

INTERPROVINCIAL OUT-PATIENT RATES

Effective April 1, 2010

<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).	\$247
02	Day Care Surgery (including hyperbaric oxygen therapy).	\$997
03	Hemodialysis	\$472
04	Computerized Tomography	\$630
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.	\$47
06	Cancer chemotherapy visit and treatment: administer chemotherapy to a cancer patient only.	\$1,175
07	Cyclosporine/Tacrolimus/AZT/Activase/Erythropoietin/Growth Hormone therapy visit: \$195 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>).	\$858
09	Lithotripsy for kidney stones per kidney per day, including Radiologist services and Ultrasound procedures.	\$858
10	<i>Cancelled - Second Out-Patient visit same day.</i>	
11	Magnetic Resonance Imaging per day, including Radiologist services.	\$604
12	Radiotherapy Services.	\$312
13	Pacemakers / Cochlear Implants: 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>).	

Where applicable rates have been established based on an accumulation of costs reflective of the billing rule of one bill per patient per hospital per day.

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