



Reciprocal Billing Report, Canada 2003–2004

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

Telephone: (613) 241-7860
Fax: (613) 241-8120
www.cihi.ca

ISBN 1-55392-794-X (PDF)

© 2006 Canadian Institute for Health Information

Cette publication est disponible en français sous le titre
Rapport sur la facturation réciproque, Canada, 2003-2004
ISBN 1-55392-795-8 (PDF)

Reciprocal Billing Report, Canada, 2003–2004

Table of Contents

Foreword.....	1
Preface	1
Introduction	2
Methodological Notes.....	3
Background.....	3
Data Sources and Collection	3
Data Quality.....	8
Data Definitions.....	8
Computations and Adjustments.....	12
General Table Characteristics	12
Data Limitations	14
Privacy and Confidentiality.....	16
Products and Services	17

Data Tables

Table 1-1. Number of Services, Payments (\$) and Cost (\$) per Service for Reciprocal Billing Services Provided and Received, 2003–2004.....	21
Table 1-2. Number of Services by Type of Practice, 2003–2004.....	22
Table 1-3. Payments in Dollars by Type of Practice, 2003–2004.....	23
Table 1-4. Cost per Service in Dollars by Type of Practice, 2003–2004	24
Table 1-5. Number of Services by Service Type, 2003–2004	25
Table 1-6. Payments in Dollars by Service Type, 2003–2004	26
Table 1-7. Cost per Service in Dollars by Service Type, 2003–2004	27
Table 1-8. Number of Services by Type of Practice, 2003–2004.....	28
Table 1-9. Payments in Dollars by Type of Practice, 2003–2004.....	29
Table 1-10. Cost per Service in Dollars by Type of Practice, 2003–2004	30
Table 1-11. Number of Services by Service Type, 2003–2004	31
Table 1-12. Payments in Dollars by Service Type, 2003–2004	32
Table 1-13. Cost per Service in Dollars by Service Type, 2003–2004	33

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

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 Web site (www.cihi.ca).

The *Reciprocal Billing Report, Canada, 2003–2004* is produced by Health Human Resources at CIHI to support health human resource planning and utilization analysis. CIHI wishes to acknowledge the support of the provincial and territorial Health Ministries and the CIHI Expert Group on Physician Databases in the development and publication of this report.

Preface

Previously produced reports in the *Reciprocal Billing* series:

- *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, 2003–2004* 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

Tel: (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 Expert 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 Expert 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 to residents of Quebec 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 2003 through March 2004). Therefore, figures in this publication may differ from those reported by data providers, possibly based on the calendar year.

For the 2003–2004 fiscal year, 34,784 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	2003–2004	
	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.

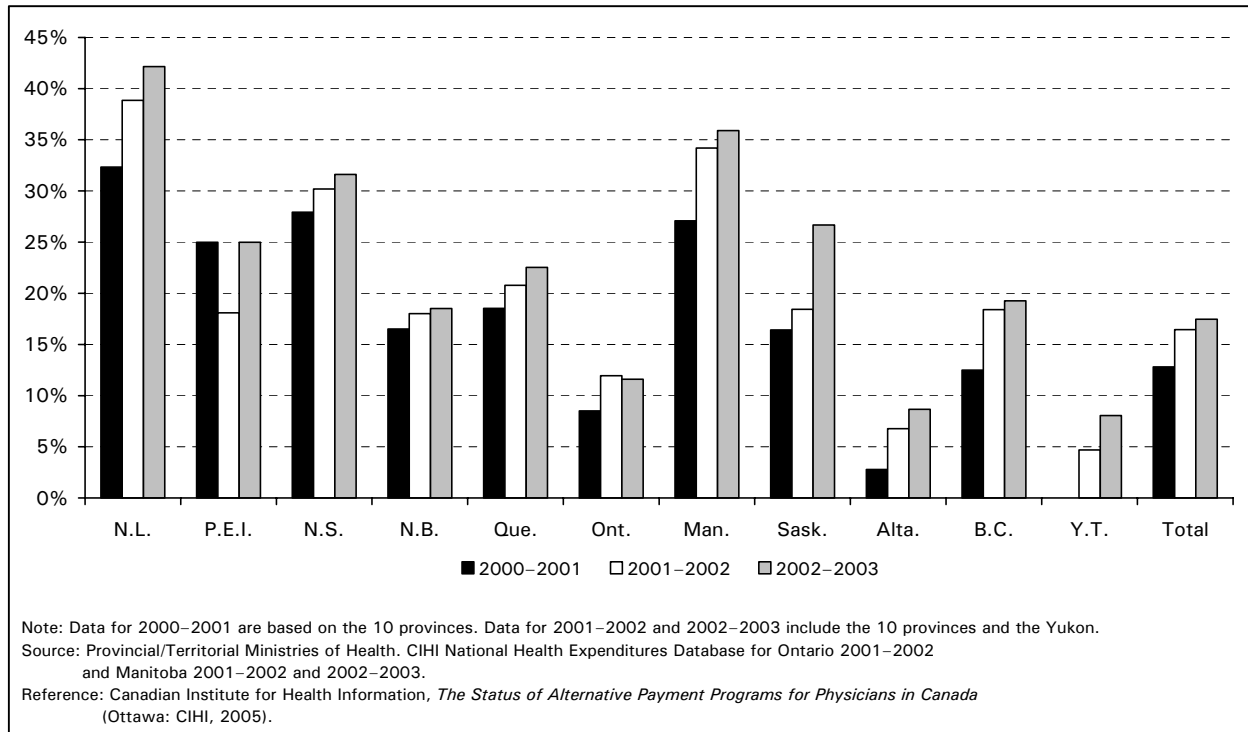


Figure 1. Physicians' Alternative Clinical Payments as a Percentage of Total Clinical Payments, 2000–2001 to 2002–2003

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, 2003–2004 (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 payments	1,243,966	366,916	7,878,596	4,723,265	n/a	16,786,971	9,077,383	5,703,411	33,602,388	18,263,686	540,008	98,186,589
NPDB Payment Information Excluded From Reciprocal Billing (RB) Report Calculations												
Medical care plan, fee-for-service payments for within-province or territory patients	156,029,878	37,721,886	254,668,586	242,523,690	2,220,743,644	4,461,923,014	353,424,663	304,538,784	1,062,579,393	1,940,740,494	9,169,251	11,779,030,850
Non-physician and fee-for-service sessional payments	3,521	14,447	2,135	0	0	0	12,830	-50	148	0	54	33,085
All payments made to out of province, territory or country physicians*	431,271	0	0	6,509,230	9,700,335	55,516,039	0	615,645	0	2,134,545	923,270	75,830,334
Salary and sessional payments**	0	0	0	73,389,272	0	0	0	0	0	0	0	73,389,272
Rural retention premiums***	0	0	0	0	0	0	0	0	0	32,624,155	0	32,624,155
Worker's compensation board payments	0	0	0	0	71,470,632	0	0	0	0	23,571,095	0	95,041,727
Provincial/Territorial Insurance Corporation	0	0	0	0	0	0	0	0	0	8,769,909	0	8,769,909
Contracts	0	0	0	0	0	0	0	0	0	0	550,274	550,274
Payments made to facilities	0	0	365,472	0	0	1,085,286,040	559,908	7,955	137,199,535	824,395	0	489,275,737
Shadow billing	0	0	0	0	0	0	0	20,964,450	0	0	0	20,964,450
Subtotal - payments excluded from RB calculations	156,464,669	37,736,332	255,036,193	322,422,192	2,301,914,610	5,602,725,093	353,997,401	326,126,784	1,199,779,075	2,008,664,593	10,642,849	12,575,509,793
Total Payment Information Submitted to the NPDB	157,708,636	38,103,249	262,914,789	327,145,456	2,301,914,610	5,619,512,064	363,074,784	331,830,196	1,233,381,463	2,026,928,279	11,182,856	12,673,696,381

Source: NPDB, CIHI.

* Includes payments made to out of province, territory or country physicians through all remuneration modes and sources of payment
 ** Excludes salary and sessional 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)

Note: The figures have been rounded independently to the nearest dollar.
 n/a = Not Applicable

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.

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 two provinces, Nova Scotia and British Columbia, data for public health specialists are reported in the family medicine figures. For all provinces and territories, uncertified specialists and community medicine are also grouped with family medicine, except in Ontario where community medicine, public health, occupational medicine and pediatric cardiology are received as internal medicine specialties. Internal medicine includes the sub-specialties such as cardiology, gastroenterology, haematology, rheumatology, genetics 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.

Additionally, the very few plastic surgeons and urologists in Prince Edward Island are grouped into the general surgery category for privacy and confidentiality reasons.

In 2001–2002, Saskatchewan changed how it paid foreign-certified specialists. Prior to April 2001, such physicians were grouped and paid in family medicine. Starting in April 2001, Saskatchewan's foreign-certified specialists are grouped with specialists and receive payments at 90% of specialist fee code rates and at 100% for fee codes with identical specialist/family medicine rates. As a result, some family medicine physicians are now grouped with specialist physicians, thus increasing the specialist physician count and reducing the family medicine physician count.

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, 2003–2004*. 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.

In total, for all of Canada, 4 services (0.0002% of total services) were excluded as a result of cell suppression in 2003–2004. Payment amounts corresponding to suppressed services have also been excluded from this report. In total, for all of Canada, \$832.76 payments (0.00008% of total payments) were excluded as a result of cell suppression in 2003–2004. Cost per service information is also not reported for suppressed service count data.

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 Web site (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 Web site 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 Web site (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, 2003–2004

Home of Patient		Host Provider											Services Received			
N.L.		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Mun.		
#	n/a	2,197	15,872	12,325	n/a	n/a	38,677	1,389	1,160	10,414	4,748	74	n/a	n/a	n/a	86,856
\$	n/a	51,570	880,581	207,772	207,772	n/a	1,654,208	45,185	32,542	566,417	182,245	2,839	n/a	n/a	n/a	3,623,331
Cost per Service	n/a	23.47	55.48	16.66	16.66	n/a	42.77	32.51	28.05	54.39	38.38	38.37	n/a	n/a	n/a	41.72
#	623	n/a	13,527	37,478	n/a	n/a	7,238	149	175	1,507	1,476	10	n/a	n/a	n/a	62,183
\$	19,378	n/a	1,620,606	1,104,957	1,104,957	n/a	327,306	4,190	4,154	90,471	51,368	553	n/a	n/a	n/a	3,222,982
Cost per Service	31.10	n/a	119.81	28.48	28.48	n/a	45.22	28.12	23.74	60.03	34.80	55.30	n/a	n/a	n/a	51.83
#	6,742	4,000	n/a	101,349	n/a	n/a	39,820	1,738	1,597	8,808	10,686	168	n/a	n/a	n/a	174,908
\$	189,520	84,782	n/a	2,411,364	n/a	n/a	1,685,881	45,514	46,012	471,472	384,201	7,817	n/a	n/a	n/a	5,226,562
Cost per Service	28.11	21.20	n/a	23.79	n/a	n/a	39.83	26.19	28.81	53.53	35.95	46.53	n/a	n/a	n/a	29.88
#	2,501	2,823	39,557	n/a	n/a	n/a	29,184	893	1,109	4,911	5,316	57	n/a	n/a	n/a	86,351
\$	75,819	56,536	3,286,514	n/a	n/a	n/a	1,163,279	27,758	32,649	275,650	191,413	2,831	n/a	n/a	n/a	5,112,450
Cost per Service	30.32	20.03	83.08	n/a	n/a	n/a	39.86	31.08	29.44	56.13	36.01	49.67	n/a	n/a	n/a	59.21
#	n/a	n/a	n/a	45	n/a	n/a	32,902	16	n/a	n/a	n/a	n/a	n/a	n/a	n/a	32,963
\$	n/a	n/a	n/a	1,019	n/a	n/a	3,378,499	490	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3,380,008
Cost per Service	n/a	n/a	n/a	22.63	n/a	n/a	102.68	30.61	n/a	n/a	n/a	n/a	n/a	n/a	n/a	102.54
#	21,083	5,528	36,755	39,891	n/a	n/a	n/a	103,691	13,950	47,966	152,923	919	n/a	n/a	n/a	422,706
\$	600,721	1,25,231	1,370,510	668,819	n/a	n/a	n/a	5,740,113	413,422	2,653,458	5,292,442	39,057	n/a	n/a	n/a	16,903,772
Cost per Service	28.49	22.85	37.29	16.77	n/a	n/a	n/a	55.36	29.64	55.32	34.61	42.50	n/a	n/a	n/a	39.99
#	723	127	1,733	1,575	n/a	n/a	32,124	n/a	52,326	22,599	29,518	201	n/a	n/a	n/a	140,926
\$	23,220	2,560	66,351	27,704	n/a	n/a	1,575,660	n/a	2,075,901	2,204,898	1,109,013	8,467	n/a	n/a	n/a	7,093,773
Cost per Service	32.12	20.16	38.29	17.59	n/a	n/a	49.05	n/a	39.67	97.57	37.57	42.12	n/a	n/a	n/a	50.34
#	386	189	1,123	1,139	n/a	n/a	14,597	42,654	n/a	152,035	34,534	258	n/a	n/a	n/a	246,915
\$	10,083	5,148	43,331	16,035	n/a	n/a	711,613	1,404,903	n/a	10,966,993	1,402,218	12,107	n/a	n/a	n/a	14,572,432
Cost per Service	26.12	27.24	38.58	14.08	n/a	n/a	48.75	32.94	n/a	72.13	40.60	46.93	n/a	n/a	n/a	59.02
#	6,786	989	8,190	8,703	n/a	n/a	55,771	18,346	70,957	n/a	214,563	1,546	n/a	n/a	n/a	385,851
\$	198,861	21,968	302,576	152,046	n/a	n/a	2,028,352	533,485	2,282,027	n/a	8,139,592	71,220	n/a	n/a	n/a	13,730,126
Cost per Service	29.30	22.21	36.94	17.47	n/a	n/a	36.37	29.08	32.16	n/a	37.94	46.07	n/a	n/a	n/a	35.58
#	2,530	642	6,671	6,419	n/a	n/a	98,316	16,939	24,174	161,219	n/a	6,550	n/a	n/a	n/a	323,460
\$	77,186	15,597	254,314	111,721	n/a	n/a	3,227,172	458,977	724,465	13,560,808	n/a	367,151	n/a	n/a	n/a	18,797,391
Cost per Service	30.51	24.29	38.12	17.40	n/a	n/a	32.82	27.10	29.97	84.11	n/a	56.05	n/a	n/a	n/a	58.11
#	53	52	211	189	n/a	n/a	1,427	245	652	5,188	17,544	n/a	n/a	n/a	n/a	25,561
\$	1,369	1,988	7,808	3,346	n/a	n/a	58,925	4,936	20,518	476,131	1,247,770	n/a	n/a	n/a	n/a	1,822,792
Cost per Service	25.83	38.23	37.01	17.71	n/a	n/a	41.29	20.15	31.47	91.78	71.12	n/a	n/a	n/a	n/a	71.31
#	722	18	538	518	n/a	n/a	2,293	1,686	1,609	17,844	5,254	477	n/a	n/a	n/a	30,959
\$	22,683	454	22,613	10,249	n/a	n/a	83,001	86,529	54,563	1,996,855	232,055	24,694	n/a	n/a	n/a	2,533,696
Cost per Service	31.42	25.21	42.03	19.79	n/a	n/a	36.20	51.32	33.91	111.91	44.17	51.77	n/a	n/a	n/a	81.84
#	741	57	535	432	n/a	n/a	15,380	13,328	488	2,829	778	57	n/a	n/a	n/a	34,625
\$	25,109	1,083	23,392	8,233	n/a	n/a	993,075	725,333	17,157	339,236	31,368	2,439	n/a	n/a	n/a	2,166,424
Cost per Service	33.88	19.00	43.72	19.06	n/a	n/a	64.57	54.42	35.16	119.91	40.32	42.78	n/a	n/a	n/a	62.57
#	42,890	16,622	124,712	210,063	n/a	n/a	367,729	201,074	168,197	435,320	477,340	10,317	n/a	n/a	n/a	2,054,264
\$	1,243,949	366,916	7,876,596	4,723,265	n/a	n/a	16,786,971	9,077,363	5,703,411	33,602,388	18,263,686	539,175	n/a	n/a	n/a	98,186,738
Cost per Service	29.00	22.07	63.17	22.48	n/a	n/a	45.65	45.14	33.91	77.19	38.26	52.26	n/a	n/a	n/a	47.80

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 and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

Table 1–2. Number of Services Provided by Type of Practice, 2003–2004
Host Provider

Type of Practice	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Family Medicine	29,620	11,641	81,018	89,648	n/a	217,493	67,952	104,507	279,023	288,503	9,994	n/a	n/a	1,179,399
Medical Specialties	4,499	1,555	12,257	87,223	n/a	91,241	54,441	21,332	94,081	43,280	75	n/a	n/a	409,984
Internal Medicine	1,936	1,320	3,288	2,257	n/a	34,544	20,919	14,060	45,689	18,960	*	n/a	n/a	172,228
Neurology	190	n/a	228	6,913	n/a	2,694	1,569	621	3,410	1,463	16	n/a	n/a	17,104
Psychiatry	1,375	95	1,228	1,548	n/a	19,434	6,343	2,123	12,048	9,999	5	n/a	n/a	54,198
Pediatrics	564	100	911	3,973	n/a	15,784	12,067	2,193	17,140	3,478	14	n/a	n/a	56,224
Dermatology	109	18	2,018	1,569	n/a	2,040	445	445	4,593	2,492	12	n/a	n/a	14,832
Physical Medicine	n/a	n/a	63	193	n/a	5,487	1,100	75	1,177	279	n/a	n/a	n/a	8,354
Anaesthesia	325	22	4,521	41,525	n/a	11,278	10,907	1,815	10,014	6,609	28	n/a	n/a	87,044
Surgical Specialties	3,834	1,395	30,087	30,594	n/a	44,159	33,187	29,067	58,789	23,750	248	n/a	n/a	255,110
General Surgery	605	451	2,791	2,381	n/a	5,697	5,375	2,237	14,445	4,505	165	n/a	n/a	38,652
Thoracic/Cardiovascular Surgery	27	n/a	1,244	1,885	n/a	2,919	1,810	121	2,444	600	n/a	n/a	n/a	11,050
Urology	165	n/a	1,688	1,896	n/a	2,430	2,023	1,400	3,974	1,882	n/a	n/a	n/a	15,458
Orthopedic Surgery	481	224	2,309	4,377	n/a	5,501	4,243	1,706	8,339	4,006	26	n/a	n/a	31,212
Plastic Surgery	192	n/a	929	2,134	n/a	1,713	2,088	531	3,872	982	n/a	n/a	n/a	12,441
Neurosurgery	38	n/a	10	1,674	n/a	1,532	66	420	518	602	n/a	n/a	n/a	4,860
Ophthalmology	316	108	15,177	4,957	n/a	9,960	6,295	10,375	11,095	4,621	40	n/a	n/a	62,944
Otolaryngology	497	129	880	3,471	n/a	3,636	2,696	5,301	5,302	2,219	11	n/a	n/a	24,142
Obstetrics/Gynecology	1,513	483	5,059	7,819	n/a	10,771	8,591	6,976	8,800	4,333	6	n/a	n/a	54,351
Technical Specialties	4,937	2,031	1,350	2,598	n/a	14,836	45,494	13,291	3,427	121,807	n/a	n/a	n/a	209,771
Radiology	4,914	2,031	1,218	2,479	n/a	11,325	12,762	4,586	1,709	8,458	n/a	n/a	n/a	49,482
Laboratory	23	n/a	132	119	n/a	3,511	32,732	8,705	1,718	113,349	n/a	n/a	n/a	160,289
Total Specialties	13,270	4,981	43,694	120,415	n/a	150,236	133,122	63,690	156,297	188,837	323	n/a	n/a	874,865
Total Physicians	42,890	16,622	124,712	210,063	n/a	367,729	201,074	168,197	435,320	477,340	10,317	n/a	n/a	2,054,264

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 and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the provinces of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Table 1–3. Payments (\$) for Services Provided by Type of Practice, 2003–2004

Host Provider

Type of Practice	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Family Medicine	677,238	179,867	2,418,579	1,227,302	n/a	5,352,464	1,975,291	2,657,853	12,845,906	10,134,070	476,854	n/a	n/a	37,945,424
Medical Specialties	233,576	56,041	1,572,808	1,742,423	n/a	6,338,609	3,184,197	1,074,986	10,655,103	3,723,848	13,490	n/a	n/a	28,595,082
Internal Medicine	90,766	43,086	262,932	854,539	n/a	2,124,089	1,198,818	517,750	4,289,161	1,388,834	*	n/a	n/a	10,769,974
Neurology	10,742	*	18,301	142,292	n/a	151,105	114,717	35,544	308,092	142,493	3,281	n/a	n/a	926,566
Psychiatry	52,851	6,573	94,327	100,266	n/a	958,698	271,322	111,659	1,062,994	883,312	731	n/a	n/a	3,543,332
Pediatrics	23,651	3,005	71,673	127,109	n/a	759,525	399,697	124,795	1,669,756	271,413	1,625	n/a	n/a	3,452,249
Dermatology	4,923	833	115,558	36,512	n/a	67,980	51,478	18,063	261,236	123,026	1,036	n/a	n/a	680,646
Physical Medicine	n/a	n/a	5,749	7,117	n/a	303,680	61,813	4,061	87,246	26,108	n/a	n/a	n/a	495,743
Anaesthesia	50,643	2,544	1,004,269	474,587	n/a	1,973,563	1,085,752	263,115	2,976,619	888,662	6,818	n/a	n/a	8,726,572
Surgical Specialties	219,917	97,031	3,691,155	1,705,671	n/a	4,284,446	3,219,353	1,625,350	9,641,902	2,534,116	48,830	n/a	n/a	27,067,772
General Surgery	40,997	38,582	449,072	148,379	n/a	625,175	513,288	214,095	2,343,604	454,877	35,117	n/a	n/a	4,863,187
Thoracic/Cardiovascular Surgery	2,966	n/a	419,909	216,605	n/a	896,423	420,874	56,083	1,841,855	168,919	n/a	n/a	n/a	4,023,665
Urology	9,686	n/a	227,826	156,539	n/a	168,768	200,843	120,999	548,043	176,004	n/a	n/a	n/a	1,608,707
Orthopedic Surgery	36,599	26,147	338,027	415,604	n/a	522,868	466,465	163,883	1,411,049	623,683	5,491	n/a	n/a	4,009,815
Plastic Surgery	15,855	n/a	124,562	98,728	n/a	159,946	205,126	53,768	744,542	118,852	n/a	n/a	n/a	1,551,379
Neurosurgery	2,756	n/a	853	183,735	n/a	309,048	7,546	50,837	216,767	133,035	n/a	n/a	n/a	904,579
Ophthalmology	21,149	7,214	1,725,386	100,106	n/a	826,472	637,753	424,584	1,044,789	359,369	6,157	n/a	n/a	5,152,978
Otolaryngology	22,909	2,744	50,395	115,430	n/a	201,834	193,862	166,149	621,308	164,767	1,390	n/a	n/a	1,540,789
Obstetrics/Gynecology	66,971	22,344	355,124	270,544	n/a	543,913	573,596	374,952	869,945	334,611	675	n/a	n/a	3,412,674
Technical Specialties	113,217	33,977	196,054	47,869	n/a	811,452	698,541	345,222	459,476	1,871,651	n/a	n/a	n/a	4,577,460
Radiology	111,942	33,977	186,388	43,410	n/a	637,197	513,889	254,897	269,867	417,893	n/a	n/a	n/a	2,471,460
Laboratory	1,275	n/a	7,666	4,459	n/a	174,255	184,652	90,326	189,608	1,453,758	n/a	n/a	n/a	2,106,000
Total Specialties	566,711	187,049	5,460,017	3,495,962	n/a	11,434,507	7,102,092	3,045,558	20,756,481	8,129,616	62,320	n/a	n/a	60,240,314
Total Physicians	1,243,949	366,916	7,878,596	4,723,265	n/a	16,786,971	9,077,383	5,703,411	33,602,388	18,263,686	539,175	n/a	n/a	98,185,738

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 and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the provinces of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

Table 1–4. Cost (\$) per Service for Services Provided by Type of Practice, 2003–2004

Host Provider

Type of Practice	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Family Medicine	22.86	15.45	29.85	13.69	n/a	24.61	28.07	25.43	46.04	35.13	47.71	n/a	n/a	32.17
Medical Specialties	51.92	36.04	128.32	19.98	n/a	69.47	58.49	50.39	113.25	86.04	179.87	n/a	n/a	69.75
Internal Medicine	46.88	32.64	79.97	27.13	n/a	61.49	57.31	36.82	93.86	73.25	*	n/a	n/a	62.53
Neurology	56.54	n/a	80.27	20.58	n/a	56.09	73.11	57.24	90.35	97.40	205.04	n/a	n/a	54.17
Psychiatry	38.44	69.19	76.81	64.77	n/a	49.33	42.87	52.59	88.23	88.34	146.17	n/a	n/a	65.38
Pediatrics	41.93	30.05	78.67	31.99	n/a	48.12	33.12	56.91	97.42	78.04	116.07	n/a	n/a	61.40
Dermatology	45.16	46.27	57.26	23.27	n/a	33.32	33.51	40.59	56.88	49.37	86.33	n/a	n/a	45.89
Physical Medicine	n/a	n/a	91.25	36.88	n/a	55.54	58.19	54.14	74.13	93.58	n/a	n/a	n/a	59.34
Anaesthesia	155.83	115.65	222.13	11.43	n/a	174.99	99.55	144.97	297.25	134.46	243.49	n/a	n/a	100.25
Surgical Specialties	57.36	69.56	122.68	55.75	n/a	97.02	97.01	55.92	164.01	106.70	196.90	n/a	n/a	106.10
General Surgery	67.76	85.55	160.90	62.32	n/a	109.74	95.50	95.71	162.24	100.97	212.83	n/a	n/a	125.82
Thoracic/Cardiovascular Surgery	110.95	n/a	337.55	114.91	n/a	307.10	232.53	463.50	753.62	281.53	n/a	n/a	n/a	364.13
Urology	58.70	n/a	134.97	82.56	n/a	69.45	98.28	86.43	137.91	93.52	n/a	n/a	n/a	104.07
Orthopedic Surgery	76.09	116.73	146.40	94.95	n/a	95.05	109.94	96.06	169.21	155.69	211.19	n/a	n/a	128.47
Plastic Surgery	82.58	n/a	134.08	46.26	n/a	110.89	98.24	101.26	192.29	121.03	n/a	n/a	n/a	124.70
Neurosurgery	72.52	n/a	85.34	109.76	n/a	201.73	114.34	121.04	418.47	220.99	n/a	n/a	n/a	186.13
Neurophysiology	66.93	66.79	113.68	20.19	n/a	82.98	101.31	40.92	94.17	77.77	153.92	n/a	n/a	81.87
Ophthalmology	46.10	21.27	57.27	33.26	n/a	55.51	71.91	31.34	117.18	74.25	126.34	n/a	n/a	63.82
Otolaryngology	44.26	46.26	70.20	34.60	n/a	50.50	66.77	53.75	98.86	77.22	112.54	n/a	n/a	62.79
Obstetrics/Gynecology														
Technical Specialties	22.93	16.73	145.23	18.43	n/a	54.69	15.35	25.97	134.08	15.37	n/a	n/a	n/a	21.82
Radiology	22.78	16.73	154.67	17.51	n/a	56.26	40.27	55.58	157.91	49.41	n/a	n/a	n/a	49.95
Laboratory	55.44	n/a	58.08	37.47	n/a	49.63	5.64	10.38	110.37	12.83	n/a	n/a	n/a	13.14
Total Specialties	42.71	37.55	124.96	29.03	n/a	76.11	53.35	47.82	132.80	43.05	192.94	n/a	n/a	68.86
Total Physicians	29.00	22.07	63.17	22.48	n/a	45.65	45.14	33.91	77.19	38.26	52.26	n/a	n/a	47.80

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 and Nunavut did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

Table 1–5. Number of Services by Service Type, 2003–2004

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	33,584	12,089	92,353	121,645	n/a	254,780	117,068	111,268	347,013	295,896	8,619	n/a	n/a	1,394,315
Consultations	1,925	648	9,575	18,324	n/a	21,706	14,492	8,739	44,816	16,905	176	n/a	n/a	137,306
Major Assessments	1,614	440	3,502	4,223	n/a	18,597	18,034	6,056	26,036	9,624	490	n/a	n/a	88,616
Other Assessments	24,630	7,306	71,598	77,792	n/a	140,331	57,222	80,277	216,680	214,296	5,938	n/a	n/a	896,080
Hospital Care Days	3,038	1,030	3,674	13,142	n/a	33,505	19,708	7,460	30,091	15,276	285	n/a	n/a	127,209
Special Calls	155	2,369	739	6,214	n/a	10,613	4,118	5,123	12,325	25,466	1,243	n/a	n/a	68,365
Psychotherapy/Counselling	2,222	296	3,265	1,950	n/a	30,028	3,494	3,613	17,055	14,329	487	n/a	n/a	76,739
Procedures	9,306	4,533	32,359	88,418	n/a	112,949	84,006	56,929	88,307	181,444	1,698	n/a	n/a	659,949
Major Surgery	284	129	5,773	3,780	n/a	5,691	4,460	2,272	11,494	3,140	50	n/a	n/a	37,073
Minor Surgery	422	160	646	930	n/a	3,993	1,205	2,332	5,468	5,132	152	n/a	n/a	20,440
Surgical Assistance	31	66	1,299	1,256	n/a	1,633	671	467	2,109	1,595	18	n/a	n/a	9,145
Anaesthesia	262	9	3,296	39,962	n/a	4,973	5,119	2,115	9,258	6,269	101	n/a	n/a	71,364
Obstetrical Services	89	30	435	460	n/a	938	955	373	2,349	638	26	n/a	n/a	6,293
Diagnostic/Therapeutic Services	2,400	1,515	13,226	32,916	n/a	42,988	17,467	19,053	50,492	25,636	283	n/a	n/a	205,976
Radiology	4,881	1,979	114	1,960	n/a	10,584	12,514	5,545	1,279	8,270	182	n/a	n/a	47,308
Laboratory Services	50	34	17	35	n/a	25,507	36,347	19,413	489	126,725	800	n/a	n/a	209,417
Special Services	693	606	6,854	2,532	n/a	11,997	4,051	2,708	4,399	3,206	8	n/a	n/a	37,054
Miscellaneous Services	194	5	699	4,587	n/a	4,645	1,217	2,651	970	833	78	n/a	n/a	15,879
Total Services	42,890	16,622	124,712	210,063	n/a	367,729	201,074	168,197	435,320	477,340	10,317	n/a	n/a	2,054,264

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 and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Table 1–6. Payments (\$) for Services Provided by Service Type, 2003–2004
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	875,091	226,654	3,164,757	2,027,655	n/a	8,389,029	4,210,014	3,267,768	16,320,270	12,080,624	414,116	n/a	n/a	50,975,977
Consultations	140,758	41,366	782,213	827,376	n/a	1,824,407	1,208,179	610,889	4,732,636	1,835,810	22,054	n/a	n/a	12,025,688
Major Assessments	66,296	12,912	172,705	98,053	n/a	883,709	854,170	288,950	1,609,781	683,726	38,085	n/a	n/a	4,708,384
Other Assessments	561,631	123,216	1,879,596	731,813	n/a	3,472,975	1,306,617	1,902,854	6,615,876	6,632,004	220,983	n/a	n/a	23,447,564
Hospital Care Days	36,809	15,988	101,865	141,762	n/a	599,290	387,175	153,283	892,812	466,680	27,732	n/a	n/a	2,823,395
Special Calls	7,835	13,629	39,109	100,001	n/a	339,354	270,002	139,285	1,402,592	1,363,561	65,126	n/a	n/a	3,740,495
Psychotherapy/Counselling	61,762	19,543	189,268	128,651	n/a	1,269,295	183,870	172,507	1,066,573	1,098,844	40,137	n/a	n/a	4,230,451
Procedures	368,857	140,262	4,713,839	2,695,610	n/a	8,397,942	4,867,369	2,435,643	17,282,117	6,183,062	125,059	n/a	n/a	47,209,761
Major Surgery	68,766	40,936	2,410,598	909,419	n/a	2,782,536	1,737,222	712,426	6,980,281	1,455,662	26,368	n/a	n/a	17,124,214
Minor Surgery	14,952	4,077	28,903	24,633	n/a	129,902	60,377	111,827	518,423	335,880	10,561	n/a	n/a	1,239,536
Surgical Assistance	6,461	6,934	180,407	185,504	n/a	352,028	150,149	86,729	510,626	160,467	3,406	n/a	n/a	1,642,711
Anaesthesia	44,520	2,793	912,778	413,078	n/a	1,405,503	1,015,593	337,308	3,168,429	872,555	31,344	n/a	n/a	8,203,902
Obstetrical Services	24,327	10,649	180,387	118,753	n/a	177,428	243,203	141,395	501,112	230,259	8,687	n/a	n/a	1,636,199
Diagnostic/Therapeutic Services	78,726	37,586	830,219	854,442	n/a	2,544,139	933,364	535,765	5,366,487	1,181,048	24,085	n/a	n/a	12,385,860
Radiology	111,183	32,194	3,270	43,499	n/a	491,097	457,451	321,682	1,46,966	389,160	10,976	n/a	n/a	2,007,478
Laboratory Services	2,811	932	268	1,064	n/a	215,163	217,259	149,557	3,236	1,476,042	6,299	n/a	n/a	2,072,629
Special Services	9,841	3,217	144,869	14,819	n/a	94,311	26,345	16,291	47,128	29,725	332	n/a	n/a	386,878
Miscellaneous Services	7,270	945	22,140	130,400	n/a	205,837	26,405	22,664	39,428	52,264	3,000	n/a	n/a	510,354
Total Services	1,243,949	366,916	7,878,596	4,723,265	n/a	16,786,971	9,077,383	5,703,411	33,602,388	18,263,686	539,175	n/a	n/a	98,185,738

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 and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Table 1–7. Cost (\$) per Service for Services Provided by Service Type, 2003–2004
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	26.06	18.75	34.27	16.67	n/a	32.93	35.96	29.37	47.03	40.83	48.05	n/a	n/a	36.56
Consultations	73.12	63.84	81.69	45.15	n/a	84.05	83.37	69.90	105.60	108.60	125.30	n/a	n/a	87.58
Major Assessments	41.08	29.34	49.32	23.22	n/a	47.52	47.36	47.71	61.83	71.04	77.72	n/a	n/a	53.13
Other Assessments	22.80	16.87	26.25	9.41	n/a	24.75	22.83	23.70	30.53	30.95	37.22	n/a	n/a	26.17
Hospital Care Days	12.12	15.52	27.73	10.79	n/a	17.89	19.65	20.55	29.67	30.55	97.31	n/a	n/a	22.19
Special Calls	50.55	5.75	52.92	16.09	n/a	31.98	65.57	27.19	113.80	53.54	52.39	n/a	n/a	54.71
Psychotherapy/Counselling	27.80	66.02	57.97	65.97	n/a	42.27	52.62	47.75	62.54	76.69	82.42	n/a	n/a	55.13
Procedures	39.64	30.94	145.67	30.49	n/a	74.35	57.94	42.78	195.70	34.08	73.65	n/a	n/a	71.54
Major Surgery	242.13	317.33	417.56	240.59	n/a	488.94	389.51	313.57	607.30	463.59	527.36	n/a	n/a	461.91
Minor Surgery	35.43	25.48	44.74	26.49	n/a	32.53	50.11	47.95	94.81	65.45	69.48	n/a	n/a	60.64
Surgical Assistance	208.43	105.07	138.88	147.69	n/a	215.57	223.77	185.71	242.12	100.61	189.24	n/a	n/a	179.63
Anaesthesia	169.93	310.36	276.94	10.34	n/a	282.63	198.40	159.48	342.24	139.19	310.34	n/a	n/a	114.96
Obstetrical Services	273.34	354.96	414.68	258.16	n/a	189.16	254.66	379.08	213.33	360.91	334.13	n/a	n/a	260.00
Diagnostic/Therapeutic Services	32.80	24.81	62.77	25.96	n/a	59.18	53.44	28.12	105.28	46.07	85.11	n/a	n/a	60.13
Radiology	22.78	16.27	28.68	22.19	n/a	46.40	36.56	58.01	114.91	47.06	60.31	n/a	n/a	42.43
Laboratory Services	56.21	27.40	15.79	30.39	n/a	8.44	5.98	7.70	6.62	11.65	7.87	n/a	n/a	9.90
Special Services	14.20	5.31	21.14	5.85	n/a	7.86	6.50	6.02	10.71	9.27	41.52	n/a	n/a	10.44
Miscellaneous Services	37.47	188.90	31.67	28.43	n/a	44.31	21.70	8.55	40.65	62.74	38.47	n/a	n/a	32.14
Total Services	29.00	22.07	63.17	22.48	n/a	45.65	45.14	33.91	77.19	38.26	52.26	n/a	n/a	47.80

Source: NIPDB, 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 and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Table 1–8. Number of Services Received by Type of Practice, 2003–2004
Home of Patient

Type of Practice	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Family Medicine	58,854	15,823	81,318	49,407	1,866	232,478	80,966	167,511	254,176	206,751	9,984	14,811	5,454	1,179,399
Medical Specialties	14,684	30,042	62,512	11,913	17,172	72,022	22,966	37,001	38,256	67,857	8,647	8,871	18,041	409,984
Internal Medicine	7,171	9,036	25,117	5,159	3,354	30,696	10,770	15,798	16,136	33,667	5,040	3,968	6,256	172,228
Neurology	486	1,282	5,937	204	667	2,130	904	1,216	1,165	2,444	344	248	477	17,104
Psychiatry	1,874	1,037	4,024	1,704	246	10,553	3,988	6,550	8,807	12,842	931	836	806	54,198
Pediatrics	1,619	557	4,604	1,063	4,837	9,768	3,597	6,835	5,329	8,385	593	1,936	7,101	56,224
Dermatology	569	1,321	1,086	870	n/a	3,379	708	1,477	1,594	3,095	201	367	175	14,832
Physical Medicine	58	68	247	311	4,083	1,158	148	304	342	760	135	252	488	8,354
Anaesthesia	2,907	16,681	21,897	2,602	3,985	14,338	2,851	4,821	4,893	6,664	1,403	1,264	2,738	87,044
Surgical Specialties	9,070	13,810	23,766	19,650	13,856	43,176	23,779	26,078	28,164	37,432	3,179	5,293	7,857	255,110
General Surgery	1,712	1,231	2,350	1,770	782	5,922	2,040	8,549	4,546	6,814	472	967	1,497	38,652
Thoracic/Cardiovascular Surgery	682	1,436	1,296	629	1,162	1,914	674	922	336	1,129	246	229	395	11,050
Urology	781	409	1,903	849	524	2,815	1,368	1,350	1,506	3,139	309	278	227	15,458
Orthopedic Surgery	842	1,215	3,949	1,169	1,370	5,773	1,248	3,298	3,969	6,017	538	697	1,127	31,212
Plastic Surgery	443	663	1,600	425	373	2,713	414	1,027	925	2,913	176	366	403	12,441
Neurosurgery	128	1,174	308	46	608	345	325	272	594	621	159	44	236	4,860
Ophthalmology	2,001	5,046	1,898	11,465	6,182	9,235	10,118	4,713	3,559	6,371	601	863	892	62,944
Otolaryngology	830	602	3,157	671	628	3,931	2,087	2,282	4,966	3,423	278	391	896	24,142
Obstetrics/Gynecology	1,651	2,034	7,305	2,626	2,227	10,528	5,505	3,665	7,763	7,005	400	1,458	2,184	54,351
Technical Specialties	4,248	2,508	7,312	5,381	69	75,030	13,215	16,325	65,255	11,420	3,751	1,984	3,273	209,771
Radiology	2,907	1,959	3,841	2,022	69	15,003	2,598	3,989	9,390	5,478	596	467	1,563	49,482
Laboratory	1,741	549	3,471	3,359	0	60,027	10,617	12,336	55,865	5,942	3,155	1,517	1,710	160,289
Total Specialties	28,002	46,360	93,590	36,944	31,097	190,228	59,960	79,404	131,675	116,709	15,577	16,148	29,171	874,865
Total Physicians	86,856	62,183	174,908	86,351	32,963	422,706	140,926	246,915	385,851	323,460	25,561	30,959	34,625	2,054,264

Source: NPDB, CIHI.

Notes
Total includes the nine provinces and the Yukon Territory. Northwest Territories and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Table 1–9. Payments (\$) for Services Received by Type of Practice, 2003–2004

Home of Patient

Type of Practice	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Family Medicine	1,565,283	464,463	1,841,184	1,454,856	128,672	6,995,579	2,566,253	6,547,719	7,855,343	7,292,203	380,291	654,864	198,714	37,945,424
Medical Specialties	942,165	1,178,513	1,733,497	1,142,576	1,598,124	4,542,619	2,093,216	3,920,627	2,594,965	5,929,858	826,328	960,570	1,132,024	28,595,082
Internal Medicine	389,982	424,208	744,539	353,181	213,926	1,810,705	806,753	1,429,273	942,874	2,577,443	370,903	356,267	349,922	10,769,974
Neurology	28,087	33,069	125,263	17,636	34,109	152,631	55,040	114,772	93,820	191,975	31,105	20,434	28,625	926,566
Psychiatry	98,544	49,186	240,404	97,128	13,466	715,623	225,337	562,918	604,490	743,361	80,369	63,779	48,728	3,543,332
Pediatrics	70,394	25,649	162,280	62,007	311,168	417,580	372,130	613,458	275,562	615,055	56,052	148,257	322,657	3,452,249
Dermatology	24,109	51,174	35,060	47,357	n/a	138,529	45,243	71,618	62,202	149,021	17,983	30,958	7,393	680,646
Physical Medicine	3,917	3,255	9,954	8,804	259,858	67,980	7,365	22,050	20,811	51,997	9,330	15,005	15,358	495,743
Anaesthesia	327,130	591,972	415,999	556,463	765,597	1,239,571	581,350	1,106,538	595,208	1,601,008	280,527	325,869	359,340	8,726,572
Surgical Specialties	929,584	1,452,635	1,470,068	2,287,893	1,646,480	4,100,931	2,115,433	3,679,495	2,144,134	5,115,064	527,521	855,304	743,231	27,067,772
General Surgery	220,394	158,017	213,530	266,728	106,913	580,889	294,211	1,136,185	407,568	1,073,205	65,167	179,100	161,280	4,863,187
Thoracic/Cardiovascular Surgery	136,841	380,689	122,999	183,707	543,994	497,914	525,963	641,770	76,144	636,406	88,571	120,670	67,986	4,023,665
Urology	109,012	44,880	149,530	101,012	34,000	272,081	115,283	132,274	124,243	409,649	48,864	45,250	22,629	1,608,707
Orthopedic Surgery	86,748	217,010	367,069	132,630	105,267	666,772	168,188	507,135	468,560	926,660	107,804	140,870	115,101	4,009,815
Plastic Surgery	37,924	77,366	102,705	57,683	34,911	264,561	60,332	183,914	88,897	472,331	38,639	86,118	45,996	1,551,379
Neurosurgery	26,932	142,930	49,241	8,564	89,020	56,734	76,908	89,765	104,399	185,899	38,325	12,740	23,121	904,579
Ophthalmology	190,427	296,894	65,166	1,326,974	569,641	830,836	484,866	361,420	207,658	557,725	81,798	101,853	77,720	5,152,978
Otolaryngology	35,420	27,522	124,457	36,062	34,890	237,520	87,975	292,702	212,298	299,808	27,646	56,611	67,881	1,540,789
Obstetrics/Gynecology	85,886	107,316	275,372	174,533	127,844	693,623	301,706	334,329	454,366	553,382	30,706	112,091	161,518	3,412,674
Technical Specialties	186,299	127,371	181,812	227,124	6,732	1,264,644	318,871	424,592	1,135,684	460,266	88,652	62,958	92,456	4,577,460
Radiology	148,610	117,499	127,281	130,410	6,732	596,099	142,777	218,569	470,963	354,551	40,939	37,940	79,092	2,471,460
Laboratory	37,689	9,872	54,531	96,714	0	668,545	176,094	206,023	664,721	105,715	47,713	25,019	13,364	2,106,000
Total Specialties	2,058,047	2,758,519	3,385,378	3,657,593	3,251,336	9,908,193	4,527,520	8,024,713	5,874,783	11,505,188	1,442,501	1,878,832	1,967,711	60,240,314
Total Physicians	3,623,331	3,222,982	5,226,562	5,112,450	3,380,008	16,903,772	7,093,773	14,572,432	13,730,126	18,797,391	1,822,792	2,533,696	2,166,424	98,185,738

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

Table 1–10. Cost (\$) per Service for Services Received by Type of Practice, 2003–2004
Home of Patient

Type of Practice	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Family Medicine	26.60	28.35	22.64	29.45	68.96	30.09	31.70	39.09	30.91	35.27	38.09	44.21	36.43	32.17
Medical Specialties	64.16	39.23	27.73	95.91	93.07	63.07	91.14	105.96	67.83	87.39	95.56	108.28	65.75	69.75
Internal Medicine	54.38	48.64	29.64	68.46	63.78	58.99	74.91	90.47	58.43	76.56	73.59	89.78	55.93	62.53
Neurology	57.79	25.79	22.62	86.45	51.14	71.66	60.89	94.38	80.53	78.55	90.42	82.40	60.01	54.17
Psychiatry	52.58	47.43	59.74	57.00	54.74	67.81	103.46	85.94	68.64	57.89	86.32	76.29	60.46	65.38
Pediatrics	43.48	46.05	35.25	58.33	64.33	42.75	103.46	89.75	51.71	73.35	94.52	76.58	45.44	61.40
Dermatology	42.37	38.74	32.28	54.43	n/a	41.00	63.90	48.49	39.27	48.15	89.47	84.35	42.24	45.89
Physical Medicine	67.54	47.86	40.30	28.31	63.64	58.70	49.76	72.53	60.85	68.42	69.56	59.54	31.47	59.34
Anaesthesia	112.53	35.49	19.00	213.86	192.12	86.45	203.91	229.52	121.64	240.25	185.69	257.81	131.24	100.25
Surgical Specialties	102.49	105.19	61.86	116.43	118.83	94.98	88.96	141.10	76.13	136.65	165.94	161.59	94.59	106.10
General Surgery	128.73	128.36	90.86	150.69	136.72	98.09	144.22	132.90	89.65	157.50	138.07	185.21	107.74	125.82
Thoracic/Cardiovascular Surgery	200.65	265.11	94.91	292.06	488.15	260.14	780.36	696.06	228.62	563.69	360.05	526.94	172.12	364.13
Urology	139.58	109.73	78.58	118.98	64.88	96.65	84.27	97.98	82.50	130.50	158.14	162.77	99.69	104.07
Orthopedic Surgery	103.03	178.61	92.95	113.46	76.84	115.60	134.77	153.77	118.05	154.01	200.38	202.11	102.13	128.47
Plastic Surgery	85.61	116.69	64.19	135.73	93.60	97.52	145.73	179.08	96.10	162.15	219.54	235.30	114.13	124.70
Neurosurgery	210.41	121.75	159.87	186.16	146.41	164.45	236.64	330.02	175.76	299.35	241.04	289.56	97.97	186.13
Ophthalmology	95.17	58.84	34.33	115.74	92.15	89.97	47.92	76.69	55.35	87.54	136.10	118.02	87.13	81.87
Otolaryngology	42.67	45.72	39.42	53.74	55.56	60.42	42.15	128.27	42.75	87.59	99.44	144.78	75.76	63.82
Obstetrics/Gynecology	52.02	52.76	37.70	66.46	57.41	65.88	54.81	91.22	58.53	79.00	76.77	76.88	73.96	62.79
Technical Specialties	43.86	50.79	24.86	42.21	97.57	16.86	24.13	26.01	17.40	40.30	23.63	31.73	28.25	21.82
Radiology	59.28	59.98	33.14	64.50	97.57	39.73	54.96	54.79	50.16	64.72	68.69	81.24	50.60	49.95
Laboratory	21.65	17.98	15.71	28.79	n/a	11.14	16.59	16.70	11.90	17.79	15.12	16.49	7.82	13.14
Total Specialties	73.50	59.50	36.17	99.00	104.55	52.09	75.51	101.06	44.62	98.58	92.60	116.35	67.45	68.86
Total Physicians	41.72	51.83	29.88	59.21	102.54	39.99	50.34	59.02	35.58	58.11	71.31	81.84	62.57	47.80

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

Table 1–11. Number of Services Received by Service Type, 2003–2004

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	64,542	29,184	107,082	57,792	17,959	279,083	93,721	190,565	259,067	236,379	15,675	21,066	22,190	1,394,315
Consultations	4,545	6,307	13,734	7,116	5,473	23,447	8,633	19,422	14,237	24,994	2,708	3,311	3,379	137,306
Major Assessments	3,201	1,483	5,541	3,435	2,870	19,765	5,533	14,226	12,072	15,473	575	1,632	2,810	88,616
Other Assessments	43,901	15,553	65,091	37,939	5,774	184,823	60,867	127,231	187,365	142,759	7,725	11,124	5,928	896,080
Hospital Care Days	6,572	3,889	12,144	4,027	2,528	23,070	8,396	16,044	14,034	22,690	2,732	2,729	8,354	127,209
Special Calls	3,269	710	4,906	2,029	265	14,566	4,661	7,643	19,178	8,870	811	755	712	68,365
Psychotherapy/Counselling	3,054	1,242	5,666	3,246	1,049	13,432	5,631	5,999	12,181	21,593	1,124	1,515	1,007	76,739
Procedures	22,314	32,999	67,826	28,559	15,004	143,613	47,205	56,350	126,784	87,081	9,886	9,893	12,435	659,949
Major Surgery	1,449	2,532	2,725	3,950	2,020	5,549	2,759	4,220	2,732	6,410	655	1,062	1,010	37,073
Minor Surgery	883	234	1,359	722	221	3,459	1,780	2,589	4,828	3,722	190	268	185	20,440
Surgical Assistance	326	579	899	981	574	1,161	555	1,161	886	1,352	416	130	125	9,145
Anaesthesia	2,265	15,097	20,789	2,007	1,348	9,817	2,754	3,814	4,559	5,745	894	934	1,341	71,364
Obstetrical Services	145	139	419	181	192	1,067	358	1,308	817	962	42	343	320	6,293
Diagnostic/Therapeutic Services	7,880	11,249	26,591	10,383	10,054	30,628	17,319	20,155	23,891	34,614	3,424	4,146	5,642	205,976
Radiology	2,151	821	3,902	1,674	70	14,968	3,374	3,657	9,299	5,233	459	406	1,294	47,308
Laboratory Services	3,614	802	5,581	5,161	208	66,465	14,180	15,122	71,124	19,526	3,560	2,040	2,034	209,417
Special Services	2,778	801	3,520	3,043	80	7,484	2,363	3,577	5,918	6,673	196	353	288	37,054
Miscellaneous Services	823	745	2,041	457	237	3,035	1,763	747	2,730	2,844	50	211	196	15,879
Total Services	86,856	62,183	174,908	86,351	32,963	422,706	140,926	246,915	385,851	323,460	25,561	30,959	34,625	2,054,264

Source: NPDB, CIHI.

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Table 1–12. Payments (\$) for Services Received by Service Type, 2003–2004
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	1,977,374	884,791	2,776,094	2,057,971	855,815	9,876,651	3,313,782	7,935,270	9,204,436	9,515,876	765,806	986,623	825,489	50,975,977
Consultations	371,689	377,454	754,757	571,502	483,075	2,079,110	710,134	1,929,070	1,291,494	2,525,771	298,558	338,954	294,119	12,025,688
Major Assessments	159,709	67,161	218,210	170,003	129,734	1,001,884	284,030	849,342	691,346	870,220	34,898	98,388	133,460	4,708,384
Other Assessments	1,045,818	295,146	1,186,453	994,803	128,113	4,673,651	1,621,632	3,682,787	5,205,082	3,907,937	232,445	331,489	142,207	23,447,564
Hospital Care Days	121,903	65,329	161,953	86,066	51,480	500,304	186,185	427,629	348,602	564,041	74,259	77,892	158,153	2,823,395
Special Calls	130,055	23,659	150,480	75,620	10,582	783,036	229,859	677,483	907,082	604,247	47,358	56,296	44,638	3,740,495
Psychotherapy/Counselling	148,200	56,042	304,642	159,979	52,832	838,666	281,841	368,959	760,829	1,043,659	78,288	83,603	52,912	4,230,451
Procedures	1,645,957	2,338,190	2,450,468	3,054,478	2,524,192	7,027,120	3,779,991	6,637,163	4,525,690	9,281,516	1,056,986	1,547,073	1,340,935	47,209,761
Major Surgery	604,640	1,026,531	743,923	1,574,023	1,150,995	2,216,463	1,402,616	2,444,004	1,020,457	3,506,496	402,195	640,858	391,011	17,124,214
Minor Surgery	39,097	12,241	54,813	33,480	12,246	222,168	94,345	207,134	265,296	251,289	15,457	20,079	11,890	1,239,536
Surgical Assistance	58,348	124,301	109,418	131,325	154,397	199,454	97,402	210,595	127,727	332,702	35,632	33,525	27,887	1,642,711
Anaesthesia	280,693	496,530	364,826	527,789	447,844	1,177,420	621,081	1,165,476	623,022	1,682,466	218,625	304,107	294,023	8,203,902
Obstetrical Services	35,385	36,693	102,944	66,285	19,846	287,155	110,812	329,620	269,485	218,325	10,674	69,738	79,237	1,636,199
Diagnostic/Therapeutic Services	432,423	569,599	788,963	541,422	729,299	1,514,979	1,066,658	1,900,154	907,162	2,742,253	301,860	422,132	468,957	12,385,860
Radiology	88,727	23,983	129,335	62,226	1,853	553,085	181,316	185,116	444,425	246,988	21,789	23,928	44,706	2,007,478
Laboratory Services	38,440	9,160	57,660	53,824	370	684,268	145,526	140,295	726,188	138,391	46,118	19,169	13,221	2,072,629
Special Services	35,828	11,086	24,652	46,517	540	92,319	19,910	29,102	52,451	64,716	1,881	5,037	2,839	386,878
Miscellaneous Services	32,375	28,067	73,935	17,587	6,802	79,610	40,326	25,667	89,477	97,891	2,784	8,499	7,164	510,354
Total Services	3,623,331	3,222,982	5,226,562	5,112,450	3,380,008	16,903,772	7,093,773	14,572,432	13,730,126	18,797,391	1,822,792	2,533,696	2,166,424	98,185,738

Notes

Total includes the nine provinces and the Yukon Territory. Northwest Territories and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

Table 1–13. Cost (\$) per Service for Services Received by Service Type, 2003–2004
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	30.64	30.32	25.92	35.61	47.65	35.39	35.36	41.64	35.53	40.26	48.86	46.83	37.20	36.56
Consultations	81.78	59.85	54.96	80.31	88.27	88.67	82.26	99.32	90.71	101.06	110.25	102.37	87.04	87.58
Major Assessments	49.89	45.29	39.38	49.49	45.20	50.69	51.33	59.70	57.27	56.24	60.69	60.29	47.49	53.13
Other Assessments	23.82	18.98	18.23	26.22	22.19	25.29	26.64	28.95	27.78	27.37	30.09	29.80	23.99	26.17
Hospital Care Days	18.55	16.80	13.30	21.37	20.36	21.69	22.18	26.65	24.84	24.86	27.18	28.54	18.93	22.19
Special Calls	39.78	33.32	30.67	37.27	39.93	53.79	49.34	88.64	47.30	68.12	58.39	74.56	62.69	54.71
Psychotherapy/Counselling	48.53	45.12	53.77	49.28	50.36	62.44	50.05	61.50	62.46	48.33	69.65	55.18	52.54	55.13
Procedures	73.76	70.86	36.13	106.95	168.23	48.93	80.08	117.78	35.70	106.58	106.92	156.38	107.84	71.54
Major Surgery	417.28	405.42	273.00	398.49	569.80	399.43	508.38	579.15	373.52	547.04	614.04	603.44	387.14	461.91
Minor Surgery	44.28	52.31	40.33	46.37	55.41	64.23	53.00	80.01	54.95	67.51	81.35	74.92	64.27	60.64
Surgical Assistance	178.98	214.68	121.71	133.87	268.98	171.79	175.50	181.39	144.16	246.08	85.65	257.89	223.09	179.63
Anaesthesia	123.93	32.89	17.55	262.97	332.23	119.94	225.52	305.58	136.66	292.86	244.55	325.60	219.26	114.96
Obstetrical Services	244.04	263.98	245.69	366.22	103.36	269.12	309.53	252.00	329.85	226.95	254.15	203.32	247.62	260.00
Diagnostic/Therapeutic Services	54.88	50.64	29.67	52.14	72.54	49.46	61.59	94.28	37.97	79.22	88.16	101.82	83.12	60.13
Radiology	41.25	29.21	33.15	37.17	26.46	36.95	53.74	50.62	47.79	47.20	47.47	58.94	34.55	42.43
Laboratory Services	10.64	11.42	10.33	10.43	1.78	10.30	10.26	9.28	10.21	7.09	12.95	9.40	6.50	9.90
Special Services	12.90	13.84	7.00	15.29	6.75	12.37	8.43	8.14	8.86	9.70	9.60	14.27	9.86	10.44
Miscellaneous Services	39.34	37.67	36.22	38.48	28.70	26.30	22.87	34.36	32.78	34.42	55.09	40.28	36.55	32.14
Total Services	41.72	51.83	29.88	59.21	102.54	39.99	50.34	59.02	35.58	58.11	71.31	81.84	62.57	47.80

Notes

Total includes the nine provinces and the Yukon Territory, Northwest Territories and Nunavut, did not submit data to CIHI. Reciprocal billing data are not applicable to the province of Quebec. Ontario and British Columbia anaesthesia services are primarily in units.

Source: NPDB, CIHI.

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, 2003–2004

Host Provider	
Newfoundland and Labrador	768
Prince Edward Island	222
Nova Scotia	1,465
New Brunswick	1,165
Ontario	15,549
Manitoba	1,672
Saskatchewan	1,499
Alberta	5,115
British Columbia	7,233
Yukon Territory	96
Total*	34,784

Source: NPDB, CIHI.

* Total for nine provinces and the Yukon Territory. Northwest Territories and Nunavut did not submit 2003–2004 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

Suzanne McGurn
Director (Acting),
Ontario Ministry of Health
and Long-Term Care
370 Select Drive
P.O. Box 168
Kingston, Ontario
K7M 8T4

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

John Cheung
Executive Director,
Information Support,
British Columbia Ministry of Health Services
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/Gastrosocopy

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 District Health Boards in October 1993 and no longer funded on a fee-for-service basis.
- Facility-based radiology services which are funded through District Health Boards 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 physiatric 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 physiatric 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.

