

## INTERPROVINCIAL OUT-PATIENT RATES

Effective April 1, 2005

<u>Service Code</u>	<u>Description</u>	<u>Rate</u>
01	Standard Out-patient Visit (excluding the specific services listed below for which other service codes apply).	<b>\$158</b>
02	Day Care Surgery (including hyperbaric oxygen therapy).	<b>\$635</b>
03	Hemodialysis	<b>\$341</b>
04	Computerized Axial Tomography	<b>\$310</b>
05	Referred-in Laboratory Specimens: composite fee for all specimens in relation to one patient referred to an institution for laboratory tests where the patient concerned is not present.	<b>\$ 38</b>
06	Cancer chemotherapy visit.	<b>\$726</b>
07	Cyclosporine/Tacrolimus/AZT/Activase/Erythropoietin/Growth Hormone therapy visit: <b>\$158 plus the actual drug costs.</b>	
08	Lithotripsy for common bile duct stones per day, including Radiologist services and Ultrasound procedures. ( <i>Lithotripsy for stones within the gall-bladder is excluded</i> ).	<b>\$786</b>
09	Lithotripsy for kidney stones per kidney per day, including Radiologist services and Ultrasound procedures.	<b>\$786</b>
10	<i>Cancelled - Second Out-Patient visit same day.</i>	
11	Magnetic Resonance Imaging per day, including Radiologist services.	<b>\$707</b>
12	Radiotherapy Services.	<b>\$248</b>
13	Pacemaker replacement: the invoiced price of the device ( <i>invoice required</i> ) in addition to the rate applicable to either the Standard Out-patient Visit or Day Care Surgery.	
15	High Cost Referred-in Laboratory Specimens: the rate provided in the host province's schedule of benefits for laboratory medicine applies; or, in the absence of a scheduled rate, an amount that is negotiated between the provincial plans. ( <i>Genetic screening is excluded</i> ).	

**All rates are composite charges that include non-invasive procedures and necessary diagnostic interpretations.**