once in the Fiscal Year, Canada, 2004–2005

Host Provider	
Newfoundland and Labrador	793
Prince Edward Island	217
Nova Scotia	1,461
New Brunswick	1,100
Ontario	15,329
Manitoba	1,715
Saskatchewan	1,525
Alberta	5,137
British Columbia	7,426
Yukon Territory	83
Total*	34,786

Source: NPDB, CIHI.

* Total for nine provinces and the Yukon Territory. Northwest Territories and Nunavut did not submit 2004–2005 data to CIHI. Reciprocal billing data are not applicable to the province of Quebec.

Appendix B

NPDB Authorization Officers

NPDB Authorization Officers

NEWFOUNDLAND AND LABRADOR

Ed Hunt
Assistant Deputy Minister,
Newfoundland and Labrador
Department of Health and
Community Services
Confederation Building
P.O. Box 8700
St. John's, Newfoundland and
Labrador
A1B 4J6

PRINCE EDWARD ISLAND

Johanne Irwin
Physician Services Manager,
P.E.I. Health and Social Services
16 Garfield Street
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8

NOVA SCOTIA

Sandra Cascadden
Chief Information Officer
Nova Scotia Department of Health
Joseph Howe Building
1690 Hollis Street
P.O. Box 488
Halifax, Nova Scotia
B3J 2R8

NEW BRUNSWICK

Linda Lingley
Manager,
Medicare Services
New Brunswick Health and Wellness
520 King Street
P.O. Box 5100
Fredericton, New Brunswick
E3B 5G8

QUEBEC

Joanne Gaumont
Chef,
Régie de l'assurance-maladie
du Québec
1125 Chemin St.-Louis
Sillery, Quebec
G1S 1E7

ONTARIO

Kathryn Tessier
Project Manager, Re-Assessment
Ontario Ministry of Health
and Long-Term Care
1075 Bay Street
Suite 301
Toronto, Ontario
M5S 2B1

MANITOBA

Deborah Malazdrewicz
Manager,
Data Management and Development,
Manitoba Health
4029–300 Carlton Street
Winnipeg, Manitoba
R3B 3M9

SASKATCHEWAN

Carmelle Mondor
Program Manager,
Data and Statistical Services,
Saskatchewan Health,
Medical Services Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

ALBERTA

Louise Hewak
Authorization Officer/Executive
Director
Alberta Health and Wellness
10025 Jasper Avenue NW
PO Box 1360 Station Main
Edmonton, Alberta
T5J 2N3

BRITISH COLUMBIA

Ian Rongve
Executive Director,
Health Modernization,
British Columbia Ministry of Health
7-1, 1515 Blanshard Street
Victoria, British Columbia
V8W 3C8

YUKON

Sherri Wright
Director,
Yukon Department of Health
and Social Services
P.O. Box 2703 (H-2)
Whitehorse, Yukon Territory
Y1A 2C6

NORTHWEST TERRITORIES

Warren St. Germaine
Director of Finance,
Department of Health and Social Services,
Government of Northwest Territories
P.O. Box 1320
7th Floor, Center Square Tower
Yellowknife, Northwest Territories
X1A 2L9

Appendix C

NPDB Specialty Categories

NPDB Physician Specialty Categories

- 01 **Family Medicine**
 - 010 Residency
 - 011 General Practice
 - 012 Family Practice
 - 013 Community Medicine/Public Health
 - 014 Emergency Medicine

Medical Specialists

- 02 **Internal Medicine**
 - 020 General Internal Medicine
 - 021 Cardiology
 - 022 Gastroenterology
 - 023 Respiratory Medicine
 - 024 Endocrinology
 - 025 Nephrology
 - 026 Hematology
 - 027 Rheumatology
 - 028 Clinical Immunology and Allergy
 - 030 Oncology
 - 031 Geriatrics
 - 032 Tropical Medicine
 - 035 Genetics

- 04 **Neurology**
 - 040 Neurology and EEG
 - 041 Neurology
 - 042 EEG

- 05 **Psychiatry**
 - 050 Psychiatry and Neuropsychiatry
 - 051 Psychiatry
 - 052 Neuropsychiatry

- 06 **Pediatrics**
 - 060 Pediatrics

- 07 **Dermatology**
 - 065 Dermatology

- 08 **Physical Medicine/Rehabilitation**
 - 070 Physical Medicine and Rehabilitation
 - 071 Electromyography

- 09 **Anesthesia**
 - 075 Anesthesia

Surgical Specialists

- 10 **General Surgery**
 - 080 General Surgery

- 11 **Thoracic/Cardiovascular Surgery**
 - 086 Thoracic Surgery
 - 087 Cardiovascular Surgery
 - 088 Cardiovascular/Thoracic Surgery

- 12 **Urology**
 - 090 Urology

- 13 **Orthopedic Surgery**
 - 095 Orthopedic Surgery

- 14 **Plastic Surgery**
 - 100 Plastic Surgery

- 15 **Neurosurgery**
 - 110 Neurosurgery

- 16 **Ophthalmology**
 - 115 Ophthalmology
 - 116 Ophthalmology/Otolaryngology

- 17 **Otolaryngology**
 - 120 Otolaryngology

- 18 **Obstetrics/Gynecology**
 - 126 Obstetrics
 - 127 Gynecology
 - 128 Obstetrics/Gynecology

Technical Specialists

- 26 **Radiology Specialties**
 - 250 Diagnostic radiology
 - 251 Therapeutic radiology
 - 252 Therapeutic radiology and nuclear medicine

- 27 **Laboratory Specialties**
260 Nuclear medicine
261 Bacteriology
262 Biochemistry
263 Microbiology
264 Pathology
265 Anatomic-pathology
266 General laboratory

Note: Although genetics is no longer a sub-specialty of internal medicine it is included in the internal medicine category because the number of physician records assigned this specialty is relatively small.

Appendix D

NPDB National Grouping System Categories and Strata

NPDB National Grouping System Categories and Strata

1. Consultations

Major, initial, ordinary, minor, repeat, regional and operative consultations performed in the office, hospital, chronic care and convalescent hospitals and nursing homes, as well as psychiatric and obstetrical consultations where no *Special Call* is involved.

- Major Consultations
- Other Consultations

2. Major Assessments

General and specific assessments, reassessments, initial visits with a complete exam, new condition seen for first time and including complete history and exam, complete specific exam depending upon the physician specialty, annual exams, newborn/premature care and special eye exams performed in any location where no *Special Call* is involved.

- Office
- Hospital Inpatient: Newborn
- Hospital Inpatient: Other
- Hospital Outpatient
- Hospital Unspecified
- Unspecified
- Special Eye

3. Other Assessments

Partial or minor assessments, regional exams, first or subsequent or repeat exams, ordinary, pre- and post-natal care, well baby care in any location, chronic and convalescent care, outpatient visits and other visits when physician is in the hospital, intermediate and minor assessments, partial assessments, follow-up exams and regional exams, additional patients seen during a special call and detention.

- Office
- Hospital Inpatient
- Hospital Outpatient
- Hospital Unspecified
- Unspecified Location
- Special Calls—Add
- Detention

4. Hospital Care Days

Regular visits up to 28/30/31 or 35/42 days, over 28/30/31 or 35/42 days, inpatient supportive care, continuing care, concurrent care, directive care, convalescent care, palliative care and daily management.

- Up to 28/30/31/35/42 Days
- Over 28/30/31/35/42 Days
- Other

5. Special Calls

Visits at night, on Saturdays, Sundays and holidays, requiring travel, to the office, homes, nursing homes, outpatient and emergency departments. Also including special visits, consultations, specific assessments and reassessments, general reassessments, ordinary home visits, home summary and specific exams.

Out-of-hours/Emergency

Other Regular Hours

6. Psychotherapy/Counselling

Individual psychotherapy, hypnotherapy, narco-analysis, diagnostic/therapeutic interviews, group and family psychotherapy and interviews, and interviews for physical medicine and counselling for drugs, family, genetic, marriage and contraception, and case conferences on behalf of patients with allied workers, teachers, clergy, etc.

Individual Psychiatry

Group/Family Psychiatry

Counselling

7. Major Surgery

Based on the 1988 Ontario Schedule of Benefits, these procedures have a fee of more than \$75.

Mastectomy

Simple, radical or modified radical; unilateral or bilateral; female or male.

Breast Tumor Excision/Biopsy

Tumour or tissue for biopsy and/or treatment; partial mastectomy or wedge resection.

Other Integumentary System

All other major surgery procedures performed on the integumentary system not listed above, e.g. excisions, lesions, tumours, cysts, burn and skin grafts, pedicle and free island flaps, plastic planing, plastic surgery procedures, breast reconstruction, mammoplasties, surgical debridement.

Fractures

Bone and joint fractures.

Disc Surgery

Procedures for disc removal and fusion.

Arthroplasty – Hip

Total hip replacement, unipolar and bipolar arthroplasty and revisions.

Arthroplasty – Knee

Knee arthroplasty and revisions.

Other Musculo-Skeletal System

Including all other major surgery performed on the musculo-skeletal system not listed above, including bone grafts, arthrodesis, amputation, arthrotomy, bone, joint, muscle and tendon excision, reconstruction, orbito-cranial surgery, instrumentation and dislocations.

Sub-Mucous Resection

Septoplasty and resection.

Rhinoplasty

Correction of nasal deformity.

Other Respiratory System

All other major surgery performed on the respiratory system not listed above, including excisions and repairs.

Coronary Artery Bypass

Coronary artery repair single, double, triple or more.

Coronary Angioplasty

Percutaneous transluminal coronary angioplasty.

Insertion of Pacemaker

Insertion or permanent endocardial electrode and implantation of pack, replacement and repair.

Other Heart/Pericardium

All other major surgery procedures performed on the heart and pericardium system not listed above.

Varicose Veins

Ligation and stripping of varicose veins but excluding injection of varicose veins.

Carotid Endarterectomy

Endarterectomy, body tumour and bypass graft of the carotid artery.

Other Cardiovascular

All other major surgery performed on the cardiovascular system not listed above.

Appendectomy

Excision of the appendix.

Laparotomy

Any laparotomy performed as a surgical procedure.

Cholecystectomy

All cholecystectomies and any additional payments made for other procedures performed at the same time e.g. choledochotomy, sphincterotomy, vagotomy.

Tonsillectomy

Both adult and child tonsillectomies and payments for adenoidectomies performed at the same time.

Inguinal/Femoral Hernia

Inguinal and/or femoral hernias performed on infants, children, adolescents and adults.

Colectomy

Total and hemi-colectomies and payments for other procedures performed at the same time.

Haemorrhoidectomy

The surgical procedure only. Haemorrhoidectomies by cryotherapy or banding are excluded.

Other Digestive

All other major surgery performed on the digestive system not listed above.

Prostatectomy

All forms of prostate surgery e.g. perineal, suprapubic, retropubic, transpubic and transurethral resection.

Vasectomy

Unilateral or bilateral ligation.

Other Urinary/Male

All other major surgery performed on the male genital and urinary systems.

Prolapse

All forms of prolapse repair surgery.

Hysterectomy

Total, subtotal, abdominal or vaginal or radical hysterectomies.

Sterilization

Tubal occlusion/interruption/removal by any method or approach.

Other Female

All other major surgery performed on the female genital system not listed above.

Cataract Surgery

All forms of cataract surgery, dislocated lens extraction and insertion of intra ocular lens when paid in addition to the above.

Light Coagulation

Photocoagulation and cryoplexy.

Tympanoplasty

Tympanoplasty, myringoplasty, mastotympanoplasty and payments for other procedures performed at the same time.

Other Eye/Ear

All other major surgery performed on the organs of special senses not listed above.

Other Major Surgery

All other major surgery not listed above e.g. operations on the nervous system, on the haemic and lymphatic systems and on the endocrine system.

8. Minor Surgery

Incision, Abscess, etc.

Incision of abscesses or haematomas under local or general anaesthesia.

Removal of Foreign Body

Foreign body removal under local or general anaesthesia.

Excision Tumour, etc.

Excision of verruca, papilloma, keratosis, pyogenic granuloma, moles, etc.

Suture Wound

Repair, debridement and dressing.

Excision of Nail

Excision and/or destruction of finger or toenail.

Chalazion

Single or multiple under local or general anaesthesia.

Myringotomy

Unilateral myringotomy with insertion of ventilation tubes.

Minor Fractures

Fractures with a fee less than \$75.

Other Minor Surgery

All other minor surgery not listed above.

9. Surgical Assistance

All services and payments for surgical assistance.

10. Anaesthesia

Nerve Blocks

All forms of nerve blocks.

Other Anaesthesia

All services and payments for anaesthesia, excluding nerve blocks.

11. Obstetrical Services

Services at Time of Delivery

Attendance at delivery or caesarean section, repair of third degree/vaginal/cervical laceration, removal of retained placenta, scalp sampling, foetal monitoring and induction of labour.

Delivery (excluding Caesarean Sections)

Delivery and multiple births, and excluding Caesarean sections.

Caesarean Section

The procedure only.

Therapeutic Abortions

Therapeutic abortions only.

Other Obstetrical Services

Foetoscopy, stress test, hypertension, foetal transfusion, toxemia of pregnancy, oxytocin challenge test, abortions (missed, threatened, without dilatation and curettage, incomplete, menstrual extraction and spontaneous), amniocentesis, ectopic pregnancy, suture for incomplete cervix during pregnancy, uterine inversion and emergency removal of sutures.

12. Other Diagnostic/Therapeutic Services

I.C./Resuscitation

Intensive care and resuscitation services.

Allergy/Hyposensitization

Tests for allergies and hyposensitization.

Injection/Aspiration of Joint

Injection and/or aspiration of joints.

Electrocardiogram

Services and payments for the professional component of electrocardiograms and the payments for the technical component.

Oesophagoscopy/Gastroscopy

Services and payments for both these endoscopies as well as payments for procedures performed at the same time as the endoscopy.

Laryngoscopy/Bronchoscopy

Services and payments for both these endoscopies as well as payments for procedures performed at the same time as the endoscopy.

Colonoscopy

Services and payments for these endoscopies as well as payments for procedures performed at the same time as the endoscopy.

Cystoscopy

Services and payments for these endoscopies as well as payments for procedures performed at the same time as the cystoscopy.

Sigmoidoscopy

Services and payments for these endoscopies as well as payments for procedures performed at the same time as the sigmoidoscopy.

Other Endoscopy

All other endoscopies not listed above.

Coronary Angiography

Coronary angiography only.

Procedures Associated with Radiology

Therapeutic radiology and radioisotopes.

Dilatation and Curettage

Dilatation and curettage and payments for procedures performed at the same time.

Electroencephalography

Services and payments for the professional component of electrocardiograms and payments for the technical component.

Cryotherapy

Any cryotherapy identified in the payment schedules.

Cardiac Catheterization

Left heart, right heart and selective coronary catheterization.

Biopsy

All non-surgical biopsies.

Other Diagnostic/Therapeutic Services

All other diagnostic/therapeutic services not listed above.

13. Radiology

Includes head and neck, spine and pelvis, extremities, chest, gastrointestinal tract, genitor-urinary tract, therapeutic radiology/radioisotope, computed axial tomography, ultrasound, and other diagnostic/therapeutic radiology.

14. Laboratory Services

Includes hematology and blood bank, biochemistry and immunology, microbiology, anatomical pathology, histology, and cytology, nuclear medicine and isotopes, and other laboratory services.

15. Special Services

Injections and Immunizations

Injections (subcutaneous, intramuscular and for varicose veins) and immunizations regularly performed by nursing personnel. In some jurisdictions, these are treated as separate services while in others, they are included in visit fees. Not included are intra-vascular injections performed by physicians and lumbar myelograms which are included in diagnostic/therapeutic services.

Papanicolaou Smear

As with injections, this procedure is not always considered to be a separate service and is sometimes included in a visit fee.

Insertion of Intrauterine Device

As with injections, this procedure is not always considered to be a separate service and is sometimes included in a visit fee.

16. Miscellaneous Services

Other Identified

These are services that are not listed as fee items by a majority of the provinces and territories. For example, sessional and standby fees (where identified by a fee code), mileage, telephone consultations, sexual assault exam for investigation and/or confirmation of alleged sexual assault and other services.

Unidentified

Most provinces and territories have coding errors or list codes that are unidentifiable. These include all services that are unidentified or are identified but paid for by Social Services, the Attorney General, Workers' Compensation, etc. Examples include services relative to impaired driving, to rape victims and as a result of injuries sustained at work.

Appendix E

Fee-for-Service Radiology and Laboratory Coverage in NPDB

Fee-for-Service Radiology and Laboratory Coverage in NPDB

Radiology and laboratory services supplied to CIHI for use in NPDB are not uniform or complete. For this reason the data are not routinely used in the NPDB publications. The following notes were provided by the provincial medical insurance plans regarding the radiology and laboratory services included on the NPDB file submissions.

Newfoundland and Labrador

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- Physicians can be paid on a fee-for-service basis for interpretation services on certain diagnostic services such as EEG, ECGs, etc. These services would be included in the NPDB file submissions.

Prince Edward Island

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- Radiologists' interpretation fees are included in the NPDB file submissions.

Nova Scotia

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- The majority of radiology billings are not included in NPDB file submissions. For Nova Scotia, the majority of radiology billings are not included in fee-for-service earnings.

New Brunswick

- No laboratory services data are supplied to NPDB as these services are paid through the hospital funding.
- All radiology services are excluded in the NPDB file submissions.

Quebec

- No laboratory services are included.
- Radiology services provided by physicians in private practice are included in the NPDB file submissions.

Ontario

- Approximately 50% of all laboratory services are funded through OHIP and therefore are included in the NPDB file submissions. The remaining 50% are funded via Public Health (1%) and Hospital global budgets (49%).
- Information on Radiology services was not available.

Manitoba

- Laboratory services provided in the NPDB file submissions are those provided by privately owned fee-for-service laboratories. Laboratory services provided in urban/rural facilities are not included in the NPDB file submissions.
- Radiology services submitted include all private radiology services and all urban facility radiology services. Rural facility radiology services, approximately 11 percent of the total dollar value for radiology services, are not included in NPDB file submissions.

Saskatchewan

- Since 1993–1994, the only laboratory services included in the NPDB file submissions are common in-office laboratory services provided by physicians other than pathologists. Responsibility for private laboratory services provided by specialists in pathology was transferred to the health regions in October 1993 and no longer funded on a fee-for-service basis.
- Facility-based radiology services which are funded through the health regions are excluded from the NPDB file submissions, as well as radiology services provided through the Screening Program for Breast Cancer.

Alberta

- Up to July 1, 1995 only non-hospital based laboratory services were included.
- Only non-facility based radiology services are included in NPDB file submissions.

British Columbia

- Laboratory and radiology services when performed on a fee-for-service outpatient basis are included in NPDB file submissions, but inpatient services are not included.

Yukon

- Only non-hospital based laboratory services were included in the NPDB file submissions.
- Only non-hospital based X-ray services were included in the NPDB file submissions.

Appendix F

Services Excluded Under the Interprovincial Reciprocal Billing Agreement

Services Excluded Under the Interprovincial Reciprocal Billing Agreement

The following list of services were excluded under the interprovincial agreements for the reciprocal processing of out-of-jurisdiction medical claims, effective April 1, 1988:

- Surgery for alteration of appearance (cosmetic surgery).
- Sex-reassignment surgery.
- Surgery for reversal of sterilization, contraception and sterilization procedures.
- Therapeutic abortions.
- Routine periodic health examinations.
- In-vitro fertilization, artificial insemination.
- Acupuncture, acupressure, transcutaneous electro-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy.
- Services to persons covered by other agencies: RCMP, Armed Forces, Workers' Compensation Board, Department of Veterans Affairs, Correctional Services of Canada (Federal penitentiaries).
- Services requested by a third party.
- Routine circumcision of newborn.
- Psychoanalysis.
- Psychiatric or psychiatric team conferences when patient is not present.
- Polysomnograms.
- Procedures still in the experimental/developmental phase.
- Genetic screening and other genetic investigations, including DNA probes.
- Anaesthetic services and surgical assistant services associated with all of the foregoing.

Effective April 1, 1989, the following additions and deletions were made to the above list of excluded services:

- "Surgery for reversal of sterilization, contraception and sterilization procedures" was changed to "Surgery for reversal of sterilization".
- "Routine periodic health examinations" was revised to "Routine periodic health examinations including routine eye examinations".
- "Routine circumcision of newborn" was removed.
- "Psychoanalysis" was removed.
- "Psychiatric or psychiatric team conference when patient is not present" was changed to "Team conference(s)".
- "Polysomnograms" was removed.

In August 1991, further additions included:

- Lithotripsy for gall bladder stones.
- The treatment of port-wine stains on other than the face or neck, regardless of the modality of treatment.