

Annual Physical Examination Practices by Province/Territory in Canada

Note: Information is current as of August 20th, 2013, and is subject to change

Background:

In November 2012, the Ontario Medical Association and the Ontario Government reached an agreement to modify the Ontario Health Insurance Plan (OHIP) fee schedule. This agreement included changes to the annual physical examination, which prompted extensive media coverage and debate. The annual physical examination is known by multiple different names across Canada, including “comprehensive visit,” “complete physical examination,” or colloquially as a “check-up.” Given the extent of debate around the yearly physical, the College of Family Physicians of Canada’s Department of Health Policy and Government Relations undertook an environmental scan of current practices across Canada.

It is worth noting that annual physicals are not standardized and that every province has its own approach.

Rationale:

Physical examinations are an important part of fostering a relationship between a patient and their family physician, but an examination does not necessarily need to occur on an annual basis. A study by the Cochrane Review (2012) examined the benefits of general health check-ups. Evidence showed that although the number of diagnoses was increased, annual examinations did not reduce morbidity or mortality for cardiovascular or cancer causes.¹ A review of other evidence also concluded that physical examinations are unlikely to be beneficial on an annual basis for asymptomatic patients.^{1,2,3}

There is some evidence that yearly physicals are associated with improved delivery of some clinical preventive services, and can reduce patient worry.⁴ However, this information can be factored in when the family physician is deciding which preventative services are relevant to the patient and are in his/her best interest. The clinical decision to perform a physical examination on a patient should be based on medical necessity.

Observation:

The College of Family Physicians of Canada supports its members’ professional ability to make clinical decisions regarding the medical necessity of a periodic examination. We trust that family physicians are able to make informed decisions on which preventative services to include in their practice, and to communicate this on a case-by-case basis with each patient. Family physicians should also consult the fee-schedule guidelines in their respective jurisdictions, and use this source when making decisions based on clinical evidence.

¹ Krogsbøll LT, Jørgensen KJ, Grønhøj Larsen C, Gøtzsche PC. General health checks in adults for reducing morbidity and mortality from disease. *Cochrane Database of Systematic Review*, 10:CD009009.

² Bloomfield HE, Wilt TJ. (2011). Evidence Brief: Role of the Annual Comprehensive Physical Examination in the Asymptomatic Adult, *VA-ESP Project*, #09-009.

³ Pboer, S, & LaForce, M. (1989). The Periodic Physical Examination in Asymptomatic Adults. *Annals of Internal Medicine*, 110:214-226.

⁴ Boulware et al. (2007). Systematic Review: The Value of the Periodic Health Evaluation. *Annals of Internal Medicine*, 146:289-300.



PROVINCE/ TERRITORY	ALLOWS YEARLY PHYSICAL?	TERMINOLOGY	SPECIFIC DETAILS	COSTS
Alberta	Yes	“Annual Medical Examination”; also referred to as “Comprehensive Visit”	<ul style="list-style-type: none"> Comprehensive visits and/or comprehensive/major consultations may only be claimed once every 180 days per patient by the same physician. An extra fee can be added under the codes CMXC30 for “Complex Patient Consultation/Visit” - This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 30 minutes or more on management of the patient's care. 	\$88.90 (Price change on April 1, 2010. Previous rate was \$83.37)
British Columbia	No	“Complete Physical Examination”	<ul style="list-style-type: none"> Routine or periodic physical examination (check-up) is not a benefit under the Medical Services Plan. This includes any associated diagnostic or laboratory procedures unless significant pathology is found. Advise laboratory of patient's responsibility for payment.ⁱ 	Varies by patient's age and location \$70-100 in office \$88-120 out of office
Manitoba	Yes	“Complete Exam”	<ul style="list-style-type: none"> Restrictions: medical necessity, completion of all the elements of the service and compliance with Rules of Application 4 and 6. If performed within 60 days of the previous exam, only qualifies as a “subsequent visit.”ⁱⁱ 	\$85.00 (Complete) \$52.30 (Subsequent)
Newfoundland & Labrador	No	“Health Examination”	<ul style="list-style-type: none"> Health examinations are not insured under Medicare in NL.ⁱⁱⁱ However, General Assessments are permissible under section 7.9 of the MCP in Newfoundland & Labrador. They are indicated: <ul style="list-style-type: none"> (a) for the first ever visit for the purpose of initiating the use of the birth control pill. (b) when a physician admits a patient to hospital and performs the admission history and physical examination of all systems. (c) for evaluation of a patient whose acute condition(s) is/are such that based on signs and symptoms, examination of all systems is 	N/A



			medically necessary.	
New Brunswick	No	“Complete Physician Examination”	<ul style="list-style-type: none"> To meet requirements of service code 7, examination must comprise of: The taking or updating of a full past history of the patient, including family history; a detailed inquiry on the presenting complaint(s), and a comprehensive functional inquire; A physical examination pertinent to the major body systems, namely: cardiovascular, respiratory, digestive, genitourinary, musculoskeletal, hemolymphatic and nervous. Keeping a written record of all positive and pertinent negative findings, lab work, advice and treatment. 	N/A
Northwest Territories	N/A	N/A	<ul style="list-style-type: none"> No guidelines exist, as all providers are remunerated on a salary basis. 	N/A
Nova Scotia	No	“Health Examination”	<ul style="list-style-type: none"> An annual physical health examination is not an insured physician service in Nova Scotia. 	
Nunavut	No	N/A	<ul style="list-style-type: none"> No guidelines exist, as all providers are remunerated on a salary basis. 	N/A
Ontario	Yes	“Periodic Health Visit”	<ul style="list-style-type: none"> The new periodic health visit would be tailored to the specific needs of the patient. However, for patients who have a chronic disease or are diagnosed during an annual periodic health visit as having a chronic disease (e.g., diabetes, hypertension, COPD) there is no change; A003 with the applicable diagnostic code can still be submitted for payment. The new periodic health visit is defined as “a service performed on a patient who presents and reveals no apparent physical or mental illness and includes an intermediate assessment focusing on age and gender-specific risk factors, risks associated with past, family and social histories, physical examination, health screening and relevant counselling.” 	K017 – child (aged 2 to 15 inclusive) \$43.60 K130 - adolescent (16-17) \$77.20 K131 - adult aged 18 to 64 inclusive \$50.00 K132 - adult 65 years of age and older \$77.20
Prince Edward Island	Yes	“Annual Health Examination”	<ul style="list-style-type: none"> An annual health examination for the detection of disease conditions at an early stage before symptoms 	The annual pays: Age 1-2



			<p>appear is regarded as a basic health service and may <u>be claimed only once in a calendar year</u>.</p> <ul style="list-style-type: none"> A diagnosis must not be indicated on a claim for an annual health exam. If a diagnosis is indicated, the physician should claim for a complete examination. 	<p>\$33.80 Age 3-16 \$33.80 Age 17- 64 \$39.00 Age 65+ \$51.00 *increase in October</p>
Québec	Yes	“Major Complete Examination”	<p>This service requires:</p> <ul style="list-style-type: none"> Taking or updating of full past patient history Comprehensive system review Physical examination of all body systems and relevant notes <p>Restrictions:</p> <ul style="list-style-type: none"> A physician may not bill this examination more than once per calendar year with respect to the same patient (exams of hospitalised patients are not counted). This examination may not be billed by a physician who renders services in the emergency department of a hospital centre or of a CLSC that is part of the integrated duty network.^{iv} 	<p>Age 00-59 \$73.95 Age 60-69 \$77.85 Age 70-79 \$89.05 Age 80 + \$93.05</p>
<u>Saskatchewan</u> ^v	Yes	“Complete Assessment”	<ul style="list-style-type: none"> If a physician bills for a complete assessment on a patient within 42 days of another complete done on the same patient, they are remunerated a partial assessment fee. Most family physicians no longer provide a comprehensive annual exam for all patients in their practice. They establish appropriate time intervals based upon each patient’s individual circumstances. 	<p>Varies \$65.10 for complete assessment \$33.20 for partial assessment</p>
<u>Yukon Territory</u>	Yes	“Complete Examination”	<ul style="list-style-type: none"> A complete physical examination shall include a complete and detailed history and detailed physical examination with special attention to local examination where clinically indicated, adequate recording of findings and, if necessary, discussion with patient. 	<p>\$94.30</p>



- The above should include complaints, history of the present and past illness, family history, personal history, functional inquiry, physical examination, differential diagnosis, and provisional diagnosis.
- A minimum of 20 minutes in patient contact is considered necessary to bill this fee.^{vi}

N/D – No Data Available

N/A – Not Applicable

References

ⁱ [British Columbia Medical Services Commission Payment Schedule, Section 1 – Preamble to the Payment Schedule, p. 1-21](#)

ⁱⁱ [Manitoba Health, Physician’s Manual, p. Rules-2](#)

ⁱⁱⁱ [Newfoundland and Labrador Medical Care Plan \(MCP\) Medical Payment Schedule - 2013, p. A-66](#)

^{iv} [Section A - Préambule général du manuel de facturation des omnipraticiens du Québec \(French Only\)](#)

^v [Saskatchewan Ministry of Health, Physician Payment Schedule - April 2011 \(p. A.18, Code: 680A\)](#)

^{vi} [Yukon Health and Social Services, Payment Schedule for Yukon, p. 33](#)