



Reciprocal Billing Report, Canada 2002–2003

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



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Foreword

The Canadian Institute for Health Information (CIHI) is one of Canada's leading sources of quality, reliable and timely health information. More and more, Canadians are turning to CIHI for information they can trust. CIHI is a not-for-profit, pan-Canadian organization governed by a strong and active 16-member board of directors whose membership strikes a balance among the health sectors and regions of Canada.

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

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

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

The *Reciprocal Billing Report, Canada, 2002–2003* is produced by Health Human Resources at CIHI to support health human resource planning and utilization analysis. CIHI wishes to acknowledge the support of the provincial and territorial Health Ministries and the CIHI Expert Group on Physician Databases in the development and publication of this report.

Preface

Previously produced reports in the Reciprocal Billing series include:

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

Prior to 1995, Reciprocal Billing reports were produced by the Health Information Division at Health Canada. These publications were produced using the Medical Care Database (MCDB), the predecessor of the National Physician Database (NPDB). In 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 and 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 or territorial medical care plans for services provided to residents of other jurisdictions under certain defined circumstances. The physician receives payment from the medical care plan and the medical care plan recovers the payment amount from the medical care plan of the patient's home province or territory.

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

The National Physician Database (NPDB) has been used by the federal, provincial and territorial governments, 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, 2002–2003* presents summary tables that indicate the total number of services provided and received by each province and territory, the total dollar value of these services and the cost per service. The summary tables show breakdowns by physician specialty and type of service.

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

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

Data Sources and Collection

NPDB Data

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

Files submitted include:

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

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

For a complete description of NPDB record layouts, please see the NPDB Data Submission Specifications Manual, available at www.cihi.ca. For further information regarding the NPDB, including alternative payments, please contact the 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 or out-of-territory services processed by the Reciprocal Billing System. This means each province or territory sends data on services their physicians provided to out-of-province or out-of-territory patients. Quebec does not participate in reciprocal billing arrangements, therefore no services provided to residents of Quebec are included. The file also excludes services provided to residents of the United States.

Figures are calculated based on the fiscal year (e.g. April 2002 through March 2003). Therefore, figures in this publication may differ from those reported by data providers, possibly based on the calendar year.

For the 2002–2003 fiscal year, 34,432 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 and territory of the type of data file submission.

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

Province or Territory	2002–2003	
	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 submit payment data. Billing data reflect the full amount the physician billed the provincial and territorial Medical Services Plan for a particular fee code item. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied due to threshold values being met, income capping or clawbacks. For British Columbia, payments do not include adjustments for threshold values being met, income capping or clawbacks. They do, however, include adjustments of payments for geographic incentives, specifically payments for Northern and Isolation Allowances (NIA). In Ontario payment data includes only Social Contract adjustments, all other adjustments are excluded.

Payment Mode: Level of Fee-for-Service Coverage

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

Table 2 gives current percent estimates of fee-for-service and alternative payments made across provinces and territories. The alternative payment information shown in Table 2 is based on aggregate level data submitted to CIHI by provincial and territorial ministries of health on an annual basis. This information is not included in quarterly NPDB data submission files.

Fee-for-service percent estimates shown in Table 2 are based on the NPDB. Selection criteria were applied to NPDB fee-for-service payment data to improve the cross-jurisdiction comparability of percent estimates shown in Table 2. The fee-for-service percent estimates shown in Table 2 include both reciprocal and non-reciprocal physician payments.

Please note, each jurisdiction defines with its physician group, whether a service should be paid under a fee-for-service plan payment or an alternative plan payment. Thus, one jurisdiction may pay for a service through the fee-for-service plan, whereas, another jurisdiction may pay for the same service within an alternative plan which would not be captured in this report.

It is important to note that the range of physician payment information submitted to the National Physician Database varies across provinces and territories. In 2002–2003, fee-for-service medical care plan payments accounted for 94.7% of all NPDB payment information. In order to improve cross-jurisdiction comparison, only these payments, which are submitted by all jurisdictions, are included in calculations for CIHI's Reciprocal Billing Report.

All other payment sources are excluded from Reciprocal Billing calculations. Among the excluded NPDB payment categories are salary and sessional payments (New Brunswick), rural retention premiums (British Columbia), contract payments (Yukon), workers compensation board payments (Quebec and British Columbia), insurance board payments (British Columbia) and midwife referral claims (British Columbia).

Table 2. Percent Distribution of Physician Payments by Type of Payment and Province/Territory, Fiscal Year 2001–2002 and 2002–2003, (\$'000)

2001–2002												
	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	M.B.	Sask.	Alta.	B.C.	Y.T.	Total
Fee-for-Service	61.1%	81.9%	69.8%	82.0%	79.2%	88.1%	65.8%	81.6%	93.2%	81.6%	95.3%	83.6%
Alternative	38.9%	18.1%	30.2%	18.0%	20.8%	11.9%	34.2%	18.4%	6.8%	18.4%	4.7%	16.4%
2002–2003												
Fee-for-Service	57.8%	75.0%	68.4%	81.5%	77.5%	88.4%	64.1%	73.3%	91.3%	80.7%	92.0%	82.5%
Alternative	42.2%	25.0%	31.6%	18.5%	22.5%	11.1%	35.9%	26.7%	8.7%	19.3%	8.0%	17.5%

Sources : Fee-for-service estimates are based on data submitted to the National Physician Database, CIHI; Alternative payment estimates are based on information gathered through provincial and territorial Ministries of Health, with the exception of Ontario for 2001-2002 and Manitoba for 2001–2002 and 2002–2003 data. CIHI's National Health Expenditures Database is used to derive alternative payment estimates when data is not available from provincial and territorial sources. In these cases, the data are estimates and subject to change. Data Quality

Data Quality

Error/Validation Routines

The NPDB files are derived from provincial and territorial administrative systems. Edit checks are conducted on the data prior to processing the NPDB files. As CIHI has no control over provincial and 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 and 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 and territorial authorization officers, please see Appendix B.

Data Definitions

Home of Patient

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

Host Provider

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

Specialty

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

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

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

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

Strata

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

Laboratory Services

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

Special Services

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

Miscellaneous Services

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

Unique Physician Identifier (UPI)

A unique identifier is created by the province or territory using components of the physician's first and last names (scrambled using an algorithm), 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 and territories, the National Grouping System (NGS) is used to allocate fee codes to various procedure based groups which are called categories. The categories are then aggregated at the strata level. Service data are reported at the strata level for the purposes of this report. The NGS also adjusts service counts for certain types of services to improve comparability across jurisdictions. NPDB fee codes may be adjusted in the following ways.

Adjustment A

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

Example

FSC 1 Pyloroplasty

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

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

Adjustment B

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

The following are the criteria used for B adjustments.

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

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

Adjustment C

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

Adjustment D

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

Example

Resuscitation

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

Calculated Fees

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

Adjustment E

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

Example

FSC 1 Surcharge for a consultation

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

Adjustment F

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

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

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

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

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

Jurisdiction-Specific Adjustments

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

Data 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, 2002–2003*. These services have been excluded from both the provincial and territorial data columns as well as from aggregate level row and column totals in order to avoid re-identification of individuals through subtraction or other methods of imputation.

In total, for all of Canada, 5 services (less than 0.00001% of total services) were excluded as a result of cell suppression in 2002–2003. Payment amounts corresponding to suppressed services have also been excluded from this report. In total, for all of Canada, \$986.18 payments (0.00001% of total payments) were excluded as a result of cell suppression in 2002–2003. 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 or territory have been de-insured or de-listed. These services may differ across jurisdictions or from year to year. The impact of these services could explain minor fluctuations over years or minor differences between jurisdictions. For further information on de-insured and de-listed services please contact the 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 or territorial health plan), but are no longer covered.

De-Listed Services

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

Specialty Designations

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

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

Additionally, any 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.

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

Privacy and Confidentiality

There are three safeguards utilized by CIHI to protect the privacy and confidentiality of the physician data.

Unique Physician Identifier (UPI)

Physician names are not used on the provincial and territorial files. Instead, a Unique Physician Identifier (UPI) is generated by the province or territory using components of the physician's name, 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 and 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 and territorial ministries of health and is administered by CIHI. Depending on the type of client, the level of data aggregation, the province or territory and indicator of interest, CIHI may not be able to release data to the client without prior approval from the province or territory. Additionally, any cell counts between one and four are suppressed and are aggregated to the next level. This policy is in place to help protect the privacy and confidentiality of the physicians.

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 or to obtain a copy of the policies and procedures document.

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, 2002–2003

		Host Provider													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.	Nun.	
N.L.	#	n/a	2,043	16,748	4,825	n/a	38,435	974	901	10,410	4,603	119	n/a	n/a	79,058
	\$	n/a	39,281	886,444	165,852	n/a	1,713,439	23,930	20,520	549,054	175,800	5,301	n/a	n/a	3,579,621
	Cost per Service	n/a	19.23	52.93	34.37	n/a	44.58	24.57	22.77	52.74	38.19	44.55	n/a	n/a	45.28
P.E.I.	#	612	n/a	13,125	21,407	n/a	7,801	119	188	1,323	1,131	11	n/a	n/a	45,717
	\$	15,000	n/a	1,430,270	1,142,847	n/a	355,617	2,656	4,877	63,837	39,055	528	n/a	n/a	3,054,685
	Cost per Service	24.51	n/a	108.97	53.39	n/a	45.59	22.32	25.94	48.25	34.53	47.96	n/a	n/a	66.82
N.S.	#	6,150	4,041	n/a	49,440	n/a	38,854	1,965	1,854	9,609	10,003	161	n/a	n/a	122,077
	\$	146,926	86,011	n/a	2,166,847	n/a	1,622,261	47,073	55,841	515,132	355,823	7,434	n/a	n/a	5,003,349
	Cost per Service	23.89	21.28	n/a	43.83	n/a	41.75	23.96	30.12	53.61	35.57	46.18	n/a	n/a	40.99
N.B.	#	1,969	2,614	39,224	n/a	n/a	28,926	1,211	1,033	6,002	5,542	59	n/a	n/a	86,580
	\$	57,035	58,410	3,177,464	n/a	n/a	1,303,402	35,046	30,552	338,398	189,632	2,278	n/a	n/a	5,192,217
	Cost per Service	28.97	22.35	81.01	n/a	n/a	45.06	28.94	29.58	56.38	34.22	38.61	n/a	n/a	59.97
Que.	#	n/a	n/a	n/a	56	n/a	30,240	6	n/a	n/a	n/a	n/a	n/a	n/a	30,302
	\$	n/a	n/a	n/a	740	n/a	3,044,191	253	n/a	n/a	n/a	n/a	n/a	n/a	3,045,184
	Cost per Service	n/a	n/a	n/a	13.21	n/a	100.67	42.13	n/a	n/a	n/a	n/a	n/a	n/a	100.49
Ont.	#	19,999	5,166	33,819	17,622	n/a	n/a	102,408	13,718	48,705	144,935	819	n/a	n/a	387,191
	\$	510,887	102,651	1,245,782	628,390	n/a	n/a	5,400,676	399,978	2,815,386	5,040,646	34,482	n/a	n/a	16,179,478
	Cost per Service	25.55	19.87	36.84	35.69	n/a	n/a	52.74	29.16	57.80	34.78	42.10	n/a	n/a	41.79
Man.	#	598	130	1,500	573	n/a	32,103	n/a	53,425	23,093	27,943	149	n/a	n/a	139,514
	\$	14,901	2,020	61,445	22,920	n/a	1,565,011	n/a	2,086,210	2,161,071	1,091,288	6,624	n/a	n/a	7,011,489
	Cost per Service	24.92	15.54	40.96	40.00	n/a	48.75	n/a	39.05	93.58	39.05	44.46	n/a	n/a	50.26
Sask.	#	459	154	1,085	636	n/a	14,647	42,792	n/a	163,801	33,898	262	n/a	n/a	257,734
	\$	12,792	3,230	34,462	24,090	n/a	723,770	1,381,663	n/a	11,630,568	1,314,105	10,676	n/a	n/a	15,135,357
	Cost per Service	27.87	20.97	31.76	37.88	n/a	49.41	32.29	n/a	71.00	38.77	40.75	n/a	n/a	58.72
Alta.	#	6,451	921	7,932	3,842	n/a	55,971	17,784	66,666	n/a	197,536	1,362	n/a	n/a	358,465
	\$	163,404	19,017	287,772	142,982	n/a	1,993,107	458,392	2,115,835	n/a	7,458,530	58,667	n/a	n/a	12,697,705
	Cost per Service	25.33	20.65	36.28	37.22	n/a	35.61	25.78	31.74	n/a	37.76	43.07	n/a	n/a	35.42
B.C.	#	2,493	657	6,725	2,771	n/a	99,090	18,594	25,015	172,640	0	7,212	n/a	n/a	335,197
	\$	66,879	13,542	231,242	97,679	n/a	3,283,185	468,001	707,080	14,275,156	0	385,408	n/a	n/a	19,528,173
	Cost per Service	26.83	20.61	34.39	35.25	n/a	33.13	25.17	28.27	82.69	n/a	53.44	n/a	n/a	58.26
Y. T.	#	38	52	230	101	n/a	1,440	391	612	5,504	17,259	n/a	n/a	n/a	25,627
	\$	860	992	7,663	2,579	n/a	52,303	8,053	22,351	562,734	1,181,488	n/a	n/a	n/a	1,839,023
	Cost per Service	22.64	19.09	33.32	25.53	n/a	36.32	20.60	36.52	102.24	68.46	n/a	n/a	n/a	71.76
N.W.T.	#	411	36	388	251	n/a	2,147	2,034	1,533	19,471	4,645	504	n/a	n/a	31,420
	\$	9,192	941	17,135	8,184	n/a	81,640	99,216	49,093	2,047,638	185,147	25,480	n/a	n/a	2,523,666
	Cost per Service	22.37	26.15	44.16	32.61	n/a	38.02	48.78	32.02	105.16	39.86	50.56	n/a	n/a	80.32
NU	#	810	40	381	172	n/a	10,453	13,316	507	4,309	861	79	n/a	n/a	30,928
	\$	25,042	852	17,178	7,679	n/a	740,271	761,548	20,203	582,316	36,935	3,823	n/a	n/a	2,195,847
	Cost per Service	30.92	21.29	45.09	44.65	n/a	70.82	57.19	39.85	135.14	42.90	48.39	n/a	n/a	71.00
Total Services Provided	#	39,990	15,854	121,157	101,696	n/a	360,107	201,594	165,452	464,867	448,356	10,737	n/a	n/a	1,929,810
	\$	1,022,917	326,947	7,396,857	4,411,389	n/a	16,478,197	8,686,507	5,512,540	35,541,290	17,068,447	540,702	n/a	n/a	96,985,793
	Cost per Service	25.58	20.62	61.05	43.38	n/a	45.76	43.09	33.32	76.45	38.07	50.36	n/a	n/a	50.26

Source: NPDB, CIHI

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

Notes

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

Table 1-2. Number of Services Provided by Type of Practice, 2002–2003

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	27,265	11,809	76,876	37,231	n/a	218,338	68,568	102,048	299,651	269,583	10,302	n/a	n/a	1,121,671
Medical Specialties	4,440	1,156	12,926	47,106	n/a	84,487	52,713	21,551	97,707	42,276	57	n/a	n/a	364,419
Internal Medicine	1,938	981	3,314	12,936	n/a	34,362	20,698	13,540	44,819	18,781	5	n/a	n/a	151,374
Neurology	201	0	184	3,152	n/a	2,337	1,489	817	3,512	1,222	18	n/a	n/a	12,932
Psychiatry	1,137	64	1,480	1,250	n/a	16,121	5,037	2,095	13,112	9,909	6	n/a	n/a	50,211
Pediatrics	764	86	1,029	1,647	n/a	13,769	12,056	2,483	20,231	3,899	n/a	n/a	n/a	55,964
Dermatology	96	11	2,419	571	n/a	2,211	1,576	398	4,618	2,396	9	n/a	n/a	14,305
Physical Medicine	n/a	n/a	61	50	n/a	6,269	1,571	104	1,332	470	n/a	n/a	n/a	9,857
Anaesthesia	304	14	4,439	27,500	n/a	9,418	10,286	2,114	10,083	5,599	19	n/a	n/a	69,776
Surgical Specialties	3,798	1,235	29,288	15,850	n/a	42,629	33,922	29,796	63,821	22,499	378	n/a	n/a	243,216
General Surgery	684	441	2,743	1,385	n/a	7,076	5,454	2,423	15,254	4,092	200	n/a	n/a	39,752
Thoracic/Cardiovascular Surgery	29	n/a	1,017	1,406	n/a	1,347	1,825	63	2,731	906	n/a	n/a	n/a	9,324
Urology	181	65	1,799	1,092	n/a	2,514	2,040	1,572	4,191	1,905	n/a	n/a	n/a	15,359
Orthopedic Surgery	555	160	2,400	2,504	n/a	5,514	3,940	3,104	8,773	3,689	17	n/a	n/a	30,656
Plastic Surgery	212	5	812	764	n/a	1,822	2,059	480	4,450	934	n/a	n/a	n/a	11,538
Neurosurgery	76	n/a	*	1,132	n/a	1,238	26	459	983	570	n/a	n/a	n/a	4,484
Ophthalmology	214	114	14,454	2,813	n/a	9,512	6,426	9,059	12,352	4,079	37	n/a	n/a	59,060
Otolaryngology	469	100	826	1,261	n/a	3,550	2,617	5,305	5,072	1,987	40	n/a	n/a	21,227
Obstetrics/Gynecology	1,378	350	5,237	3,493	n/a	10,056	9,535	7,331	10,015	4,337	84	n/a	n/a	51,816
Technical Specialties	4,487	1,654	2,067	1,509	n/a	14,653	46,391	12,057	3,688	113,998	n/a	n/a	n/a	200,504
Radiology	4,462	1,654	971	1,463	n/a	12,016	10,962	4,069	1,835	7,878	n/a	n/a	n/a	45,310
Laboratory	25	n/a	1,096	46	n/a	2,637	35,429	7,988	1,853	106,120	n/a	n/a	n/a	155,194
Total Specialties	12,725	4,045	44,281	64,465	n/a	141,769	133,026	63,404	165,216	178,773	435	n/a	n/a	808,139
Total Physicians	39,990	15,854	121,157	101,696	n/a	360,107	201,594	165,452	464,867	448,356	10,737	n/a	n/a	1,929,810

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 1-3. Payments (\$) for Services Provided by Type of Practice, 2002–2003

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	525,412	171,802	2,230,707	1,176,758	n/a	5,626,056	1,904,336	2,500,339	13,651,988	9,438,619	467,921	n/a	n/a	37,693,939
Medical Specialties	206,450	38,101	1,555,899	1,627,891	n/a	6,006,840	3,012,519	1,057,891	11,170,650	3,440,632	11,109	n/a	n/a	28,127,981
Internal Medicine	81,418	29,629	271,294	763,593	n/a	2,184,976	1,179,796	472,266	4,233,084	1,302,429	997	n/a	n/a	10,519,481
Neurology	9,163	n/a	16,102	140,763	n/a	127,977	107,179	40,235	319,215	122,012	3,494	n/a	n/a	886,140
Psychiatry	43,067	3,370	111,700	89,118	n/a	871,778	218,930	106,888	1,150,537	805,035	1,246	n/a	n/a	3,401,668
Pediatrics	24,076	3,747	83,330	121,373	n/a	694,529	388,025	134,191	2,025,568	293,651	n/a	n/a	n/a	3,768,490
Dermatology	4,651	614	137,441	29,917	n/a	72,243	50,581	15,860	257,579	133,079	725	n/a	n/a	702,688
Physical Medicine	n/a	n/a	6,174	2,991	n/a	302,492	69,535	4,794	93,428	34,182	n/a	n/a	n/a	513,596
Anaesthesia	44,075	741	929,858	480,135	n/a	1,752,847	998,474	283,656	3,091,240	750,246	4,647	n/a	n/a	8,335,919
Surgical Specialties	199,813	91,419	3,421,466	1,569,128	n/a	4,097,070	3,143,214	1,676,156	10,310,978	2,422,106	61,672	n/a	n/a	26,993,023
General Surgery	41,389	37,816	424,264	143,602	n/a	985,299	509,198	222,916	2,495,750	393,913	35,952	n/a	n/a	5,290,100
Thoracic/Cardiovascular Surgery	1,202	n/a	323,269	292,947	n/a	498,075	385,280	31,877	1,995,080	240,670	n/a	n/a	n/a	3,768,400
Urology	10,634	6,118	239,286	98,789	n/a	205,100	196,792	128,922	574,044	167,994	n/a	n/a	n/a	1,627,679
Orthopedic Surgery	29,290	15,833	298,583	320,191	n/a	478,985	405,547	296,205	1,388,428	559,317	3,828	n/a	n/a	3,796,207
Plastic Surgery	20,270	n/a	107,516	80,344	n/a	227,460	210,429	53,474	881,682	110,103	n/a	n/a	n/a	1,691,278
Neurosurgery	4,601	n/a	*	151,364	n/a	238,939	5,859	59,060	372,449	128,959	n/a	n/a	n/a	961,230
Ophthalmology	11,677	8,542	1,622,748	151,270	n/a	782,423	624,022	371,147	1,110,288	337,209	6,166	n/a	n/a	5,025,493
Otolaryngology	15,542	4,475	52,420	85,438	n/a	215,235	186,563	155,333	546,269	128,198	5,214	n/a	n/a	1,394,688
Obstetrics/Gynecology	65,208	18,634	353,380	245,182	n/a	465,554	619,525	357,222	946,987	355,743	10,511	n/a	n/a	3,437,949
Technical Specialties	91,243	25,624	188,784	37,612	n/a	748,231	626,437	278,153	407,675	1,767,090	n/a	n/a	n/a	4,170,850
Radiology	90,154	25,624	124,240	35,509	n/a	613,649	423,615	210,044	272,895	384,046	n/a	n/a	n/a	2,179,776
Laboratory	1,089	n/a	64,545	2,103	n/a	134,582	202,823	68,110	134,780	1,383,044	n/a	n/a	n/a	1,991,074
Total Specialties	497,505	155,144	5,166,149	3,234,631	n/a	10,852,141	6,782,171	3,012,201	21,889,303	7,629,828	72,781	n/a	n/a	59,291,854
Total Physicians	1,022,917	326,947	7,396,857	4,411,389	n/a	16,478,197	8,686,507	5,512,540	35,541,290	17,068,447	540,702	n/a	n/a	96,985,793

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, 2002–2003

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	19.27	14.55	29.02	31.61	n/a	25.77	27.77	24.50	45.56	35.01	45.42	n/a	n/a	33.61
Medical Specialties	46.50	32.96	120.37	34.56	n/a	71.10	57.15	49.09	114.33	81.39	194.89	n/a	n/a	77.19
Internal Medicine	42.01	30.20	81.86	59.03	n/a	63.59	57.00	34.88	94.45	69.35	199.35	n/a	n/a	69.49
Neurology	45.59	n/a	87.51	44.66	n/a	54.76	71.98	49.25	90.89	99.85	194.13	n/a	n/a	68.52
Psychiatry	37.88	52.66	75.47	71.29	n/a	54.08	43.46	51.02	87.75	81.24	207.63	n/a	n/a	67.75
Pediatrics	31.51	43.57	80.98	73.69	n/a	50.44	32.19	54.04	100.12	75.31	n/a	n/a	n/a	67.34
Dermatology	48.45	55.78	56.82	52.39	n/a	32.67	32.09	39.85	55.78	55.54	80.57	n/a	n/a	49.12
Physical Medicine	n/a	n/a	101.21	59.83	n/a	48.25	44.26	46.10	70.14	72.73	n/a	n/a	n/a	52.10
Anaesthesia	144.98	52.93	209.47	17.46	n/a	186.12	97.07	134.18	306.58	134.00	244.56	n/a	n/a	119.47
Surgical Specialties	52.61	74.02	116.82	99.00	n/a	96.11	92.66	56.25	161.56	107.65	163.15	n/a	n/a	110.98
General Surgery	60.51	85.75	154.67	103.68	n/a	139.25	93.36	92.00	163.61	96.26	179.76	n/a	n/a	133.08
Thoracic/Cardiovascular Surgery	41.46	n/a	317.86	208.35	n/a	369.77	211.11	505.99	730.53	265.64	n/a	n/a	n/a	404.16
Urology	58.75	94.12	133.01	90.47	n/a	81.58	96.47	82.01	136.97	88.19	n/a	n/a	n/a	105.98
Orthopedic Surgery	52.78	98.96	124.41	127.87	n/a	86.87	102.93	95.43	158.26	151.62	225.20	n/a	n/a	123.83
Plastic Surgery	95.61	n/a	132.41	105.16	n/a	124.84	102.20	111.40	198.13	117.88	n/a	n/a	n/a	146.58
Neurosurgery	60.53	n/a	*	133.71	n/a	193.00	225.33	128.67	378.89	226.24	n/a	n/a	n/a	214.37
Ophthalmology	54.56	74.93	112.27	53.78	n/a	82.26	97.11	40.97	89.89	82.67	166.66	n/a	n/a	85.09
Otolaryngology	33.14	44.75	63.46	67.75	n/a	60.63	71.29	29.28	107.70	64.52	130.36	n/a	n/a	65.70
Obstetrics/Gynecology	47.32	53.24	67.48	70.19	n/a	46.30	64.97	48.73	94.56	82.03	125.14	n/a	n/a	66.35
Technical Specialties	20.33	15.49	91.33	24.93	n/a	51.06	13.50	23.07	110.54	15.50	n/a	n/a	n/a	20.80
Radiology	20.20	15.49	127.95	24.27	n/a	51.07	38.64	51.62	148.72	48.75	n/a	n/a	n/a	48.11
Laboratory	43.55	n/a	58.89	45.72	n/a	51.04	5.72	8.53	72.74	13.03	n/a	n/a	n/a	12.83
Total Specialties	39.10	38.35	116.67	50.18	n/a	76.55	50.98	47.51	132.49	42.68	167.31	n/a	n/a	73.37
Total Physicians	25.58	20.62	61.05	43.38	n/a	45.76	43.09	33.32	76.45	38.07	50.36	n/a	n/a	50.26

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 by Service Type, 2002–2003

Host Provider

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	31,341	11,850	89,641	52,983	n/a	256,935	117,445	110,565	373,927	278,395	8,938	n/a	n/a	1,332,020
Consultations	1,956	598	10,979	8,700	n/a	21,504	15,210	9,568	47,081	15,934	243	n/a	n/a	131,773
Major Assessments	1,862	392	4,051	2,294	n/a	19,909	15,889	5,965	29,078	9,522	491	n/a	n/a	89,453
Other Assessments	22,950	7,577	66,474	31,083	n/a	148,934	61,520	78,673	236,815	198,168	6,300	n/a	n/a	858,494
Hospital Care Days	3,235	843	3,886	7,080	n/a	25,588	17,822	7,664	29,980	15,545	214	n/a	n/a	111,857
Special Calls	162	2,277	806	1,844	n/a	11,330	4,100	5,008	12,457	24,561	1,156	n/a	n/a	63,701
Psychotherapy/Counselling	1,176	163	3,445	1,982	n/a	29,670	2,904	3,687	18,516	14,665	534	n/a	n/a	76,742
Procedures	8,649	4,004	31,516	48,713	n/a	103,172	84,149	54,887	90,940	169,961	1,799	n/a	n/a	597,790
Major Surgery	286	109	5,550	2,108	n/a	5,797	4,277	2,570	12,135	2,991	75	n/a	n/a	35,898
Minor Surgery	474	199	870	493	n/a	3,996	1,221	2,234	5,829	4,921	165	n/a	n/a	20,402
Surgical Assistance	24	59	1,362	682	n/a	1,400	629	500	2,410	1,316	12	n/a	n/a	8,394
Anaesthesia	238	*	3,427	26,649	n/a	3,349	5,170	2,494	9,956	5,044	118	n/a	n/a	56,445
Obstetrical Services	100	27	388	210	n/a	824	1,124	350	2,983	689	32	n/a	n/a	6,727
Diagnostic/Therapeutic Services	2,353	1,400	13,182	14,985	n/a	44,625	18,166	18,241	51,423	24,057	338	n/a	n/a	188,770
Radiology	4,371	1,606	57	1,448	n/a	11,264	10,659	4,964	1,196	7,951	216	n/a	n/a	43,732
Laboratory Services	51	33	19	11	n/a	18,573	38,647	18,670	758	119,688	756	n/a	n/a	197,206
Special Services	573	559	5,961	1,211	n/a	10,329	3,723	2,361	4,229	2,674	6	n/a	n/a	31,626
Miscellaneous Services	179	12	700	916	n/a	3,015	533	2,503	21	630	81	n/a	n/a	8,590
Total Services	39,990	15,854	121,157	101,696	n/a	360,107	201,594	165,452	464,867	448,356	10,737	n/a	n/a	1,929,810

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 1-6. Payments (\$) for Services Provided by Service Type, 2002–2003

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	703,502	211,477	3,034,960	1,957,945	n/a	8,379,777	4,066,236	3,145,465	17,509,049	11,312,023	413,253	n/a	n/a	50,733,686
Consultations	123,720	40,489	858,440	719,065	n/a	1,726,590	1,220,464	645,490	4,949,623	1,708,625	29,255	n/a	n/a	12,021,760
Major Assessments	65,451	11,520	193,364	100,103	n/a	946,324	776,906	276,065	1,753,529	671,492	34,748	n/a	n/a	4,829,502
Other Assessments	433,265	123,721	1,636,125	766,471	n/a	3,618,953	1,361,206	1,768,624	7,167,712	6,043,293	225,814	n/a	n/a	23,145,184
Hospital Care Days	37,816	11,489	104,475	143,973	n/a	455,199	326,534	149,988	927,122	469,335	16,407	n/a	n/a	2,642,338
Special Calls	6,614	14,595	42,118	100,359	n/a	356,420	230,433	132,527	1,417,316	1,292,431	63,161	n/a	n/a	3,655,975
Psychotherapy/Counselling	36,635	9,663	200,437	127,972	n/a	1,276,293	150,694	172,770	1,293,746	1,126,847	43,869	n/a	n/a	4,438,926
Procedures	319,415	115,470	4,361,897	2,453,444	n/a	8,098,420	4,620,270	2,367,075	18,032,242	5,756,425	127,449	n/a	n/a	46,252,107
Major Surgery	58,673	33,235	2,227,932	859,571	n/a	2,730,429	1,686,217	777,376	7,346,800	1,371,166	31,837	n/a	n/a	17,123,236
Minor Surgery	17,211	5,104	37,403	23,587	n/a	133,586	62,365	103,092	542,719	331,034	10,990	n/a	n/a	1,267,091
Surgical Assistance	2,907	5,832	180,944	171,839	n/a	359,360	129,656	90,481	599,386	134,440	2,154	n/a	n/a	1,676,999
Anaesthesia	38,873	*	854,878	403,451	n/a	1,231,803	947,251	386,178	3,363,965	735,930	29,200	n/a	n/a	7,991,528
Obstetrical Services	24,652	9,419	155,046	96,163	n/a	155,033	260,236	118,606	554,204	256,900	9,570	n/a	n/a	1,639,828
Diagnostic/Therapeutic Services	74,193	31,817	748,188	792,243	n/a	2,613,972	912,614	461,921	5,485,771	1,103,951	23,505	n/a	n/a	12,248,174
Radiology	88,870	24,535	1,394	52,101	n/a	496,343	361,651	271,104	85,051	378,680	11,390	n/a	n/a	1,771,119
Laboratory Services	2,602	796	282	563	n/a	154,837	233,378	118,237	5,810	1,401,696	5,349	n/a	n/a	1,923,550
Special Services	6,330	2,875	124,905	11,026	n/a	60,224	17,378	14,302	47,702	25,092	184	n/a	n/a	310,018
Miscellaneous Services	5,104	1,858	30,926	42,901	n/a	162,833	9,525	25,778	833	17,536	3,272	n/a	n/a	300,565
Total Services	1,022,917	326,947	7,396,857	4,411,389	n/a	16,478,197	8,686,507	5,512,540	35,541,290	17,068,447	540,702	n/a	n/a	96,985,793

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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Ontario and British Columbia anaesthesia services are primarily in units.

Table 1-7. Cost (\$) per Service for Services Provided by Service Type, 2002–2003

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	22.45	17.85	33.86	36.95	n/a	32.61	34.62	28.45	46.82	40.63	46.24	n/a	n/a	38.09
Consultations	63.25	67.71	78.19	82.65	n/a	80.29	80.24	67.46	105.13	107.23	120.39	n/a	n/a	91.23
Major Assessments	35.15	29.39	47.73	43.64	n/a	47.53	48.90	46.28	60.30	70.52	70.77	n/a	n/a	53.99
Other Assessments	18.88	16.33	24.61	24.66	n/a	24.30	22.13	22.48	30.27	30.50	35.84	n/a	n/a	26.96
Hospital Care Days	11.69	13.63	26.89	20.34	n/a	17.79	18.32	19.57	30.92	30.19	76.67	n/a	n/a	23.62
Special Calls	40.83	6.41	52.26	54.42	n/a	31.46	56.20	26.46	113.78	52.62	54.64	n/a	n/a	57.39
Psychotherapy/Counselling	31.15	59.28	58.18	64.57	n/a	43.02	51.89	46.86	69.87	76.84	82.15	n/a	n/a	57.84
Procedures	36.93	28.84	138.40	50.37	n/a	78.49	54.91	43.13	198.29	33.87	70.84	n/a	n/a	77.37
Major Surgery	205.15	304.91	401.43	407.77	n/a	471.01	394.25	302.48	605.42	458.43	424.49	n/a	n/a	477.00
Minor Surgery	36.31	25.65	42.99	47.84	n/a	33.43	51.08	46.15	93.11	67.27	66.61	n/a	n/a	62.11
Surgical Assistance	121.12	98.85	132.85	251.96	n/a	256.69	206.13	180.96	248.71	102.16	179.49	n/a	n/a	199.79
Anaesthesia	163.33	*	249.45	15.14	n/a	367.81	183.22	154.84	337.88	145.90	247.45	n/a	n/a	141.58
Obstetrical Services	246.52	348.84	399.60	457.92	n/a	188.15	231.53	338.87	185.79	372.86	299.05	n/a	n/a	243.77
Diagnostic/Therapeutic Services	31.53	22.73	56.76	52.87	n/a	58.58	50.24	25.32	106.68	45.89	69.54	n/a	n/a	64.88
Radiology	20.33	15.28	24.45	35.98	n/a	44.06	33.93	54.61	71.11	47.63	52.73	n/a	n/a	40.50
Laboratory Services	51.02	24.12	14.82	51.22	n/a	8.34	6.04	6.33	7.67	11.71	7.07	n/a	n/a	9.75
Special Services	11.05	5.14	20.95	9.10	n/a	5.83	4.67	6.06	11.28	9.38	30.60	n/a	n/a	9.80
Miscellaneous Services	28.52	154.81	44.18	46.84	n/a	54.01	17.87	10.30	39.67	27.83	40.40	n/a	n/a	34.99
Total Services	25.58	20.62	61.05	43.38	n/a	45.76	43.09	33.32	76.45	38.07	50.36	n/a	n/a	50.26

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 1-8. Number of Services Received by Type of Practice, 2002–2003

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	53,413	12,856	62,057	48,106	2,155	206,672	80,756	174,112	235,833	215,276	10,238	14,764	5,433	1,121,671
Medical Specialties	13,107	19,983	38,511	13,291	15,940	65,729	23,156	38,827	35,881	66,857	8,210	9,476	15,451	364,419
Internal Medicine	6,982	4,763	13,886	5,796	2,849	27,570	11,665	15,608	15,241	33,493	4,390	3,910	5,221	151,374
Neurology	316	693	2,744	204	511	1,963	959	1,303	1,145	2,059	284	351	400	12,932
Psychiatry	1,215	1,082	3,531	1,864	355	9,428	3,548	7,322	7,819	11,607	1,139	823	478	50,211
Pediatrics	1,578	469	3,246	1,260	3,680	9,817	3,837	7,966	5,347	9,307	530	2,632	6,295	55,964
Dermatology	649	696	751	1,282	n/a	3,185	686	1,600	1,559	3,245	219	297	136	14,305
Physical Medicine	191	23	204	123	5,111	1,424	154	338	548	907	169	271	394	9,857
Anaesthesia	2,176	12,257	14,149	2,762	3,434	12,342	2,307	4,690	4,222	6,239	1,479	1,192	2,527	69,776
Surgical Specialties	8,541	10,923	14,735	19,297	12,145	42,677	23,858	28,305	27,346	40,022	3,334	5,069	6,964	243,216
General Surgery	1,568	923	2,129	1,966	1,274	5,876	2,244	9,015	4,123	7,664	518	896	1,556	39,752
Thoracic/Cardiovascular Surgery	316	1,074	984	464	486	1,986	649	1,104	411	1,093	256	247	254	9,324
Urology	1,056	446	1,229	938	544	2,810	1,467	1,388	1,382	3,245	359	258	237	15,359
Orthopedic Surgery	774	982	2,634	1,176	1,572	5,482	2,339	3,350	3,936	6,243	697	536	935	30,656
Plastic Surgery	457	346	743	494	307	2,520	444	1,188	1,026	3,016	202	394	401	11,538
Neurosurgery	80	708	325	80	546	352	331	373	582	763	148	103	93	4,484
Ophthalmology	1,706	4,381	1,210	10,738	6,141	8,901	8,779	5,101	3,054	6,889	567	869	724	59,060
Otolaryngology	698	427	1,376	804	518	3,671	1,563	2,258	5,262	3,277	281	366	726	21,227
Obstetrics/Gynecology	1,886	1,636	4,105	2,637	757	11,079	6,042	4,528	7,570	7,832	306	1,400	2,038	51,816
Technical Specialties	3,997	1,955	6,774	5,886	62	72,113	11,744	16,490	59,405	13,042	3,845	2,111	3,080	200,504
Radiology	2,222	1,293	3,339	1,965	62	12,903	2,862	3,857	8,428	5,792	580	500	1,507	45,310
Laboratory	1,775	662	3,435	3,921	n/a	59,210	8,882	12,633	50,977	7,250	3,265	1,611	1,573	155,194
Total Specialties	25,645	32,861	60,020	38,474	28,147	180,519	58,758	83,622	122,632	119,921	15,389	16,656	25,495	808,139
Total Physicians	79,058	45,717	122,077	86,580	30,302	387,191	139,514	257,734	358,465	335,197	25,627	31,420	30,928	1,929,810

Source: NPDB, CIHI.

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

Notes

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Table 1-9. Payments (\$) for Services Received by Type of Practice, 2002–2003

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	1,549,720	464,415	1,805,699	1,467,025	182,226	6,669,210	2,529,072	6,771,996	7,279,999	7,684,344	407,292	658,115	224,826	37,693,939
Medical Specialties	948,887	1,083,481	1,686,007	1,257,188	1,392,989	4,329,829	2,136,269	4,034,397	2,351,285	6,012,399	784,487	1,005,127	1,105,635	28,127,981
Internal Medicine	420,615	399,091	709,522	392,894	179,364	1,693,138	880,578	1,370,184	850,090	2,639,546	327,137	344,840	312,480	10,519,481
Neurology	22,665	32,345	127,612	15,295	28,126	145,148	54,235	114,595	81,930	185,811	27,468	23,669	886,140	23,669
Psychiatry	73,540	52,253	220,049	114,170	19,436	652,037	211,382	620,993	514,463	733,423	93,025	68,523	28,373	3,401,668
Pediatrics	75,535	29,373	172,191	74,483	264,905	437,704	400,668	715,042	285,224	647,806	50,383	234,569	380,607	3,768,490
Dermatology	28,807	39,029	31,570	71,236	n/a	135,458	59,659	73,261	62,979	150,717	20,751	23,457	5,764	702,688
Physical Medicine	8,328	1,928	8,365	4,877	264,127	71,127	7,168	25,938	26,668	57,602	10,707	14,728	12,032	513,596
Anaesthesia	319,398	529,462	416,698	584,233	637,031	1,195,217	522,578	1,114,386	529,931	1,597,494	255,015	291,767	342,711	8,335,919
Surgical Specialties	925,145	1,402,924	1,333,668	2,222,536	1,468,976	4,008,404	2,068,933	3,943,050	2,083,244	5,387,120	566,288	797,676	785,059	26,993,023
General Surgery	205,408	151,166	251,501	281,334	321,399	582,579	272,421	1,155,296	376,545	1,280,459	82,652	155,553	173,788	5,290,100
Thoracic/Cardiovascular Surgery	107,671	346,398	136,398	160,879	259,773	488,715	462,204	797,524	101,009	631,595	77,178	114,391	84,667	3,768,400
Urology	144,362	50,378	104,087	105,939	29,940	262,837	129,586	150,621	115,792	418,972	48,656	43,577	22,933	1,627,679
Orthopedic Surgery	81,646	169,251	302,043	132,085	113,631	615,978	256,061	428,758	438,723	908,764	138,102	94,528	116,638	3,796,207
Plastic Surgery	54,687	49,955	88,854	67,780	40,834	273,650	63,128	265,575	108,318	475,838	52,021	89,813	60,825	1,691,278
Neurosurgery	21,458	107,277	50,931	22,156	66,268	57,065	78,586	130,280	101,901	221,127	42,297	37,190	24,695	961,230
Ophthalmology	167,674	402,935	62,200	1,221,761	560,077	781,397	435,837	356,670	187,436	598,315	69,938	103,808	77,446	5,025,493
Otolaryngology	38,201	29,455	83,334	54,529	25,310	221,027	71,980	268,176	194,056	260,046	26,576	49,414	72,584	1,394,688
Obstetrics/Gynecology	104,040	96,110	254,320	176,073	51,745	725,157	299,130	390,150	459,464	592,006	28,869	109,402	151,483	3,437,949
Technical Specialties	155,869	103,864	177,974	245,468	993	1,172,035	277,215	385,914	983,176	444,310	80,955	62,749	80,327	4,170,850
Radiology	114,407	84,215	127,013	116,242	993	511,391	152,053	209,344	375,941	344,963	35,809	39,799	67,606	2,179,776
Laboratory	41,461	19,649	50,961	129,226	n/a	660,644	125,162	176,571	607,235	99,347	45,146	22,950	12,721	1,991,074
Total Specialties	2,029,901	2,590,270	3,197,649	3,725,192	2,862,958	9,510,267	4,482,417	8,363,361	5,417,706	11,843,829	1,431,731	1,865,551	1,971,021	59,291,854
Total Physicians	3,579,621	3,054,685	5,003,348	5,192,217	3,045,184	16,179,478	7,011,489	15,135,357	12,697,705	19,528,172	1,839,023	2,523,666	2,195,847	96,985,793

Source: NPDB, CIHI.

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

Notes

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

Table 1-10. Cost (\$) per Service for Services Received by Type of Practice, 2002–2003

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	29.01	36.12	29.10	30.50	84.56	32.27	31.32	38.89	30.87	35.70	39.78	44.58	41.38	33.61
Medical Specialties	72.40	54.22	43.78	94.59	87.39	65.87	92.26	103.91	65.53	89.93	95.55	106.07	71.56	77.19
Internal Medicine	60.24	83.79	51.10	67.79	62.96	61.41	75.49	87.79	55.78	78.81	74.52	88.19	59.85	69.49
Neurology	71.72	46.67	46.51	74.98	55.04	73.94	56.55	87.95	71.55	90.24	96.72	77.61	59.17	68.52
Psychiatry	60.53	48.29	62.32	61.25	54.75	69.16	59.58	84.81	65.80	63.19	81.67	83.26	59.36	67.75
Pediatrics	47.87	62.63	53.05	59.11	71.98	44.59	104.42	89.76	53.34	69.60	95.06	89.12	60.46	67.34
Dermatology	44.39	56.08	42.04	55.57	n/a	42.53	86.97	45.79	40.40	46.45	94.76	78.98	42.38	49.12
Physical Medicine	43.60	83.84	41.01	39.65	51.68	49.95	46.55	76.74	48.66	63.51	63.35	54.35	30.54	52.10
Anaesthesia	146.78	43.20	29.45	211.53	185.51	96.84	226.52	237.61	125.52	256.05	172.42	244.77	135.62	119.47
Surgical Specialties	108.32	128.44	90.51	115.18	120.95	93.92	86.72	139.31	76.18	134.60	169.85	157.36	112.73	110.98
General Surgery	131.00	163.78	118.13	143.10	252.28	99.15	121.40	128.15	91.33	167.07	159.56	173.61	111.69	133.08
Thoracic/Cardiovascular Surgery	340.73	322.53	138.62	346.72	534.51	246.08	712.18	722.39	245.76	577.85	301.48	463.12	333.33	404.16
Urology	136.71	112.96	84.69	112.94	55.04	93.54	88.33	108.52	83.79	129.11	135.53	168.90	96.76	105.98
Orthopedic Surgery	105.49	172.35	114.67	112.32	72.28	112.36	109.47	127.99	111.46	145.57	198.14	176.36	124.75	123.83
Plastic Surgery	119.66	144.38	119.59	137.21	133.01	108.59	142.18	223.55	105.57	157.77	257.53	227.95	151.68	146.58
Neurosurgery	268.22	151.52	156.71	276.95	121.37	162.12	237.42	349.28	175.09	289.81	285.79	361.07	265.54	214.37
Ophthalmology	98.28	91.97	51.41	113.78	91.20	87.79	49.65	69.92	61.37	86.85	123.35	119.46	106.97	85.09
Otolaryngology	54.73	68.98	60.56	67.82	48.86	60.21	46.05	118.77	36.88	79.35	94.58	135.01	99.98	65.70
Obstetrics/Gynecology	55.16	58.75	61.95	66.77	68.35	65.45	49.51	86.16	60.70	75.59	94.34	78.14	74.33	66.35
Technical Specialties	39.00	53.13	26.27	41.70	16.01	16.25	23.60	23.40	16.55	34.07	21.05	29.72	26.08	20.80
Radiology	51.49	65.13	38.04	59.16	16.01	39.63	53.13	54.28	44.61	59.56	61.74	79.60	44.86	48.11
Laboratory	23.36	29.68	14.84	32.96	n/a	11.16	14.09	13.98	11.91	13.70	13.83	14.25	8.09	12.83
Total Specialties	79.15	78.83	53.28	96.82	101.71	52.68	76.29	100.01	44.18	98.76	93.04	112.00	77.31	73.37
Total Physicians	45.28	66.82	40.99	59.97	100.49	41.79	50.26	58.72	35.42	58.26	71.76	80.32	71.00	50.26

Source: NPDB, CIHI.

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

Notes

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

Table 1-11. Number of Services Received by Service Type, 2002–2003

Home of Patient

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	59,188	21,912	78,132	58,953	16,232	252,901	94,550	201,545	243,609	249,114	15,626	21,633	18,625	1,332,020
Consultations	4,488	4,250	8,369	8,191	5,065	22,831	8,733	19,678	14,041	26,925	2,731	3,273	3,198	131,773
Major Assessments	3,658	1,402	4,751	3,955	2,296	18,559	5,882	15,166	11,869	17,080	579	1,739	2,517	89,453
Other Assessments	40,495	11,338	47,668	37,572	5,910	166,672	61,624	134,603	173,907	153,587	7,733	11,560	5,825	858,494
Hospital Care Days	5,162	3,110	8,244	3,798	1,483	19,802	8,154	15,890	13,582	21,622	2,553	2,861	5,596	111,857
Special Calls	2,716	455	3,421	2,057	315	12,552	4,641	8,001	18,082	9,191	829	717	724	63,701
Psychotherapy/Counselling	2,669	1,357	5,679	3,380	1,163	12,485	5,516	8,207	12,128	20,709	1,201	1,483	765	76,742
Procedures	19,870	23,805	43,945	27,627	14,070	134,290	44,964	56,189	114,856	86,083	10,001	9,787	12,303	597,790
Major Surgery	1,432	2,002	1,894	4,044	1,930	5,177	2,944	4,343	2,598	6,717	732	1,015	1,070	35,898
Minor Surgery	889	256	1,135	832	145	3,395	1,769	2,597	4,946	3,810	180	265	183	20,402
Surgical Assistance	239	531	599	1,038	539	942	612	1,062	855	1,443	287	108	139	8,394
Anaesthesia	1,637	11,304	13,246	2,028	694	8,093	2,441	4,196	4,050	5,622	1,045	943	1,146	56,445
Obstetrical Services	152	92	263	155	75	1,208	391	1,720	797	1,168	59	330	317	6,727
Diagnostic/Therapeutic Services	7,465	7,359	15,148	11,256	10,346	29,527	16,449	20,348	22,090	35,346	3,372	4,230	5,834	188,770
Radiology	2,032	683	3,393	1,607	100	12,852	3,571	3,299	8,505	5,527	449	392	1,322	43,732
Laboratory Services	3,304	648	5,038	3,567	38	65,783	13,362	15,090	64,246	18,466	3,668	2,071	1,925	197,206
Special Services	2,380	661	2,556	2,638	74	6,165	2,072	3,165	4,954	6,130	176	386	269	31,626
Miscellaneous Services	340	269	673	462	129	1,148	1,353	369	1,815	1,854	33	47	98	8,590
Total Services	79,058	45,717	122,077	86,580	30,302	387,191	139,514	257,734	358,465	335,197	25,627	31,420	30,928	1,929,810

Source: NPDB, CIHI.

Notes

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

Table 1-12. Payments (\$) for Services Received by Service Type, 2002–2003

Home of Patient

Type of Service	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Total
Consultations and Visits	1,951,619	844,435	2,732,249	2,107,325	767,778	9,434,594	3,324,571	8,333,428	8,595,801	10,106,258	775,562	1,026,026	734,041	50,733,686
Consultations	372,638	345,904	696,216	631,574	435,287	2,029,695	718,910	1,944,708	1,235,341	2,696,652	299,239	343,755	271,842	12,021,760
Major Assessments	183,704	67,254	226,317	192,587	101,250	984,099	297,791	892,096	673,535	951,705	35,016	102,169	121,982	4,829,502
Other Assessments	1,039,134	282,287	1,186,269	949,501	131,024	4,425,115	1,609,982	3,818,122	4,759,792	4,221,026	229,567	344,906	148,459	23,145,184
Hospital Care Days	103,557	65,578	153,968	83,206	28,309	436,226	182,358	439,165	330,144	553,897	71,972	85,557	108,401	2,642,338
Special Calls	117,138	23,080	147,561	81,728	12,794	729,407	224,995	700,257	844,023	628,568	48,356	51,938	46,131	3,655,975
Psychotherapy/Counselling	135,448	60,333	321,919	168,730	59,113	830,052	290,534	539,080	752,966	1,054,410	91,411	97,702	37,227	4,438,926
Procedures	1,628,002	2,210,250	2,271,099	3,084,892	2,277,406	6,744,884	3,686,919	6,801,929	4,101,904	9,421,914	1,063,461	1,497,640	1,461,806	46,252,107
Major Surgery	610,146	1,005,562	681,428	1,558,916	1,071,259	2,153,213	1,379,536	2,552,884	973,375	3,658,291	420,071	592,076	466,477	17,123,236
Minor Surgery	40,990	11,633	53,149	41,291	8,430	223,470	94,046	212,105	270,489	262,912	14,015	22,162	12,400	1,267,091
Surgical Assistance	47,337	134,870	110,672	144,240	148,649	181,276	97,392	233,351	119,046	365,267	41,934	28,357	24,608	1,676,999
Anaesthesia	283,224	440,109	360,766	548,530	315,453	1,128,638	597,979	1,246,960	566,362	1,714,949	224,285	283,672	280,603	7,991,528
Obstetrical Services	40,129	23,864	82,945	52,549	5,422	311,998	102,332	388,677	272,410	216,927	13,570	58,968	70,039	1,639,828
Diagnostic/Therapeutic Services	441,883	529,423	760,292	575,308	721,256	1,511,606	1,058,715	1,854,031	792,349	2,709,826	280,194	467,881	545,408	12,248,174
Radiology	82,329	24,746	119,135	57,706	2,374	458,739	193,241	134,529	370,361	244,840	20,319	17,956	44,843	1,771,119
Laboratory Services	32,480	6,957	51,959	45,082	75	677,277	123,911	143,662	646,936	118,481	44,943	19,701	12,087	1,923,550
Special Services	30,662	9,979	17,386	37,461	370	71,519	14,927	25,173	39,212	53,245	1,961	5,885	2,238	310,018
Miscellaneous Services	18,823	23,107	33,367	23,809	4,118	27,147	24,841	10,556	51,364	77,177	2,170	982	3,103	300,565
Total Services	3,579,621	3,054,685	5,003,348	5,192,217	3,045,184	16,179,478	7,011,489	15,135,357	12,697,705	19,528,172	1,839,023	2,523,666	2,195,847	96,985,793

Source: NPDB, CIHI.

Notes

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

Table 1-13. Cost (\$) per Service for Services Received by Service Type, 2002–2003

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	32.97	38.54	34.97	35.75	47.30	37.31	35.16	41.35	35.29	40.57	49.63	47.43	39.41	38.09
Consultations	83.03	81.39	83.19	77.11	85.94	88.90	82.32	98.83	87.98	100.15	109.57	105.03	85.00	91.23
Major Assessments	50.22	47.97	47.64	48.69	44.10	53.03	50.63	58.82	56.75	55.72	60.48	58.75	48.46	53.99
Other Assessments	25.66	24.90	24.89	25.27	22.17	26.55	26.13	28.37	27.37	27.48	29.69	29.84	25.49	26.96
Hospital Care Days	20.06	21.09	18.68	21.91	19.09	22.03	22.36	27.64	24.31	25.62	28.19	29.90	19.37	23.62
Special Calls	43.13	50.73	43.13	39.73	40.62	58.11	48.48	87.52	46.68	68.39	58.33	72.44	63.72	57.39
Psychotherapy/Counselling	50.75	44.46	56.69	49.92	50.83	66.48	52.67	65.69	62.08	50.92	76.11	65.88	48.66	57.84
Procedures	81.93	92.85	51.68	111.66	161.86	50.23	82.00	121.05	35.71	109.45	106.34	153.02	118.82	77.37
Major Surgery	426.08	502.28	359.78	385.49	555.06	415.92	468.59	587.82	374.66	544.63	573.87	583.33	435.96	477.00
Minor Surgery	46.11	45.44	46.83	49.63	58.14	65.82	53.16	81.67	54.69	69.01	77.86	83.63	67.76	62.11
Surgical Assistance	198.06	253.99	184.76	138.96	275.79	192.44	159.14	219.73	139.23	253.13	146.11	262.56	177.04	199.79
Anaesthesia	173.01	38.93	27.24	270.48	454.54	139.46	244.97	297.18	139.84	305.04	214.63	300.82	244.85	141.58
Obstetrical Services	264.01	259.39	315.38	339.03	72.30	258.28	261.72	225.97	341.79	185.73	230.00	178.69	220.94	243.77
Diagnostic/Therapeutic Services	59.19	71.94	50.19	51.11	69.71	51.19	64.36	91.12	35.87	76.67	83.09	110.61	93.49	64.88
Radiology	40.52	36.23	35.11	35.91	23.74	35.69	54.11	40.78	43.55	44.30	45.25	45.81	33.92	40.50
Laboratory Services	9.83	10.74	10.31	12.64	1.96	10.30	9.27	9.52	10.07	6.42	12.25	9.51	6.28	9.75
Special Services	12.88	15.10	6.80	14.20	4.99	11.60	7.20	7.95	7.92	8.69	11.14	15.25	8.32	9.80
Miscellaneous Services	55.36	85.90	49.58	51.53	31.93	23.65	18.36	28.61	28.30	41.63	65.76	20.90	31.66	34.99
Total Services	45.28	66.82	40.99	59.97	100.49	41.79	50.26	58.72	35.42	58.26	71.76	80.32	71.00	50.26

Source: NPDB, CIHI.

Notes

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

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, 2002–2003

Host Provider	
Newfoundland and Labrador	769
Prince Edward Island	210
Nova Scotia	1,448
New Brunswick	1,068
Ontario	15,582
Manitoba	1,669
Saskatchewan	1,511
Alberta	5,045
British Columbia	7,036
Yukon Territory	94
Total*	34,432

Source: NPDB, CIHI

* Total for nine provinces and the Yukon Territory. Northwest Territories, Nunavut, and Quebec did not submit 2002–2003 data to CIHI.

Appendix B

NPDB Authorization Officers

NPDB Authorization Officers

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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 Electromiography
- 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.

16. Miscellaneous Services

Other Identified

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

Unidentified

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

Appendix E

Services Excluded Under the Interprovincial Reciprocal Billing Agreement

Services Excluded Under the Interprovincial Reciprocal Billing Agreement

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

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

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

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

In August 1991, further additions included:

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

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.

Yukon

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

