

INTERPROVINCIAL OUT-PATIENT RATES

Effective April 1, 2009

<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).	\$238
02	Day Care Surgery (including hyperbaric oxygen therapy).	\$1,000
03	Hemodialysis	\$473
04	Computerized Tomography	\$677
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.	\$ 44
06	Cancer chemotherapy visit and treatment: administer chemotherapy to a cancer patient only.	\$1,111
07	Cyclosporine/Tacrolimus/AZT/Activase/Erythropoietin/Growth Hormone therapy visit: \$184 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>).	\$743
09	Lithotripsy for kidney stones per kidney per day, including Radiologist services and Ultrasound procedures.	\$743
10	<i>Cancelled - Second Out-Patient visit same day.</i>	
11	Magnetic Resonance Imaging per day, including Radiologist services.	\$662
12	Radiotherapy Services.	\$295
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.