

INTERPROVINCIAL OUT-PATIENT RATES

Effective April 1, 2006

<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).	\$164
02	Day Care Surgery (including hyperbaric oxygen therapy).	\$660
03	Hemodialysis	\$354
04	Computerized Axial Tomography	\$322
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.	\$ 39
06	Cancer chemotherapy visit and treatment: administer chemotherapy to a cancer patient only.	\$754
07	Cyclosporine/Tacrolimus/AZT/Activase/Erythropoietin/Growth Hormone therapy visit: \$164 plus the actual drug costs.	
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>).	\$817
09	Lithotripsy for kidney stones per kidney per day, including Radiologist services and Ultrasound procedures.	\$817
10	<i>Cancelled - Second Out-Patient visit same day.</i>	
11	Magnetic Resonance Imaging per day, including Radiologist services.	\$735
12	Radiotherapy Services.	\$258
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.