

NATIONAL PHYSICIAN DATABASE



RECIPROCAL BILLING
REPORT, CANADA
2001-2002



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

**Reciprocal Billing Report
Canada, 2001–2002**

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Requests for permission should be addressed to:

Canadian Institute for Health Information
377 Dalhousie Street
Suite 200
Ottawa, Ontario
K1N 9N8

Telephone: (613) 241-7860

Fax: (613) 241-8120

www.cihi.ca

ISBN 1-55392-383-9 (PDF)

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Cette publication est disponible en français sous le titre
Rapport sur la facturation réciproque Canada, 2001-2002
ISBN 1-55392-384-7 (PDF)

Reciprocal Billing Report Canada, 2001–2002

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Foreword

The Canadian Institute for Health Information (CIHI) is a national organization mandated to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada. One way it fulfills this role is by forging alliances with leaders in the health and health information fields.

CIHI's mission is based upon collaborative planning with all provincial, territorial and federal governments, as well as all other major partners in national health care services. The Institute is responsible for providing accurate and timely information necessary to establish sound health policies, manage the Canadian health system effectively, and create public awareness of factors affecting good health.

The *Reciprocal Billing Report, Canada, 2001–2002* 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/Territorial Health Ministries and the CIHI Expert Group on Physician Databases in the development and publication of this report. Also, CIHI is pleased to include Yukon Territory payment data for the very first time in this publication.

Preface

Previously produced reports in the Reciprocal Billing series include:

- *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 August 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/territorial medical insurance plans. The NPDB expanded on the MCDB by including information on physician demographic and practice characteristics, and 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/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/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/territory to submit data to National Health and Welfare on a quarterly basis. The reciprocal billing data are submitted by the provinces/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 and provincial/territorial governments, medical stakeholder groups, and various private organizations and researchers as a national data source for the service utilization patterns of physicians in Canada.

The *Reciprocal Billing Report, Canada, 2001–2002* presents summary tables that indicate the total number of services provided and received by each province/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:

Consultant, NPDB
Health Human Resources
Suite 200 – 377 Dalhousie Street
Ottawa, ON
K1N 9N8

e-mail: 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 Southam Medical Database (SMDB).

The NPDB is a multi-year, multi-phase initiative. Phase 1, which is operational, 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. Phase 2 is adding data on clinical activities remunerated under alternative reimbursement plans (such as salaries, contracts and sessional fees), and Phase 3 will contain data on non-clinical care activities of physicians (such as teaching, research and administration).

Data Sources and Collection

NPDB Data

Data are derived from physician fee-for-service claims data submitted by provincial/territorial medical insurance programs to CIHI. The claims data and associated physician and patient demographic data are submitted in seven files, three of which are submitted annually and four quarterly. Quarterly files are submitted usually within six months of the end of a quarter and annual files within six months of the end of the fiscal year.

Files submitted include:

Title	Description
05 File	Utilization by Age/Sex of Patient File
25 File	Dental Services and Other Non-physician Services File (file not submitted by all jurisdictions)
30 File	Reciprocal Billing File (Quebec does not submit this file)
35 File	Physician Characteristics File
40 File	Utilization by Fee Code and Unique Physician Identifier (UPI) File
45 File	Utilization by UPI, Sex and Age Group of Patient File
55 File	Changes to UPI File

Any files that do not meet appropriate layouts, as defined in the NPDB Data Submission Specifications Manual, are returned to the provinces/territories for correction and subsequent re-submission.

For a complete description of the record layouts of these files please see the NPDB Data Submission Specifications Manual, available from the Consultant, 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/territory services processed by the Reciprocal Billing System. This means each province/territory sends data on services their physicians provided to out-of-province/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 2001 through March 2002). Therefore, figures in this publication may differ from those reported by data providers, possibly based on the calendar year.

For 2001–2002 fiscal year, 33,646 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 percent of services are captured before submitting data files for processing. Please see Table 1 for a yearly breakdown by province/territory of the type of data file submission.

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

Province/Territory	2001–2002	
	DOS	DOP
N.L.		✓
P.E.I.		✓
N.S.	✓	
N.B.		✓
Ont.	✓	
Man.		✓
Sask.		✓
Alta.	✓	
B.C.	✓	
Y.T.	✓	

Type of Data: Billing vs. Payment Data

All jurisdictions, except British Columbia, submit payment data. Billing data reflect the full amount the physician billed the provincial/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.

As a date-of-service data provider, British Columbia submits NPDB files to CIHI within six months following the end of a fiscal quarter. At the time of publishing this report, British Columbia had made retroactive payments to physicians totaling \$81.2 million for services provided during the fiscal year 2001–2002. Approximately \$711,000 of total retroactive payments for the period apply to health care services provided under Reciprocal Agreements. These payments are not included in this publication due to file submission timelines. Updated payment information, reflecting retroactive adjustments, will be submitted to CIHI by British Columbia and will be included in future NPDB reports and analyses.

Payment Mode: Level of Fee-for-Service Coverage

The Reciprocal Billing Report is based on physician fee-for-service billings/payments only. The extent to which different forms of non fee-for-service payments are used by provinces/territories to remunerate physicians has changed over the past several years (see Table 2). Many alternative forms of payment such as salaried and sessional have become more commonplace. The use of alternative payment plans differs by province/territory and by specialty.

Alternative forms of reimbursement are currently not submitted to the NPDB and are not included in the statistics presented in this report.

Table 2. Payment Mode: Total Physicians and Percent by Payment Mode¹

Province/ Territory	Year	Total Physicians	Percent by Payment Mode			
			FFS Only	Salary Only	Sessional Only	Other ²
N.L.	2001–2002	980	67.0	33.0	N/A	N/A
P.E.I.	2001–2002	225	55.0	5.0	9.0	31.0
N.S. ³	2001–2002	2,003	36.0	1.6	0.0	62.4
N.B.	2001–2002	1,488	55.9	2.0	0.1	42.0
Ont. ⁴	2001–2002	20,915	89.0	N/A	N/A	11.0
Man. ⁵	2000–2001	2,193	30.0	17.2 Salary/Sessional		52.8
Sask.	2001–2002	1,615	79.9	N/A	N/A	20.1
Alta. ⁶	2001–2002	5,076	98.0	N/A	1.0	1.0
B.C.	2001–2002	8,227	71.4	0.3	1.4	27.0
Y.T.	2001–2002	55	94.5	N/A	N/A	5.5

N/A = Not applicable.

FFS = Fee for Service

Notes

1. Some physicians are primarily on one form of alternative reimbursement, but in special cases can bill fee for service. For example, In Ontario, physicians under alternative reimbursement plans can bill fee for service when treating out-of-province patients and can bill fee for service when providing services to in-province patients when the services they are providing are outside the scope of their alternative payment agreement and the services are insured services. In Prince Edward Island, pediatricians on salary can bill fee for service when they are on call or if there is a special request from the family for the physician to see their child.
2. "Other" includes physicians who are paid through other single alternative modes (e.g. contract, capitation) as well as those who are paid through any combination of fee-for-service and/or alternative modes.
3. Nova Scotia counts include 34 physicians receiving only radiology/internal medicine/pathology payments and 47 physicians receiving only psychiatric payments.
4. Figures for Ontario reflect the number of physicians who are eligible to bill on a fee-for-service basis.
5. 2001–2002 information was not available at the time of publication.
6. Figures provided are estimates.

Data Quality

Error/Validation Routines

The NPDB files are derived from provincial/territorial administrative systems and edit checks are conducted on the data prior to processing the NPDB files. As CIHI has no control over provincial/territorial 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/territorial annual reports.

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

Data Definitions

Home of Patient

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

Host Provider

Host provider refers to the province/territory where the physician resides and practises.

Specialty

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

In three provinces, Nova Scotia, Quebec, and British Columbia, data for Public Health Specialists are reported in the Family Medicine figures. For all provinces/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 electroencephalogram (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.

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/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 that 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 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, genito-urinary tract, therapeutic radiology/radioisotope, computed axial tomography, ultrasound, and other diagnostic/therapeutic radiology.

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.

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/territory using components of the physician's first and last names (scrambled using an algorithm), the physician's date of birth, sex and place of 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/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’s 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 interprovincial/territorial 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 which do not apply consistently to each province/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 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, 2001–2002*. These services have been excluded from both the provincial/ 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, 15 services (less than 0.00001% of total services) were excluded as a result of cell suppression in 2001–2002. Payment amounts corresponding to suppressed services have also been excluded from this report. In total, for all of Canada, \$953.25 payments (0.00001% of total payments) were excluded as a result of cell suppression in 2001–2002. 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 has been suppressed within the cell and is not included in aggregate level row and column totals.

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

Data Limitations

Data Exclusions

Alternative payments, such as salary and sessional payments, are not included in this report.

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 penitentiaries who are covered under other public programs (these persons account for less than half of one percent 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 E.

De-Insured and De-Listed Services

Certain services within each province/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 Consultant, NPDB at CIHI.

De-Insured Services

Services which, at some point in time, were defined as an insured service (i.e. covered by a provincial/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/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/territories.

For the purpose of this report, the payment plan specialty is used. Provinces/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 physician who practised under more than one specialty during the fiscal year was assigned the specialty under which he/she received the majority of his/her payments.

In 1997–1998, Newfoundland changed how it paid uncertified specialists. Prior to October 1997, such physicians were coded as uncertified specialists and grouped with Family Medicine for the purposes of the NPDB. Starting in October 1997, Newfoundland's uncertified specialists were allowed to bill as specialists and are now reported as specialists within Average Payment Per Physician reports.

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.

CIHI National Grouping System Categories statistics may vary from provincial/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.

Unique Physician Identifier (UPI)

Physician names are not used on the provincial/territorial files. Instead, a Unique Physician Identifier (UPI) is generated by the province/territory using components of the physician's name, their 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 provinces/territories. The UPI helps protect the privacy and confidentiality of the physician and allows for the tracking of the physician throughout their career in Canada.

NPDB Data Access/Release Policy

The release of data from the NPDB is governed by the NPDB Data Access/Release Policy which was established by the provincial/territorial ministries of health and is administered by CIHI. Depending on the type of client, the level of data aggregation, the province/territory and indicator of interest, CIHI may not be able to release data to the client without prior approval from the province(s)/territory(ies). Additionally, any cell counts of less than five are suppressed and are aggregated to the next level.

CIHI Privacy and Confidentiality Policy

The release of any data from NPDB, whether as a regular product or as a custom request, is governed by CIHI's *Principles and Policies for the Protection of Personal Health Information and Policies for Institution-identifiable Information*. Refer to CIHI's Web site (www.cihi.ca) for further information including a copy of the policies and procedures document or Contact the Consultant, NPDB.

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.

Publications currently available include:

- *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 by these reports, please refer to the CIHI Web site (www.cihi.ca) or contact the Consultant, NPDB.

Special projects require project planning and the commitment of extra resources. Please contact the Consultant, 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, Canada, 2001–2002

		Host Provider												Nun.	Services Received	
Home of Patient		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.			
N.L.	#	n/a	2,211	16,502	7,778	n/a	17,187	986	855	11,546	6,074	37	n/a	n/a	n/a	63,176
	\$	n/a	41,271	818,564	177,871	n/a	708,355	31,465	21,325	510,865	197,595	1,403	n/a	n/a	n/a	2,508,713
	Cost per Service	n/a	18.67	49.60	22.87	n/a	41.21	31.91	24.94	44.25	32.53	37.91	n/a	n/a	n/a	39.71
P.E.I.	#	750	n/a	13,821	28,824	n/a	3,684	218	206	1,483	1,522	8	n/a	n/a	n/a	50,516
	\$	24,995	n/a	1,470,568	1,098,931	n/a	154,043	4,961	4,920	64,019	44,520	215	n/a	n/a	n/a	2,867,171
	Cost per Service	33.33	n/a	106.40	38.13	n/a	41.81	22.76	23.88	43.17	29.25	26.82	n/a	n/a	n/a	56.76
N.S.	#	5,648	4,226	n/a	68,382	n/a	19,034	1,655	1,269	10,057	12,892	88	n/a	n/a	n/a	123,251
	\$	128,476	90,221	n/a	2,067,001	n/a	746,407	37,391	43,530	467,247	407,497	4,692	n/a	n/a	n/a	3,992,462
	Cost per Service	22.75	21.35	n/a	30.23	n/a	39.21	22.59	34.30	46.46	31.61	53.32	n/a	n/a	n/a	32.39
N.B.	#	1,900	2,576	36,629	n/a	n/a	13,562	1,093	1,009	6,814	6,323	105	n/a	n/a	n/a	70,011
	\$	48,901	47,504	2,935,395	n/a	n/a	593,727	27,512	32,292	313,447	204,700	3,814	n/a	n/a	n/a	4,207,292
	Cost per Service	25.74	18.44	80.14	n/a	n/a	43.78	25.17	32.00	46.00	32.37	36.32	n/a	n/a	n/a	60.09
Que.	#	n/a	n/a	n/a	*	n/a	3,191	*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3,191
	\$	n/a	n/a	n/a	*	n/a	334,015	*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	334,015
	Cost per Service	n/a	n/a	n/a	*	n/a	104.67	*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	104.67
Ont.	#	18,111	4,837	30,473	24,066	n/a	n/a	95,237	13,029	50,823	170,249	923	n/a	n/a	n/a	407,748
	\$	437,607	97,666	1,057,120	549,317	n/a	n/a	4,952,716	363,135	2,458,496	5,457,704	39,342	n/a	n/a	n/a	15,413,103
	Cost per Service	24.16	20.19	34.69	22.83	n/a	n/a	52.00	27.87	48.37	32.06	42.62	n/a	n/a	n/a	37.80
Man.	#	539	113	1,440	1,055	n/a	12,876	n/a	51,594	28,018	34,663	209	n/a	n/a	n/a	130,507
	\$	13,770	2,578	53,411	22,689	n/a	604,277	n/a	2,025,648	2,318,869	1,165,207	9,608	n/a	n/a	n/a	6,216,056
	Cost per Service	25.55	22.81	37.09	21.51	n/a	46.93	n/a	39.26	82.76	33.62	45.97	n/a	n/a	n/a	47.63
Sask.	#	396	129	1,229	585	n/a	7,665	44,702	n/a	162,200	43,489	216	n/a	n/a	n/a	260,611
	\$	11,014	2,346	42,224	13,678	n/a	335,157	1,390,857	n/a	9,867,554	1,579,409	9,625	n/a	n/a	n/a	13,251,864
	Cost per Service	27.81	18.19	34.36	23.38	n/a	43.73	31.11	n/a	60.84	36.32	44.56	n/a	n/a	n/a	50.85
Alta.	#	6,034	931	7,325	5,265	n/a	25,311	17,141	55,395	n/a	221,812	1,082	n/a	n/a	n/a	340,296
	\$	152,094	18,194	241,900	120,247	n/a	962,739	436,655	1,835,028	n/a	7,679,517	50,943	n/a	n/a	n/a	11,497,318
	Cost per Service	25.21	19.54	33.02	22.84	n/a	38.04	25.47	33.13	n/a	34.62	47.08	n/a	n/a	n/a	33.79
B.C.	#	2,427	639	6,541	3,296	n/a	39,708	18,380	22,860	177,512	n/a	6,850	n/a	n/a	n/a	278,213
	\$	68,403	11,076	215,692	73,711	n/a	1,511,111	457,271	689,571	12,939,155	n/a	357,174	n/a	n/a	n/a	16,323,165
	Cost per Service	28.18	17.33	32.98	22.36	n/a	38.06	24.88	30.16	72.89	n/a	52.14	n/a	n/a	n/a	58.67
Y. T.	#	66	20	212	118	n/a	760	430	713	6,017	21,279	n/a	n/a	n/a	n/a	29,615
	\$	1,537	233	7,140	3,058	n/a	32,098	11,089	18,466	463,488	1,283,156	n/a	n/a	n/a	n/a	1,820,266
	Cost per Service	23.30	11.66	33.68	25.92	n/a	42.23	25.79	25.90	77.03	60.30	n/a	n/a	n/a	n/a	61.46
N.W.T.	#	495	31	371	344	n/a	857	2,304	1,515	17,836	6,038	445	n/a	n/a	n/a	30,236
	\$	14,792	679	13,600	7,982	n/a	32,864	117,387	41,332	1,598,127	219,303	20,133	n/a	n/a	n/a	2,066,198
	Cost per Service	29.88	21.89	36.66	23.20	n/a	38.35	50.95	27.28	89.60	36.32	45.24	n/a	n/a	n/a	68.34
Nun.	#	587	14	366	228	n/a	2,947	11,520	439	2,968	837	41	n/a	n/a	n/a	19,947
	\$	18,131	348	13,503	5,952	n/a	204,736	604,705	17,522	280,856	27,293	2,155	n/a	n/a	n/a	1,175,202
	Cost per Service	30.89	24.84	36.89	26.10	n/a	69.47	52.49	39.91	94.63	32.61	52.56	n/a	n/a	n/a	58.92
Total Services Provided	#	36,953	15,727	114,909	139,941	n/a	146,782	193,666	148,884	475,274	525,178	10,004	n/a	n/a	n/a	1,807,318
	\$	919,721	312,117	6,869,116	4,140,436	n/a	6,219,530	8,072,008	5,092,768	31,282,124	18,265,901	499,103	n/a	n/a	n/a	81,672,825
	Cost per Service	24.89	19.85	59.78	29.59	n/a	42.37	41.68	34.21	65.82	34.78	49.89	n/a	n/a	n/a	45.19

Source: NPDB, CIHI

n/a = Not Applicable—There were no physician services reported 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.

Note

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

Table 1-2. Number of Services Provided, by Type of Practice, Canada, 2001–2002

Type of Practice	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	25,486	11,678	71,356	53,144	n/a	106,534	71,977	91,449	308,781	318,247	9,530	n/a	n/a	1,068,182
Medical Specialties	4,240	1,212	11,971	62,992	n/a	24,742	55,806	20,024	101,562	51,900	77	n/a	n/a	334,526
Internal Medicine	2,010	1,049	2,920	14,690	n/a	9,010	20,575	12,334	46,533	23,595	9	n/a	n/a	132,725
Neurology	109	*	186	5,034	n/a	891	1,388	671	3,244	1,657	16	n/a	n/a	13,196
Psychiatry	1,033	53	1,469	1,521	n/a	5,908	4,540	2,000	16,352	10,136	17	n/a	n/a	43,029
Pediatrics	655	85	934	2,837	n/a	3,908	11,797	2,641	18,859	4,432	7	n/a	n/a	46,155
Dermatology	145	17	2,070	727	n/a	1,506	935	442	4,442	2,485	9	n/a	n/a	12,778
Physical Medicine	n/a	n/a	99	49	n/a	581	1,444	129	1,566	312	n/a	n/a	n/a	4,180
Anaesthesia	288	8	4,293	38,134	n/a	2,938	15,127	1,807	10,566	9,283	19	n/a	n/a	82,463
Surgical Specialties	3,073	1,095	29,410	22,518	n/a	14,194	30,548	26,639	63,133	28,265	397	n/a	n/a	219,272
General Surgery	537	415	2,755	2,115	n/a	2,879	4,664	2,149	13,873	5,486	188	n/a	n/a	35,061
Thoracic/Cardiovascular Surgery	20	n/a	904	1,745	n/a	156	1,806	83	2,822	1,195	n/a	n/a	n/a	8,731
Urology	162	58	1,639	2,014	n/a	959	2,236	1,385	4,110	2,430	n/a	n/a	n/a	14,993
Orthopedic Surgery	324	176	2,352	3,270	n/a	2,173	3,624	3,177	8,991	4,582	16	n/a	n/a	28,685
Plastic Surgery	131	n/a	796	1,073	n/a	882	1,808	529	4,345	1,184	n/a	n/a	n/a	10,748
Neurosurgery	79	n/a	50	1,277	n/a	343	15	392	1,089	597	n/a	n/a	n/a	3,842
Ophthalmology	209	70	14,891	3,566	n/a	2,215	5,998	8,449	13,190	4,803	45	n/a	n/a	53,436
Otolaryngology	394	38	865	1,515	n/a	1,147	2,789	4,233	4,869	2,630	23	n/a	n/a	18,503
Obstetrics/Gynecology	1,217	338	5,158	5,943	n/a	3,440	7,608	6,242	9,844	5,358	125	n/a	n/a	45,273
Technical Specialties	4,154	1,742	2,172	1,287	n/a	1,312	35,335	10,772	1,798	126,766	n/a	n/a	n/a	185,338
Radiology	4,138	1,742	949	1,226	n/a	712	1,414	3,937	1,742	8,618	n/a	n/a	n/a	24,478
Laboratory	16	n/a	1,223	61	n/a	600	33,921	6,835	56	118,148	n/a	n/a	n/a	160,860
Total Specialties	11,467	4,049	43,553	86,797	n/a	40,248	121,689	57,435	166,493	206,931	474	n/a	n/a	739,136
Total Physicians	36,953	15,727	114,909	139,941	n/a	146,782	193,666	148,884	475,274	525,178	10,004	n/a	n/a	1,807,318

Source: NPDB, CIHI

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

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

Notes

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

Table 1-3. Payments (\$) for Services Provided, by Type of Practice, Canada, 2001–2002

Type of Practice	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	456,256	167,339	1,927,074	1,099,985	n/a	3,098,534	1,929,319	2,315,458	12,211,434	10,191,144	422,507	n/a	n/a	33,819,051
Medical Specialties	207,379	46,271	1,394,639	1,537,093	n/a	1,822,623	2,831,093	978,437	9,847,755	3,703,667	12,991	n/a	n/a	22,381,949
Internal Medicine	82,662	39,692	224,324	686,390	n/a	644,438	1,089,178	416,712	3,731,244	1,464,813	1,460	n/a	n/a	8,380,912
Neurology	5,569	*	15,540	138,899	n/a	69,490	96,648	37,203	255,743	144,517	2,949	n/a	n/a	766,558
Psychiatry	46,644	3,027	107,607	112,387	n/a	351,000	198,422	101,316	1,076,892	813,953	2,262	n/a	n/a	2,813,508
Pediatrics	26,913	2,343	68,421	144,913	n/a	234,566	372,421	137,390	1,713,661	300,961	434	n/a	n/a	3,002,022
Dermatology	5,856	740	117,880	22,788	n/a	54,019	28,997	16,726	195,606	122,540	716	n/a	n/a	565,868
Physical Medicine	n/a	n/a	6,623	1,884	n/a	40,588	60,393	5,508	83,907	26,233	n/a	n/a	n/a	225,136
Anaesthesia	39,735	470	854,245	429,832	n/a	428,522	985,034	263,583	2,790,702	830,651	5,170	n/a	n/a	6,627,944
Surgical Specialties	171,643	76,473	3,368,911	1,481,642	n/a	1,011,588	3,002,380	1,557,036	8,954,722	2,593,661	63,605	n/a	n/a	22,281,661
General Surgery	29,750	29,170	428,307	131,254	n/a	289,072	470,128	225,188	1,992,645	484,763	34,584	n/a	n/a	4,114,861
Thoracic/Cardiovascular Surgery	3,341	n/a	290,832	255,414	n/a	21,420	426,950	45,001	1,586,081	240,925	n/a	n/a	n/a	2,869,965
Urology	10,321	7,137	214,503	126,991	n/a	65,700	216,906	104,522	506,487	187,994	n/a	n/a	n/a	1,440,561
Orthopedic Surgery	22,231	20,122	292,002	279,461	n/a	132,548	389,740	291,942	1,253,229	581,860	1,381	n/a	n/a	3,264,516
Plastic Surgery	12,318	n/a	102,814	71,613	n/a	60,234	199,544	70,997	763,606	128,797	n/a	n/a	n/a	1,409,922
Neurosurgery	10,648	n/a	4,429	136,796	n/a	59,677	839	58,588	398,671	102,087	n/a	n/a	n/a	771,734
Ophthalmology	11,231	3,318	1,665,182	152,562	n/a	152,567	565,092	331,818	1,129,340	346,493	7,783	n/a	n/a	4,365,388
Otolaryngology	14,599	1,301	46,764	77,623	n/a	72,896	200,317	116,409	507,976	149,383	3,541	n/a	n/a	1,190,809
Obstetrics/Gynecology	57,203	15,426	324,078	249,928	n/a	157,474	532,864	312,570	816,687	371,358	16,316	n/a	n/a	2,853,905
Technical Specialties	84,444	22,034	178,492	21,716	n/a	286,785	309,216	241,838	268,213	1,777,428	n/a	n/a	n/a	3,190,165
Radiology	83,757	22,034	108,663	19,817	n/a	250,313	75,258	185,361	228,823	375,762	n/a	n/a	n/a	1,349,787
Laboratory	687	n/a	69,830	1,900	n/a	36,472	233,958	56,476	39,389	1,401,667	n/a	n/a	n/a	1,840,378
Total Specialties	463,465	144,778	4,942,042	3,040,451	n/a	3,120,996	6,142,689	2,777,311	19,070,689	8,074,756	76,596	n/a	n/a	47,853,775
Total Physicians	919,721	312,117	6,869,116	4,140,436	n/a	6,219,530	8,072,008	5,092,768	31,282,124	18,265,901	499,103	n/a	n/a	81,672,825

Source: NPDB, CIHI

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

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

Notes

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

Table 1-4. Cost (\$) per Service for Services Provided, by Type of Practice, Canada, 2001–2002

Type of Practice	Host Provider													
	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	17.90	14.33	27.01	20.70	n/a	29.08	26.80	25.32	39.55	32.02	44.33	n/a	n/a	31.66
Medical Specialties	48.91	38.18	116.50	24.40	n/a	73.67	50.73	48.86	96.96	71.36	168.71	n/a	n/a	66.91
Internal Medicine	41.13	37.84	76.82	46.72	n/a	71.52	52.94	33.79	80.18	62.08	162.21	n/a	n/a	63.14
Neurology	51.09	*	83.55	27.59	n/a	77.99	69.63	55.44	78.84	87.22	184.34	n/a	n/a	58.09
Psychiatry	45.15	57.11	73.25	73.89	n/a	59.41	43.71	50.66	65.86	80.30	133.08	n/a	n/a	65.39
Pediatrics	41.09	27.56	73.26	51.08	n/a	60.02	31.57	52.02	90.87	67.91	62.01	n/a	n/a	65.04
Dermatology	40.39	43.54	56.95	31.35	n/a	35.87	31.01	37.84	44.04	49.31	79.50	n/a	n/a	44.28
Physical Medicine	n/a	n/a	66.89	38.45	n/a	69.86	41.82	42.70	53.58	84.08	n/a	n/a	n/a	53.86
Anaesthesia	137.97	58.70	198.99	11.27	n/a	145.86	65.12	145.87	264.12	89.48	272.09	n/a	n/a	80.37
Surgical Specialties	55.86	69.84	114.55	65.80	n/a	71.27	98.28	58.45	141.84	91.76	160.22	n/a	n/a	101.62
General Surgery	55.40	70.29	155.47	62.06	n/a	100.41	100.80	104.79	143.63	88.36	183.96	n/a	n/a	117.36
Thoracic/Cardiovascular Surgery	167.05	n/a	321.72	146.37	n/a	137.31	236.41	542.18	562.04	201.61	n/a	n/a	n/a	328.71
Urology	63.71	123.05	130.87	63.05	n/a	68.51	97.01	75.47	123.23	77.36	n/a	n/a	n/a	96.08
Orthopedic Surgery	68.61	114.33	124.15	85.46	n/a	61.00	107.54	91.89	139.39	126.99	86.31	n/a	n/a	113.81
Plastic Surgery	94.03	n/a	129.16	66.74	n/a	68.29	110.37	134.21	175.74	108.78	n/a	n/a	n/a	131.18
Neurosurgery	134.78	n/a	88.58	107.12	n/a	173.98	55.95	149.46	366.09	171.00	n/a	n/a	n/a	200.87
Ophthalmology	53.74	47.39	111.82	42.78	n/a	68.88	94.21	39.27	85.62	72.14	172.96	n/a	n/a	81.69
Otolaryngology	37.05	34.23	54.06	51.24	n/a	63.55	71.82	27.50	104.33	56.80	153.97	n/a	n/a	64.36
Obstetrics/Gynecology	47.00	45.64	62.83	42.05	n/a	45.78	70.04	50.08	82.96	69.31	130.53	n/a	n/a	63.04
Technical Specialties	20.33	12.65	82.18	16.87	n/a	218.59	8.75	22.45	149.17	14.02	n/a	n/a	n/a	17.21
Radiology	20.24	12.65	114.50	16.16	n/a	351.56	53.22	47.08	131.36	43.60	n/a	n/a	n/a	55.14
Laboratory	42.93	n/a	57.10	31.14	n/a	60.79	6.90	8.26	703.38	11.86	n/a	n/a	n/a	11.44
Total Specialties	40.42	35.76	113.47	35.03	n/a	77.54	50.48	48.36	114.54	39.02	161.60	n/a	n/a	64.74
Total Physicians	24.89	19.85	59.78	29.59	n/a	42.37	41.68	34.21	65.82	34.78	49.89	n/a	n/a	45.19

Source: NPDB, CIHI

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

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

Notes

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

Table 1-5. Number of Services Provided, by Service Type, Canada, 2001–2002

Type of Service	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Consultations and Visits	28,842	11,716	83,938	76,588	n/a	133,290	117,611	98,525	385,025	332,637	8,216	n/a	n/a	1,276,388
Consultations	1,763	568	11,306	13,291	n/a	13,252	14,921	9,578	46,873	18,861	270	n/a	n/a	130,683
Major Assessments	1,624	344	3,845	3,429	n/a	12,786	14,596	5,108	29,950	11,051	562	n/a	n/a	83,295
Other Assessments	21,850	8,697	60,816	45,504	n/a	86,196	60,239	71,697	242,065	231,940	5,402	n/a	n/a	834,406
Hospital Care Days	2,432	1,036	3,902	9,112	n/a	3,119	18,456	7,275	30,837	21,426	284	n/a	n/a	97,879
Special Calls	87	887	912	2,982	n/a	5,590	6,632	n/a	10,529	32,126	1,132	n/a	n/a	60,877
Psychotherapy/Counselling	1,086	184	3,157	2,270	n/a	12,347	2,767	4,867	24,771	17,233	566	n/a	n/a	69,248
Procedures	8,111	4,011	30,971	63,353	n/a	13,492	76,055	50,359	90,249	192,541	1,788	n/a	n/a	530,930
Major Surgery	227	102	5,773	2,794	n/a	916	4,182	2,443	12,221	4,443	81	n/a	n/a	33,182
Minor Surgery	424	234	896	779	n/a	374	1,277	2,260	5,959	5,963	131	n/a	n/a	18,297
Surgical Assistance	35	35	1,828	971	n/a	751	611	481	2,510	1,947	17	n/a	n/a	9,186
Anaesthesia	256	*	3,241	37,202	n/a	1,537	8,654	2,361	9,975	5,558	111	n/a	n/a	68,895
Obstetrical Services	111	14	400	327	n/a	64	962	346	3,050	673	30	n/a	n/a	5,977
Diagnostic/Therapeutic Services	2,137	1,334	12,460	17,909	n/a	5,128	16,895	17,083	52,407	28,595	388	n/a	n/a	154,336
Radiology	4,109	1,714	109	1,022	n/a	278	1,373	4,761	44	8,599	215	n/a	n/a	22,224
Laboratory Services	127	49	21	24	n/a	1,886	37,983	17,047	92	132,975	720	n/a	n/a	190,924
Special Services	576	502	5,698	2,050	n/a	1,926	3,500	2,089	3,968	3,527	21	n/a	n/a	23,857
Miscellaneous Services	109	27	545	275	n/a	632	618	1,488	23	261	74	n/a	n/a	4,052
Total Services	36,953	15,727	114,909	139,941	n/a	146,782	193,666	148,884	475,274	525,178	10,004	n/a	n/a	1,807,318

Source: NPDB, CIHI

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

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Notes

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

Table 1-6. Payments (\$) for Services Provided, by Service Type, Canada, 2001–2002

Type of Service	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Consultations and Visits	621,691	208,850	2,653,498	1,927,093	n/a	4,597,241	3,917,311	2,954,057	15,447,442	12,405,818	375,209	n/a	n/a	45,108,211
Consultations	116,822	41,246	830,570	708,252	n/a	1,056,961	1,162,911	616,386	4,260,298	1,874,301	32,014	n/a	n/a	10,699,761
Major Assessments	53,658	10,387	174,868	97,868	n/a	609,245	703,504	226,662	1,638,224	717,624	36,395	n/a	n/a	4,268,436
Other Assessments	382,642	127,053	1,326,371	732,127	n/a	2,145,182	1,313,239	1,674,169	6,504,793	6,480,214	192,484	n/a	n/a	20,878,274
Hospital Care Days	28,169	12,628	100,519	120,327	n/a	54,562	329,326	130,652	719,640	597,069	18,572	n/a	n/a	2,111,464
Special Calls	3,471	8,962	44,853	106,521	n/a	145,493	274,442	137,695	1,102,479	1,542,497	55,574	n/a	n/a	3,421,989
Psychotherapy/Counselling	36,929	8,574	176,317	161,998	n/a	585,799	133,888	168,494	1,222,007	1,194,112	40,169	n/a	n/a	3,728,287
Procedures	298,030	103,268	4,215,618	2,213,343	n/a	1,622,288	4,154,697	2,138,711	15,834,681	5,860,083	123,894	n/a	n/a	36,564,614
Major Surgery	50,970	27,574	2,230,813	796,530	n/a	444,852	1,680,288	738,545	6,377,613	1,419,353	35,045	n/a	n/a	13,801,583
Minor Surgery	13,020	5,434	35,767	25,010	n/a	18,642	63,344	96,880	508,127	351,325	8,543	n/a	n/a	1,126,091
Surgical Assistance	7,205	3,045	219,859	160,036	n/a	161,722	127,629	80,933	529,257	158,078	2,781	n/a	n/a	1,450,544
Anaesthesia	37,829	*	768,906	370,172	n/a	321,875	931,894	364,669	2,972,897	682,449	29,923	n/a	n/a	6,480,613
Obstetrical Services	27,358	5,663	142,875	88,972	n/a	14,609	237,808	92,224	531,253	229,287	8,262	n/a	n/a	1,378,313
Diagnostic/Therapeutic Services	64,437	35,214	686,992	705,316	n/a	362,345	780,002	398,403	4,866,429	1,186,464	19,044	n/a	n/a	9,104,645
Radiology	84,095	21,060	2,518	32,416	n/a	227,481	40,202	235,913	4,551	366,108	11,741	n/a	n/a	1,026,087
Laboratory Services	4,744	918	288	950	n/a	21,879	268,940	104,197	647	1,422,880	4,633	n/a	n/a	1,830,076
Special Services	5,712	2,721	113,354	11,926	n/a	13,156	15,801	8,190	43,031	29,744	617	n/a	n/a	244,253
Miscellaneous Services	2,660	1,638	14,247	22,015	n/a	35,726	8,790	18,757	877	14,395	3,306	n/a	n/a	122,410
Total Services	919,721	312,117	6,869,116	4,140,436	n/a	6,219,530	8,072,008	5,092,768	31,282,124	18,265,901	499,103	n/a	n/a	81,672,825

Source: NPDB, CIHI

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

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Notes

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

Table 1-7. Cost (\$) per Service for Services Provided, by Service Type, Canada, 2001–2002

Type of Service	Host Provider													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Consultations and Visits	21.56	17.83	31.61	25.16	n/a	34.49	33.31	29.98	40.12	37.30	45.67	n/a	n/a	35.34
Consultations	66.26	72.62	73.46	53.29	n/a	79.76	77.94	64.35	90.89	99.37	118.57	n/a	n/a	81.88
Major Assessments	33.04	30.20	45.48	28.54	n/a	47.65	48.20	44.37	54.70	64.94	64.76	n/a	n/a	51.24
Other Assessments	17.51	14.61	21.81	16.09	n/a	24.89	21.80	23.35	26.87	27.94	35.63	n/a	n/a	25.02
Hospital Care Days	11.58	12.19	25.76	13.21	n/a	17.49	17.84	17.96	23.34	27.87	65.39	n/a	n/a	21.57
Special Calls	39.90	10.10	49.18	35.72	n/a	26.03	41.38	n/a	104.71	48.01	49.09	n/a	n/a	56.21
Psychotherapy/Counselling	34.00	46.60	55.85	71.36	n/a	47.44	48.39	34.62	49.33	69.29	70.97	n/a	n/a	53.84
Procedures	36.74	25.75	136.12	34.94	n/a	120.24	54.63	42.47	175.46	30.44	69.29	n/a	n/a	68.87
Major Surgery	224.54	270.34	386.42	285.09	n/a	485.65	401.79	302.31	521.86	319.46	432.66	n/a	n/a	415.94
Minor Surgery	30.71	23.22	39.92	32.11	n/a	49.85	49.60	42.87	85.27	58.92	65.21	n/a	n/a	61.55
Surgical Assistance	205.85	87.00	120.27	164.82	n/a	215.34	208.88	168.26	210.86	81.19	163.59	n/a	n/a	157.91
Anaesthesia	147.77	*	237.24	9.95	n/a	209.42	107.68	154.46	298.03	122.79	269.57	n/a	n/a	94.07
Obstetrical Services	246.47	404.52	357.19	272.09	n/a	228.26	247.20	266.54	174.18	340.69	275.42	n/a	n/a	230.60
Diagnostic/Therapeutic Services	30.15	26.40	55.14	39.38	n/a	70.66	46.17	23.32	92.86	41.49	49.08	n/a	n/a	58.99
Radiology	20.47	12.29	23.10	31.72	n/a	818.28	29.28	49.55	103.43	42.58	54.61	n/a	n/a	46.17
Laboratory Services	37.36	18.73	13.69	39.60	n/a	11.60	7.08	6.11	7.03	10.70	6.43	n/a	n/a	9.59
Special Services	9.92	5.42	19.89	5.82	n/a	6.83	4.51	3.92	10.84	8.43	29.38	n/a	n/a	10.24
Miscellaneous Services	24.40	60.68	26.14	80.05	n/a	56.53	14.22	12.61	38.13	55.15	44.67	n/a	n/a	30.21
Total Services	24.89	19.85	59.78	29.59	n/a	42.37	41.68	34.21	65.82	34.78	49.89	n/a	n/a	45.19

Source: NPDB, CIHI

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

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Notes

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Table 1-8. Number of Services Received, by Type of Practice, Canada, 2001–2002

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	46,760	12,550	58,754	40,150	435	224,963	75,473	178,685	225,462	174,415	11,731	14,943	3,861	1,068,182
Medical Specialties	7,403	23,373	41,582	8,876	1,463	71,874	19,893	39,296	33,380	59,014	10,169	8,174	10,029	334,526
Internal Medicine	2,757	4,162	11,964	3,477	180	28,594	9,304	16,983	14,488	28,534	5,680	3,750	2,852	132,725
Neurology	291	1,503	3,381	197	125	2,245	589	974	930	1,941	532	302	186	13,196
Psychiatry	670	527	2,559	1,059	112	10,711	2,511	8,157	6,293	8,755	642	638	395	43,029
Pediatrics	724	302	3,300	838	275	9,527	4,268	6,125	4,613	9,087	1,048	1,831	4,217	46,155
Dermatology	551	657	682	1,077	n/a	2,853	646	1,501	1,467	2,835	170	210	129	12,778
Physical Medicine	77	27	74	27	309	1,334	80	377	279	1,078	185	214	119	4,180
Anaesthesia	2,333	16,195	19,622	2,201	462	16,610	2,495	5,179	5,310	6,784	1,912	1,229	2,131	82,463
Surgical Specialties	6,664	12,588	17,027	17,240	1,293	42,296	23,016	27,112	22,957	36,312	3,660	4,826	4,281	219,272
General Surgery	1,189	969	2,060	1,584	250	5,887	2,041	7,916	4,008	6,801	553	884	919	35,061
Thoracic/Cardiovascular Surgery	188	1,131	927	359	52	1,929	704	1,132	435	1,150	368	228	128	8,731
Urology	755	467	1,959	740	76	3,097	1,264	1,448	1,358	3,025	349	269	186	14,993
Orthopedic Surgery	777	947	3,004	1,083	165	5,409	2,383	3,213	3,903	6,084	592	591	534	28,685
Plastic Surgery	410	360	858	320	80	2,545	526	1,221	849	2,899	187	334	159	10,748
Neurosurgery	81	859	358	61	59	365	263	238	482	766	153	118	39	3,842
Ophthalmology	1,223	5,905	1,209	10,291	462	8,754	8,895	5,252	2,561	6,714	678	948	544	53,436
Otolaryngology	434	402	1,351	520	60	3,881	1,585	2,242	4,080	2,940	315	237	456	18,503
Obstetrics/Gynecology	1,607	1,548	5,301	2,282	89	10,429	5,355	4,450	5,281	5,933	465	1,217	1,316	45,273
Technical Specialties	2,349	2,005	5,888	3,745	*	68,615	12,125	15,518	58,497	8,472	4,055	2,293	1,776	185,338
Radiology	584	1,223	2,008	980	*	6,799	1,993	1,642	5,878	2,127	517	425	302	24,478
Laboratory	1,765	782	3,880	2,765	n/a	61,816	10,132	13,876	52,619	6,345	3,538	1,868	1,474	160,860
Total Specialties	16,416	37,966	64,497	29,861	2,756	182,785	55,034	81,926	114,834	103,798	17,884	15,293	16,086	739,136
Total Physicians	63,176	50,516	123,251	70,011	3,191	407,748	130,507	260,611	340,296	278,213	29,615	30,236	19,947	1,807,318

Source: NPDB, CIHI

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

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Notes

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Table 1-9. Payments (\$) for Services Received, by Type of Practice, Canada, 2001–2002

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	1,278,593	432,669	1,536,587	1,225,026	52,877	6,518,360	2,380,831	6,206,994	6,815,045	6,256,157	424,111	557,320	134,480	33,819,051
Medical Specialties	517,743	915,400	1,272,482	891,170	147,608	4,141,298	1,708,389	3,479,194	2,099,610	5,033,586	812,379	775,323	587,765	22,381,949
Internal Medicine	183,687	297,029	515,281	247,409	11,864	1,596,862	556,690	1,305,465	784,855	2,076,980	360,362	289,373	155,056	8,380,912
Neurology	20,640	40,998	101,243	16,303	7,942	153,631	40,164	82,037	74,315	153,887	41,936	20,425	13,035	766,558
Psychiatry	47,087	35,525	176,556	70,339	6,003	668,333	160,609	570,043	437,390	527,597	48,214	42,785	23,027	2,813,508
Pediatrics	44,519	19,981	170,229	55,686	29,479	419,943	418,058	493,080	252,466	647,765	89,882	156,156	204,779	3,002,022
Dermatology	23,662	33,745	25,482	59,655	n/a	110,281	34,685	61,373	55,118	120,418	23,055	10,976	7,418	565,868
Physical Medicine	3,895	2,081	4,160	2,603	24,733	58,852	6,221	20,392	21,543	57,813	8,324	9,475	5,045	225,136
Anaesthesia	194,254	486,041	279,531	439,176	67,586	1,133,396	491,962	946,805	473,923	1,449,125	240,607	246,134	179,404	6,627,944
Surgical Specialties	625,838	1,425,818	1,059,297	1,946,436	133,530	3,839,222	1,887,127	3,278,867	1,717,065	4,753,941	509,073	681,065	424,383	22,281,661
General Surgery	149,031	132,456	151,455	220,563	41,131	574,814	265,166	924,024	364,836	996,905	67,396	123,897	103,189	4,114,861
Thoracic/Cardiovascular Surgery	49,039	309,817	78,307	114,910	8,578	454,894	372,694	611,238	96,577	560,414	83,811	99,638	30,049	2,869,965
Urology	94,308	43,111	125,383	94,939	6,469	281,341	92,843	123,085	106,502	377,886	43,048	38,158	13,488	1,440,561
Orthopedic Surgery	82,508	147,373	251,257	110,731	8,263	580,228	239,317	390,792	397,769	820,293	100,876	85,667	49,443	3,264,516
Plastic Surgery	34,512	39,398	64,855	43,973	7,042	300,817	81,828	198,523	76,623	439,127	31,479	77,893	13,852	1,409,922
Neurosurgery	9,870	105,133	36,993	9,594	5,099	45,518	65,629	87,291	58,465	259,573	44,990	36,892	6,688	771,734
Ophthalmology	100,851	534,781	43,027	1,166,184	46,569	723,577	437,430	330,416	147,104	603,278	80,922	104,663	46,586	4,365,388
Otolaryngology	23,420	29,728	68,274	39,069	2,997	217,516	54,673	259,688	151,426	245,545	21,597	24,489	52,388	1,190,809
Obstetrics/Gynecology	82,299	84,021	239,745	146,474	7,382	660,519	277,548	353,809	317,763	450,921	34,954	89,770	108,700	2,853,905
Technical Specialties	86,539	93,284	124,096	144,661	*	914,223	239,709	286,808	865,598	279,481	74,703	52,489	28,574	3,190,165
Radiology	58,236	73,229	74,786	68,031	*	252,304	121,190	124,423	278,456	220,400	29,905	32,154	16,673	1,349,787
Laboratory	28,303	20,055	49,311	76,630	n/a	661,919	118,519	162,385	587,142	59,081	44,797	20,335	11,901	1,840,378
Total Specialties	1,230,120	2,434,503	2,455,875	2,982,267	281,138	8,894,743	3,835,225	7,044,869	4,682,273	10,067,008	1,396,155	1,508,878	1,040,721	47,853,775
Total Physicians	2,508,713	2,867,171	3,992,462	4,207,292	334,015	15,413,103	6,216,056	13,251,864	11,497,318	16,323,165	1,820,266	2,066,198	1,175,202	81,672,825

Source: NPDB, CIHI

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

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

Notes

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

Table 1-10. Cost (\$) per Service for Services Received, by Type of Practice, Canada, 2001–2002

Type of Practice	Home of Patient													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Family Medicine	27.34	34.48	26.15	30.51	121.56	28.98	31.55	34.74	30.23	35.87	36.15	37.30	34.83	31.66
Medical Specialties	69.94	39.16	30.60	100.40	100.89	57.62	85.88	88.54	62.90	85.29	79.89	94.85	58.61	66.91
Internal Medicine	66.63	71.37	43.07	71.16	65.91	55.85	59.83	76.87	54.17	72.79	63.44	77.17	54.37	63.14
Neurology	70.93	27.28	29.94	82.76	63.54	68.43	68.19	84.23	79.91	79.28	78.83	67.63	70.08	58.09
Psychiatry	70.28	67.41	68.99	66.42	53.60	62.40	63.96	69.88	69.50	60.26	75.10	67.06	58.30	65.39
Pediatrics	61.49	66.16	51.58	66.45	107.20	44.08	97.95	80.50	54.73	71.28	85.77	85.28	48.56	65.04
Dermatology	42.94	51.36	37.36	55.39	n/a	38.65	53.69	40.89	37.57	42.48	135.62	52.27	57.50	44.28
Physical Medicine	50.58	77.07	56.22	96.40	80.04	44.12	77.76	54.09	77.22	53.63	44.99	44.27	42.40	53.86
Anaesthesia	83.26	30.01	14.25	199.53	146.29	68.24	197.18	182.82	89.25	213.61	125.84	200.27	84.19	80.37
Surgical Specialties	93.91	113.27	62.21	112.90	103.27	90.77	81.99	120.94	74.79	130.92	139.09	141.12	99.13	101.62
General Surgery	125.34	136.69	73.52	139.24	164.52	97.64	129.92	116.73	91.03	146.58	121.87	140.16	112.28	117.36
Thoracic/Cardiovascular Surgery	260.85	273.93	84.47	320.08	164.96	235.82	529.39	539.96	222.02	487.32	227.75	437.01	234.76	328.71
Urology	124.91	92.31	64.00	128.30	85.12	90.84	73.45	85.00	78.43	124.92	123.35	141.85	72.52	96.08
Orthopedic Surgery	106.19	155.62	83.64	102.24	50.08	107.27	100.43	121.63	101.91	134.83	170.40	144.95	92.59	113.81
Plastic Surgery	84.18	109.44	75.59	137.42	88.03	118.20	155.57	162.59	90.25	151.48	168.34	233.21	87.12	131.18
Neurosurgery	121.85	122.39	103.33	157.27	86.43	124.71	249.54	366.77	121.30	338.87	294.05	312.64	171.49	200.87
Ophthalmology	82.46	90.56	35.59	113.32	100.80	82.66	49.18	62.91	57.44	89.85	119.35	110.40	85.64	81.69
Otolaryngology	53.96	73.95	50.54	75.13	49.95	56.05	34.49	115.83	37.11	83.52	68.56	103.33	114.88	64.36
Obstetrics/Gynecology	51.21	54.28	45.23	64.19	82.95	63.33	51.83	79.51	60.17	76.00	75.17	73.76	82.60	63.04
Technical Specialties	36.84	46.53	21.08	38.63	*	13.32	19.77	18.48	14.80	32.99	18.42	22.89	16.09	17.21
Radiology	99.72	59.88	37.24	69.42	*	37.11	60.81	75.78	47.37	103.62	57.84	75.66	55.21	55.14
Laboratory	16.04	25.65	12.71	27.71	n/a	10.71	11.70	11.70	11.16	9.31	12.66	10.89	8.07	11.44
Total Specialties	74.93	64.12	38.08	99.87	102.01	48.66	69.69	85.99	40.77	96.99	78.07	98.66	64.70	64.74
Total Physicians	39.71	56.76	32.39	60.09	104.67	37.80	47.63	50.85	33.79	58.67	61.46	68.34	58.92	45.19

Source: NPDB, CIHI

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

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

Notes

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

Table 1-11. Number of Services Received, by Service Type, Canada, 2001–2002

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	51,621	22,682	78,363	49,923	2,332	272,067	88,920	205,773	234,876	216,774	18,687	21,047	13,323	1,276,388
Consultations	4,280	5,889	10,564	7,398	945	23,307	9,096	20,166	14,178	26,143	3,143	3,001	2,573	130,683
Major Assessments	3,242	1,353	4,755	3,491	386	18,597	5,451	15,063	10,806	15,810	730	1,713	1,898	83,295
Other Assessments	38,258	11,737	48,740	32,695	725	177,910	59,928	135,664	168,934	135,230	8,771	11,712	4,102	834,406
Hospital Care Days	1,881	2,354	6,848	2,277	103	21,351	6,702	16,440	12,501	17,487	3,680	2,750	3,505	97,879
Special Calls	2,139	443	3,016	1,507	n/a	16,211	3,177	8,283	17,141	6,158	1,404	648	750	60,877
Psychotherapy/Counselling	1,821	906	4,440	2,555	173	14,691	4,566	10,157	11,316	15,946	959	1,223	495	69,248
Procedures	11,555	27,834	44,888	20,088	859	135,681	41,587	54,838	105,420	61,439	10,928	9,189	6,624	530,930
Major Surgery	830	2,385	1,866	3,656	137	5,539	2,749	4,269	2,801	6,615	828	919	588	33,182
Minor Surgery	504	226	867	505	5	3,948	1,442	2,636	4,629	3,020	166	252	97	18,297
Surgical Assistance	246	641	692	1,336	176	992	459	1,486	1,055	1,655	258	115	75	9,186
Anaesthesia	2,008	15,013	19,122	1,707	202	10,876	2,472	4,067	4,373	5,987	884	893	1,291	68,895
Obstetrical Services	122	93	298	141	*	1,154	332	1,661	560	975	70	346	225	5,977
Diagnostic/Therapeutic Services	3,527	7,505	13,430	7,720	333	30,202	15,225	19,941	18,258	28,250	4,002	3,785	2,158	154,336
Radiology	391	603	1,930	641	*	6,629	2,554	1,161	5,927	1,378	440	311	259	22,224
Laboratory Services	2,108	688	4,645	2,317	6	69,359	14,121	16,493	63,461	9,715	4,107	2,230	1,674	190,924
Special Services	1,667	559	1,768	1,848	*	6,183	1,534	2,816	3,574	3,282	136	311	179	23,857
Miscellaneous Services	152	121	270	217	*	799	699	308	782	562	37	27	78	4,052
Total Services	63,176	50,516	123,251	70,011	3,191	407,748	130,507	260,611	340,296	278,213	29,615	30,236	19,947	1,807,318

Source: NPDB, CIHI

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

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

Notes

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

Table 1-12. Payments (\$) for Services Received, by Service Type, Canada, 2001–2002

Type of Service	Home of Patient													Total
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	
Consultations and Visits	1,603,623	787,378	2,368,062	1,738,058	121,339	9,260,490	3,104,669	7,577,412	8,086,279	8,253,313	819,393	862,094	526,099	45,108,211
Consultations	330,337	372,214	649,479	554,203	76,598	1,938,558	706,050	1,744,417	1,204,933	2,317,182	317,790	279,127	208,872	10,699,761
Major Assessments	155,643	60,217	198,889	164,049	17,538	924,232	271,827	825,331	593,106	831,379	41,208	95,464	89,554	4,268,436
Other Assessments	893,512	248,166	1,036,870	773,397	16,063	4,314,421	1,535,229	3,478,110	4,435,050	3,483,808	241,524	315,216	106,909	20,878,274
Hospital Care Days	40,791	42,831	94,756	50,466	2,079	433,758	141,578	384,708	310,514	389,899	89,068	69,252	61,764	2,111,464
Special Calls	94,270	19,289	125,776	69,535	n/a	790,038	216,234	622,083	876,570	459,857	71,932	41,882	34,523	3,421,989
Psychotherapy/Counselling	89,069	44,661	262,292	126,407	9,062	859,483	233,751	522,763	666,106	771,189	57,873	61,153	24,476	3,728,287
Procedures	905,090	2,079,794	1,624,400	2,469,234	212,676	6,152,613	3,111,387	5,674,452	3,411,039	8,069,852	1,000,873	1,204,104	649,103	36,564,614
Major Surgery	328,524	1,043,118	477,830	1,342,384	77,022	2,056,297	1,191,339	2,081,414	809,144	3,287,072	389,006	493,974	224,458	13,801,583
Minor Surgery	28,782	11,773	42,189	27,642	453	231,210	83,598	197,247	242,402	225,266	12,431	16,918	6,179	1,126,091
Surgical Assistance	40,011	133,126	83,624	159,710	49,586	170,437	87,063	202,906	103,920	353,586	28,182	23,912	14,480	1,450,544
Anaesthesia	177,277	398,138	250,334	410,616	45,355	1,051,440	551,497	1,002,338	462,782	1,548,785	192,470	228,747	160,833	6,480,613
Obstetrical Services	30,135	21,318	82,495	43,857	*	293,974	82,304	357,617	183,680	169,259	14,672	47,478	51,524	1,378,313
Diagnostic/Therapeutic Services	206,127	413,351	542,344	387,364	40,247	1,363,826	816,479	1,592,930	669,349	2,260,456	293,088	354,040	165,044	9,104,645
Radiology	41,999	24,418	71,798	33,402	*	211,632	148,951	60,149	277,586	112,577	19,024	13,844	10,709	1,026,087
Laboratory Services	21,004	8,231	49,460	25,866	11	688,518	127,958	152,137	613,548	62,487	47,614	20,528	12,711	1,830,076
Special Services	24,588	8,730	11,115	30,795	*	66,058	10,194	21,369	29,168	34,852	1,568	4,250	1,567	244,253
Miscellaneous Services	6,643	17,590	13,211	7,598	*	19,221	12,004	6,344	19,459	15,512	2,818	414	1,596	122,410
Total Services	2,508,713	2,867,171	3,992,462	4,207,292	334,015	15,413,103	6,216,056	13,251,864	11,497,318	16,323,165	1,820,266	2,066,198	1,175,202	81,672,825

Source: NPDB, CIHI

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

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

Notes

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

Table 1-13. Cost (\$) per Service for Services Received, by Service Type, Canada, 2001–2002

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	31.07	34.71	30.22	34.81	52.03	34.04	34.92	36.82	34.43	38.07	43.85	40.96	39.49	35.34
Consultations	77.18	63.20	61.48	74.91	81.06	83.17	77.62	86.50	84.99	88.63	101.11	93.01	81.18	81.88
Major Assessments	48.01	44.51	41.83	46.99	45.44	49.70	49.87	54.79	54.89	52.59	56.45	55.73	47.18	51.24
Other Assessments	23.35	21.14	21.27	23.65	22.16	24.25	25.62	25.64	26.25	25.76	27.54	26.91	26.06	25.02
Hospital Care Days	21.69	18.19	13.84	22.16	20.19	20.32	21.12	23.40	24.84	22.30	24.20	25.18	17.62	21.57
Special Calls	44.07	43.54	41.70	46.14	n/a	48.73	68.06	75.10	51.14	74.68	51.23	64.63	46.03	56.21
Psychotherapy/Counselling	48.91	49.29	59.07	49.47	52.38	58.50	51.19	51.47	58.86	48.36	60.35	50.00	49.45	53.84
Procedures	78.33	74.72	36.19	122.92	247.59	45.35	74.82	103.48	32.36	131.35	91.59	131.04	97.99	68.87
Major Surgery	395.81	437.37	256.07	367.17	562.21	371.24	433.37	487.56	288.88	496.91	469.81	537.51	381.73	415.94
Minor Surgery	57.11	52.09	48.66	54.74	90.67	58.56	57.97	74.83	52.37	74.59	74.89	67.13	63.70	61.55
Surgical Assistance	162.65	207.68	120.84	119.54	281.74	171.81	189.68	136.55	98.50	213.65	109.23	207.93	193.07	157.91
Anaesthesia	88.29	26.52	13.09	240.55	224.53	96.68	223.10	246.46	105.83	258.69	217.73	256.16	124.58	94.07
Obstetrical Services	247.01	229.22	276.83	311.04	*	254.74	247.90	215.30	328.00	173.60	209.59	137.22	229.00	230.60
Diagnostic/Therapeutic Services	58.44	55.08	40.38	50.18	120.86	45.16	53.63	79.88	36.66	80.02	73.24	93.54	76.48	58.99
Radiology	107.41	40.49	37.20	52.11	*	31.93	58.32	51.81	46.83	81.70	43.24	44.51	41.35	46.17
Laboratory Services	9.96	11.96	10.65	11.16	1.80	9.93	9.06	9.22	9.67	6.43	11.59	9.21	7.59	9.59
Special Services	14.75	15.62	6.29	16.66	*	10.68	6.65	7.59	8.16	10.62	11.53	13.67	8.76	10.24
Miscellaneous Services	43.70	145.38	48.93	35.02	*	24.06	17.17	20.60	24.88	27.60	76.16	15.32	20.47	30.21
Total Services	39.71	56.76	32.39	60.09	104.67	37.80	47.63	50.85	33.79	58.67	61.46	68.34	58.92	45.19

Source: NPDB, CIHI

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

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

Notes

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

Appendix A

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, 2001–2002

Host Provider	
Newfoundland and Labrador	761
Prince Edward Island	197
Nova Scotia	1,412
New Brunswick	1,038
Ontario	15,263
Manitoba	1,638
Saskatchewan	1,501
Alberta	4,778
British Columbia	6,959
Yukon Territory	11
Total*	33,646

Source: NPDB, CIHI

* Total for nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit 2001–2002 data to CIHI.

Appendix B

NPDB Authorization Officers

NPDB Authorization Officers

NEWFOUNDLAND AND LABRADOR

Dr. Ed Hunt
Medical Consultant
Medical Services Division
Department of Health and Community
Services
300 Prince Phillip Drive
3rd Floor, West Block Federation Building
P. O. Box 8700
St. John's, Newfoundland and Labrador
A1B 4J6
Phone: (709) 729-3157
Fax: (709) 729-5238

PRINCE EDWARD ISLAND

Mrs. Johanne Irwin
Physician Services Manager
PEI Health and Social Services
16 Garfield Street
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8
Phone: (902) 368-6736
Fax: (902) 368-6136

NOVA SCOTIA

Ms. Sarah Kramer
Chief Information Officer
Nova Scotia Department of Health
Joseph Howe Building
1690 Hollis Street
5th Floor, P.O. Box 488
Halifax, Nova Scotia
B3J 2R8
Phone: (902) 424-4838
Fax: (902) 424-0763

NEW BRUNSWICK

Ms. Pam Mitchell
Acting Director
Medicare Program Policy
New Brunswick Health and Wellness
P.O. Box 5100
Carleton Place
Fredericton, New Brunswick
E3B 5G8
Phone: (506) 453-2415
Fax: (506) 453-3983

ONTARIO

Ms. Susan Fitzpatrick
Director
Information and Project Management
Provider Services Branch
Ministry of Health and Long-Term Care
2nd Floor, MacDonald Cartier Building
49 Place d'Armes, P.O. Box 48
Kingston, Ontario
K7L 5J3
Phone: (613) 548-6524
Fax: (613) 548-6309

MANITOBA

Ms. Deborah Malazdrewicz
Manager
Decision Support Services
Manitoba Health
4029-300 Carlton Street
Winnipeg, Manitoba
R3B 3M9
Phone: (204) 786-7169
Fax: (204) 772-7213

SASKATCHEWAN

Ms. Carmelle Mondor
Program Manager
Data and Statistical Services
Medical Services Branch
Saskatchewan Health
3475 Albert Street
Regina, Saskatchewan
S4S 6X6
Phone: (306) 787-3450
Fax: (306) 787-3761

ALBERTA

Ms. Linda Mattern
Director Health Workforce Planning
Alberta Health and Wellness
P.O. Box 1360 Station Main
22nd Floor, 10025 Jasper Avenue
Edmonton, Alberta
T5J 2N3
Phone: (780) 422-2720
Fax: (780) 422-2880

BRITISH COLUMBIA

Ms. Deb McGinnis
Acting Senior Manager
Health Information Access Centre (HIAC)
Ministry of Health Planning and Ministry of
Health Services
7-1, 1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
Phone: (250) 952-0969
Fax: (250) 952-0979

YUKON TERRITORY

Mr. Joe MacGillivray
Director
Insured Health Services
Yukon Government
P.O. Box 2703
2071 2nd Avenue
Whitehorse, Yukon Territory
Y1A 2C6
Phone: (867) 667-5202
Fax: (867) 393-6486
e-mail: Joe.MacGillivray@gov.yk.ca

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 Anatomo-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. The previous version of this publication reported the figures as a separate specialty within the Medical Specialists broad specialty category.

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 toe-nail.

Chalazion

Single or multiple under local or general anaesthesia.

Myringotomy

Unilateral myringotomy with insertion of ventilation tubes.

Minor Fractures

Fractures with a fee less than \$75.

Other Minor Surgery

All other minor surgery not listed above.

9. Surgical Assistance

All services and payments for surgical assistance.

10. Anaesthesia

Nerve Blocks

All forms of nerve blocks.

Other Anaesthesia

All services and payments for anaesthesia, excluding nerve blocks.

11. Obstetrical Services

Services at Time of Delivery

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

Delivery (excluding Caesarean Sections)

Delivery and multiple births, and excluding Caesarean sections.

Caesarean Section

The procedure only.

Therapeutic Abortions

Therapeutic abortions only.

Other Obstetrical Services

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

12. Other Diagnostic/Therapeutic Services

I.C./Resuscitation

Intensive care and resuscitation services.

Allergy/Hyposensitization

Tests for allergies and hyposensitization.

Injection/Aspiration of Joint

Injection and/or aspiration of joints.

Electrocardiogram

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

Oesophagoscopy/Gastroscopy

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

Laryngoscopy/Bronchoscopy

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

Colonoscopy

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

Cystoscopy

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

Sigmoidoscopy

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

Other Endoscopy

All other endoscopies not listed above.

Coronary Angiography

Coronary angiography only.

Procedures Associated with Radiology

Therapeutic radiology and radioisotopes.

Dilatation and Curettage

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

Electroencephalography

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

Cryotherapy

Any cryotherapy identified in the payment schedules.

Cardiac Catheterization

Left heart, right heart and selective coronary catheterization.

Biopsy

All non-surgical biopsies.

Other Diagnostic/Therapeutic Services

All other diagnostic/therapeutic services not listed above.

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, genito-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.

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/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/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

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-province/territory 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.

Appendix F

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.

Ontario

- Approximately 50 percent of all laboratory services are funded through OHIP and therefore are included in the NPDB file submissions. The remaining 50 percent are funded via Public Health (1 percent) and Hospital global budgets (49 percent).
- 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.



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