

UHNBC MEDICAL STAFF GUIDE

Version 2022

Dear physician,

This document was created by two of our new physicians in order to ease the transition to practice for other new docs at UHNBC. The wealth of information contained within covers topics that are relevant to planning your move to Prince George, to starting up your clinic before/once you arrive, to navigating the local systems and services months or even years into the start of your practice, and to daily life for you and your family.

We hope you find this document helpful, and we welcome you to UHNBC!

Sincerely,

The UHNBC Onboarding Team

2023: Please note, some names and contact information has been redacted for purposes of Facility Engagement sharing among other MSAs.

UHNBC MEDICAL STAFF GUIDE

Version 2022

New content in this version!

- Updated content
 - Call rooms and mailroom
 - CME
 - Contact information and physician clinics in Prince George
 - Department of Psychiatry service descriptions
 - UBC teaching appointments and opportunities

- New content
 - IT Systems & Programs Summary
 - Learning Hub
 - UHNBC Leadership
 - Workplace Health and Safety

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Coming soon to UHNBC!

- GP Surgical Assist Self-Scheduling in ByteBloc
- New surgical tower with interventional cardiology suite
- SaferCare (fully electronic charting, order entry, etc.)
- Updated location of call rooms and mail room
- Upgraded UHNBC/NH website

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Version 2022

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1. CERTIFICATION AND CREDENTIALS

- a. **Register with the [Medical Council of Canada \(MCC\)](#)**
 - The MCC registers and tracks physicians on a national level, and it coordinates provincial licensing applications
 - The MCC grants the designation [Licentiate of Medical Council of Canada \(LMCC\)](#) after successful completion of the Medical Council of Canada Qualifying Exam (MCCQE) Parts 1 & 2 and 12 months of post-graduate training
 - MCC [Route to Licensure](#)
 - LMCC designation is not a license to practice medicine

- b. **Obtain malpractice insurance**
 - Get coverage from the [Canadian Medical Protective Association \(CMPA\)](#) for the correct specialty and province for your practice
 - CMPA [Application](#) and [CMPA 2021 Dues](#)
 - The benefits of CMPA coverage are:
 - Legal advice regarding complicated medico-legal situations (ex: unexpected deaths, patient care involving criminal cases, preparation for testifying)
 - Legal representation during patient complaints/civil actions

- c. **Obtain and maintain national certification**
 - Family Physicians
 - [College of Family Physicians of Canada \(CFPC\)](#)
 - [CFPC Membership](#)
 - [CFPC Exams](#)
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 - [RCPSC Membership Qualifications and Designations](#)
 - [RCPSC Membership FAQs](#)
 - [RCPSC Membership Dues](#)
 - [RCPSC Exams](#)
 - [RCPSC Transition to Practice Guide](#)
 - Participate in Maintenance of Certification (MOC)
 - [Family Physicians](#) log credits with [MainPro](#) through the CFPC
 - [Specialists](#) log credits with [MainPort](#) through the Royal College
 - Download the app for easy MOC entry and tracking ([Apple](#) or [Android](#))

- d. **Obtain provincial licensing.**
 - [College of Physicians and Surgeons of British Columbia \(CPSBC\)](#)
 - Provincial licensing requires national certification, provincial licensing eligibility, active CMPA insurance, criminal record check, [viral blood infection testing](#) and [registration](#), personal references, etc.
 - [CPSBC Registration and Licensing](#) for [General Practitioners](#) and [Specialists](#)
 - If you have registered and are waiting to write the Royal College exams you

can apply for a provisional provincial license, which can be upgraded to a full license once you have successfully completed the exams

- If you require a provisional license, you will need a fully licensed staff to act as your sponsor/supervisor
 - If you have already successfully completed the Royal College exams you can apply for a full independent license
 - You will get a College of Physicians and Surgeons ID (CPSID)
 - Apply for your license using the [MCC Physicians Apply](#) portal
 - You will need a [Medical Identification Number for Canada](#) (MINC)
 - Ex: CAMD-1234-5679
 - Canadian medical students/residents will already have this
 - If you do not have an MINC you will [fill out a form](#) for the CPSBC
- e. **Obtain an MSP billing number for remuneration**
- Doctors in British Columbia are [remunerated](#) in several ways:
 - Fee-for-service: doctors track their billable patient encounters and submit invoices to MSP using negotiated fee schedules
 - [Alternative Payments Program](#) (APP): doctors get a combination of fee-for-service and salary
 - [Group Contracts for Family Practitioners](#): for established GPs in a group practice who want to move away from the fee-for-service model
 - [Rural Practice Programs](#): doctors in rural communities are given an annual flat fee and an ongoing premium rate on-top of regular billings
 - [Medical On-Call Availability Program](#) (MOCAP): doctors in certain communities get call stipends in addition to their on-call billings
 - [Teaching faculty contracts and stipends](#)
 - Get a [billing number](#) for the [BC Medical Services Plan](#) (MSP): fax [this form](#)
 - Get an MSP [Teleplan DataCentre](#) (to submit electronically): fax [this form](#)
 - Submit billings using the codes in the MSP [Payment Schedules](#)
 - These are the codes and rules for billable patient encounters
 - Keep in mind these codes change frequently
- f. **Obtain UHNBC hospital privileges, site access, and IT accounts**
- Hospital privileges require certification, licensing, and references
 - Privileges could take 4-6 weeks to obtain
 - Delays are most commonly due to incomplete applications/referral letters
 - If you are due to start soon and you have not been contacted about privileges email UHNBCMedicalAdmin@northernhealth.ca
 - For more information read the UHNBC Medical Affairs [website](#)
 - To obtain privileges for other sites please contact those sites directly or contact the Northern Health Privileging office at NHAppointment@northernhealth.ca
 - IT services
 - 1-888-558-4357
 - IT [Support](#)
 - IT [Support Escalation](#)

- Medical Affairs will arrange the following for you:
 - IT Accounts
 - ByteBloc
 - Emergency Department Information System (EDIS)
 - Enterprise Imaging
 - Northern Health computer access and email account
 - Northern Health electronic charting (PowerChart)
 - Support: powercharttraining@northernhealth.ca
 - Course: [Basics 101](#)
 - Course: [Basics 102](#)
 - Course: [Electronic Documentation](#)
 - [MicroBlogMD](#) (UHNBC secure staff messaging system)
 - Site information
 - Facility access card/ID
 - Facility Engagement Management (FEM) information
 - Medical Staff Association (MSA) information
 - Medical staff contact list
 - Physician mailbox (location of which is changing soon due to ongoing renovations to the MRI waiting room)
 - Transcription Services
 - To contact dictation services call 1-844-565-5950
 - To dictate dial 502020 from an NH phone or call 1-844-771-3958
 - Dictation ID is your MSP number
 - Dictation site number for UHNBC is “11”
 - Dictation work types and keypad functions will be provided to you
 - Dictations should be done promptly
 - Delinquent dictations will be flagged and charts will be set aside under your name in the medical records department (in the basement)
 - Failure to complete medical charting in timely fashion may result in loss of hospital privileges
- You will need to arrange the following yourself:
 - CareConnect access (click “eHealthViewer” in Powerchart to get access)
 - [CIX Provider Activation](#) to get lab results to your office
 - [CDX EMR](#) lab result exchange
 - Call the IT helpdesk to get access
 - You will need to go through this process every time you move to a new physical office space
 - [Excelleris](#) to get electronic charting from Cerner to your office
 - N95 fit testing (call the UHNBC switchboard operator and ask for staff N95 Fit Testing bookings)
 - Parking
 - Outside
 - City street parking is free for up to 2 hours
 - Lot parking passes are purchased through Impark (If you are driving a rental/borrowed car call Impark at 1- 250-563-8430 to register your call for that day)

- Underground
 - Underground parking passes are purchased
 - Call Plant Services a 250-565-2270 to get on the waitlist
 - Pathways BC
 - Pathways is a tool that helps GPs make referrals
 - To search for a consultant use the Pathways [website](#)
 - For more information watch the Pathways [video](#)
 - To register yourself contact northernregion@pathwaysbc.com
 - Remote access for NH computer systems
 - Call the IT helpdesk to get access
 - Switchboard listing
 - Call the hospital switchboard before your start date and give them your business contact information, and your personal cell/pager so that other doctors can find you through switchboard

- g. **Familiarize yourself with Northern Health rules, regulations, and resources**
 - Northern Health [medical staff rules and bylaws](#)
 - Northern Health [policies and procedures](#)
 - Northern Health [workplace health safety](#)

- h. **Obtain UBC teaching faculty credentials**
 - UHNBC is the main teaching hospital for the [Northern Medical Program](#) (NMP) at the [University of Northern British Columbia](#) (UNBC), and is a distributed site of the [University of British Columbia](#) (UBC) [Faculty of Medicine](#)
 - Doctors at UHNBC must obtain UBC/UNBC faculty credentials
 - Eligibility and credentialing depend on citizenship/immigration status, provincial medical license status, and on the specific requirements of your department (Medicine, Surgery, Obstetrics, etc., are all slightly different)
 - The application process can take weeks to months to complete
 - Remuneration for clinical teaching depends on your contract
 - Contact Amber Rushton at amber.rushton@unbc.ca
 - [UBC Clinical Faculty Page](#) and [teaching resources and opportunities](#)
 - [UNBC Clinical Faculty Page](#), [Faculty Development](#), and [teaching opportunities](#)
 - Case Based Learning (CBL) Tutor (on campus at UNBC)
 - Clinical Skills (on-site at UHNBC)
 - Didactic Lectures (on campus at UNBC)
 - Elective Preceptor
 - Family Practice preceptor
 - FLEX Advisor
 - FLEX Project supervisor
 - OSCE Examiner
 - Rural Family Practice preceptor
 - Seminar or Workshop Leaders (at UHNBC)
 - You will need a [Campus Wide Login](#) (CWL) to access UBC services/systems

2. STARTING A PRACTICE

a. Register with Doctors of British Columbia (DoBC)

- DoBC [Applications](#) and [Dues](#)
- DoBC membership has many [benefits](#) including:
 - Insurance
 - CMPA insurance rebates
 - Extended health/dental Insurance for you, your family, and your staff
 - Critical Illness Insurance
 - Physician Disability Insurance
 - Professional Expense Insurance
 - Accidental Death Insurance
 - Term Life Insurance
 - Retirement/Leave Support
 - [Contributory Professional Retirement Savings Plan \(CPRSP\)](#)
 - Parental leave
 - Practice Support
 - Physician Health Program (24/7 anonymous support at 1-800-663-6729)
 - COVID-19 PPE and Office Restructuring grants
 - Continuing Medical Education (CME) funding
 - [Rural Education Action Plan \(REAP\)](#)
 - Representation of physician interests to provincial government
 - Club MD deals and savings on:
 - Amusement/entertainment
 - Car purchase/lease
 - Car rental
 - Electronics and telecommunications
 - Financial and legal services
 - Food and beverage
 - Hotels
 - Office management
 - Skiing
 - Sporting events
 - Sports/fitness/wellness
 - Travel

b. Consider registering with [Canadian Medical Association \(CMA\)](#)

- CMA membership has many [benefits](#) including:
 - Access to medical journals, educational resources, and clinical applications
 - Access to financial advising and investments by [MD Financial](#)
 - In 1969 the CMA created MD Financial which offers financial advising and investments (not just for doctors anymore)
 - MD Financial does not charge for its services,
 - MD Financial Advisors are on salary and do not receive commissions for any of the products they enroll/sell
 - MD Financial is currently also partnered with Scotiabank, and their

- investment products are Scotiabank products
- Access to discounts on various personal/business-related products and memberships (gym/exercise, travel, car rental, car purchase, etc.)

c. **Establishing an office**

- [Business license](#) from the City of Prince George
- Charting
 - See the CPSBC [standards for medical records](#)
 - See the following CMPA articles on medical records:
 - [Accessing personal health information](#)
 - [Writing with care](#)
 - [How to manage your medical records](#)
 - [Protecting patient health information in electronic medical records](#)
 - [My patients, my records?](#)
 - Paper charts: many doctors still prefer paper charts; if you choose this option keep in mind the safe storage requirements
 - Electronic Medical Records (EMR) are sold by various [vendors](#)
 - [Accuro](#) (popular among specialists locally)
 - [MOIS](#) (popular among general practitioners [locally](#))
 - [Plexia](#) (popular among ophthalmology)
 - [Telus](#)
- Location
 - You may be offered clinic space with your position
 - The Division of Family Practice often helps GPs find a clinic
 - Other locations where many local doctors have clinic
 - [Aspen Medical Clinic](#)
 - Aurora Medical Clinic
 - [Azure Building](#)
 - [Cottage Medical Building](#)
 - [Heritage Medical Building](#)
 - [HSBC Building](#)
 - [John G. Mckenzie Family Practice Centre](#)
 - [Phoenix Medical Building](#)
 - Michael Beaulieu, Assistant Building Manager, (250) 563-6620
 - Shawn Madu, Building Manager, (250) 563-6620
 - [Prince George Surgery Center](#) (a private elective surgical center)
 - Privately owned building in the downtown core
 - [RBC Building](#)
 - Two Rivers Medical Clinic
 - [Victoria Medical Building](#)
 - Rodney Unger, Building Manager, (250) 563-5115 or (250) 640-8599
- Phone and fax
 - Main phone line (primary phone line that goes to your front desk)
 - “Hot line” (secondary phone line that goes to your personal desk)
 - Many doctors choose to have a “hot line” that they can give out to other medical professionals to decrease to expedite urgent staff-to- staff calls

- during busy clinics, and decrease the call burden for their front desk staff
 - Traditional hard fax line that links to a traditional fax machine
 - Electronic fax line (e-fax) that goes directly into your EMR; contact your EMR provider to ask what your options are
- Staff
 - You must comply with [Employment Standards and Workplace Safety](#)
 - Recruiting
 - Word-of-mouth is the best way to find a medical office administrator (MOA) - if you are joining an existing specialty group we recommend you reach out to them and ask their MOAs for advice on names of people who might be looking for work
 - Advertise: MOA jobs are also often posted on online job boards, newspapers, and social media
 - Interviewing: we suggest you conduct interviews in a neutral space, and if you are joining an office we suggest you have one member of the existing administrative staff present
 - Job Description
 - We suggest using either a part-time or full-time designation
 - We suggest using a 3- or 6-month probationary period
 - [MOA Wages in BC](#): low \$15/hr, median \$23/hr, high \$34/hr
 - Most doctors in Prince George do not offer extended health/dental or RRSP contributions to their MOAs, instead most MOAs are given competitive wages and 2-4 weeks of vacation time per year (in addition to provincially mandated sick time)
 - We suggest negotiating wages and benefits (vacation time, health/dental, parking, RRSPs, etc.) with your prospective MOA
 - Payroll
 - Obtain a Canada Revenue Agency (CRA) [My Business Account](#)
 - [Calculate](#) and [submit](#) CRA [payroll remittances](#)
 - We suggest obtaining bookkeeping services from a local accountant to perform regular payroll and remittance calculations and submissions for you
 - Payroll remittance dates vary, talk to your bookkeeper
 - Generate [T4 slips](#) at the end of each tax year
 - Obtain a CRA [Record of Employment](#) (ROE) Web Account to make ROEs for former employees
 - Locums
 - Many doctors use locum tenens coverage to support personal leave, parental leave, educational leave, and for recruitment
 - Review the CPSBC [guidelines for locums](#) and contact your Department Head regarding requirements and regulations for locums
 - Advertise and search for locum tenens coverage with:
 - [HealthMatch BC](#)
 - [Rural Coordination Centre of BC](#)
- WorkSafeBC
 - [WorkSafeBC](#) is the BC equivalent of Worker's Compensation Board (WCB)

- As an employer in BC you are required to maintain health and safety standards for your employees, and you can obtain coverage for your employees
 - [Application for coverage](#)
 - [Cost of coverage](#)
 - [Claim submission](#)
- As a physician you may need to submit billings to WorkSafeBC
 - Guidelines for [Physicians](#) and [Specialists](#)
 - Reporting
 - The patient's [employer must submit a report](#)
 - The [patient must submit a report](#)
 - You can view your patient's [claim status](#)
 - The [doctor must submit a report](#)
 - The [doctor must submit a form 8/11](#) if the patient's injury will result in disability beyond the day of injury
 - [Billing with WorkSafeBC](#)

d. **Financial Planning**

- Financial incentives for Prince George physicians
 - Continuing Medical Education (CME): DoBC funding and NH fundings
 - MOCAP
 - Variable amount on-call stipend for eligible specialties
 - MOCAP contracts often stipulate a response time for required patient assessment/consult, typically 15 or 20 minutes, and this will impact your housing choices/options
 - Recruitment incentive: \$15,000 one-time bonus
 - Relocation stipend: \$9,000-15,000 one-time stipend depending on distance
 - Rural retention premium: \$12,668 maximum annual fee prorated to days worked, starts 9 months after practicing in an eligible community and is automatically deposited on a monthly basis
 - Rural retention premium: automatic billing top-up by MSP, 12.6% for PG
 - [Rural Emergency Enhancement Fund \(REEF\)](#): annual funding to encourage reliable access to emergency services in all hospitals in Northern Health
 - [Rural Education Action Plan \(REAP\)](#): DoBC annual funding for rural CME
 - Contacts:
 - Physician.Compensation@northernhealth.ca
 - Jayleen.Emery@northernhealth.ca
- Incorporation and financial planning
 - As small business owners, doctors in Canada do not have group pension/retirement plans, or maternity/sick leave
 - Many doctors choose to incorporate as a small business as part of their long-term financial planning
 - Incorporating as a small business has the benefit of tax deferral
 - In the short-term/yearly tax calculations you benefit from lower business tax rates, and you can use more of your gross annual income to participate in investing for your retirement savings
 - In the long-term you will have to pay taxes on everything you earn but you

will hopefully have more investment abilities and more capital in the long-term

- Regardless of whether you incorporate or not, you are eligible for income tax deductions for eligible business expenses
- We strongly recommend you meet with a financial advisor, an accountant, and a lawyer, to discuss the pros, cons, costs, and timelines of incorporation, and to discuss the rest of your financial planning as the ideal plan will vary for each individual (see Chapter 5 Personal Matters)
- We strongly recommend you talk to an accountant as early as possible regarding planning for your annual tax returns
- Student loan forgiveness
 - [StudentAidBC Loan Forgiveness](#)
 - Prince George is considered an underserved community and thus you may qualify if you have students loans issued in BC
 - [Canada Student Loan Forgiveness for Family Doctors](#)
 - For those with a Canadian National Student loan who spend time in communities that are more rural/remote than Prince George
 - Be very careful with your dates
 - Call to confirm accuracy before submitting
 - Turnaround time is long, but financial benefits are worth the wait

3. DAY-TO-DAY PRACTICE

a. Medical specialties in Prince George

- Anesthesia
 - Services
 - Airway support (ER, trauma, ICU, etc.)
 - Acute pain: post-op patients and non-operative patients with difficult pain control (pancreatitis, non-operative trauma, palliative) may require epidural/PCA management by anesthesia, as these order sets cannot be used by non-anesthesia staff
 - Chronic pain: daily chronic pain clinic (referrals required), interventional procedures and comprehensive pain consultations
 - Epidural placement: epidural requests for Labour & Delivery go to the anesthesiologist on-call, who may be working a regular OR slate that day, so early consultation is advised to allow for planning/triaging between booked OR cases, or asking for a second staff to assess if the on-call anesthesiologist cannot leave the OR for an extended amount of time
 - General anesthesia
 - Medical Assistance in Dying (Dr. Rose)
 - Pediatric anesthesia > 2 years of age
 - Pediatric dental anesthesia
 - Pre-anesthesia clinic (PAC)
 - Operates M/W/F
 - Surgeons refer patients via the OR Booking Card for pre-op anesthesia consultation (ex: high risk airway, high risk surgery, high risk post-op ICU needs)
 - Procedural sedation
 - Cardioversion, electroconvulsive therapy, endoscopy, fluoroscopy
 - Requesting service to book as needed through OR booking or directly with anesthesia
 - Call
 - 0700-1530 must be on-site at all times
 - 1530-0700 home call, must be available within 20 minutes
 - OR
 - OR day runs from 0730-1500
 - Team huddle with anesthesia/surgery/nursing at 0730

- Critical Care
 - Department
 - The UHNBC ICU is the central ICU for all of Northern Health
 - UHNBC Intensive Care Unit (ICU): a closed unit, 10 beds
 - UHNBC Infectious Disease Unit (IDU): a closed unit, COVID-19 patients only, open depending on caseload
 - UHNBC High Acuity Unit (HAU): previously an open unit, is in transition to becoming a closed unit
 - Call
 - Monday to Sunday, 0800-1800, must be on-site at all times
 - Monday to Sunday, 1800-0800, must be available by phone at all times and must be available in-person within 20 minutes
 - Rounds
 - Daily bedside rounds at 0900
 - Handover rounds at 0800 and 1800
 - Nightly rounds as agreed by Intensivist and ICU Charge Nurse
 - Critical Care Outreach Team (CCOT)
 - ICU RN (charge nurse) and a respiratory therapist
 - ICU MD available if requested by the RN
 - Dialysis
 - ICU staff perform their own Continuous Renal Replacement Therapy (CRRT)
 - Organ Transplantation
 - ICU has leadership role in organ transplantation in the north, including donation after cardiac death (DCD) and after brain death (DND)

- Emergency Medicine
 - Staff
 - FRCPC, CCFP-EM, CCFP
 - Social Work (QRP) - generally daytime hours
 - Psychiatry Liaison Nurse (PLN) - generally daytime hours
 - Department
 - Nursing handover is at 0700 and 1900
 - Triage: 1 triage desk, 1 patient registration desk, 2 beds across from triage
 - Main ER (CTAS I-III): 21 bays, 15 standard beds, 2 trauma bays, 1 isolation room, 1 gynecology room, 1 ENT room, 1 suture room
 - Minor ER (currently used for admitted patients)
 - Rapid Assessment Zone or “RAZ” (CTAS II/III): 2 beds, 4 recliners
 - COVID tent: the ambulance bay beside the entrance to the ER has been turned into a negative pressure assessment area for patients with possible COVID symptoms
 - Scheduling (may be subject to change):
 - Done in Bytebloc
 - Acute (double coverage during COVID)
 - Casino 0300-0930
 - Early 0630-1300
 - Morning 0930-1630
 - Day 1230-2000
 - Afternoon 1600-2330
 - Dusk 1930-0330
 - Overnight 2300-070
 - Streaming
 - STRM 1 1000-1600
 - STRM 2 1600-2200
 - Respond to Code Blue calls as needed
 - Trauma Team Leader (TTL): 0600-1800 and 1800-0600, on site in 20 minutes
 - Trauma Team Activation
 - LEVEL 1: anesthesia, TTL, general surgery, orthopedic surgery, radiologist, lab tech, CT tech, x-ray tech, social work
 - LEVEL 2: TTL, general surgery, orthopedic surgery, radiologist, lab tech, CT tech, x-ray tech, social work (NO ANESTHESIA)
 - General Surgery will be alerted of the trauma team activation but may not attend in-person unless called by the TTL

- General Practitioners
 - Department of Family Medicine: GPs who provide in-hospital care at UHNBC
 - Division of Family Practice Prince George: all GPs who provide care in PG
 - The goal of the DFP is to organize and improve primary care in Prince George, support GPs in Prince George (educational activities, practice supports, locums, IMGs), and engage with the provincial groups on behalf of Prince George GPs
 - Specialty Interests
 - Addictions (Drs. Freeden, Preston, Prigmore)
 - Anesthesia (GP-A)
 - Chronic pain
 - Clinical Associates (CA) in Internal Medicine
 - Dermatology
 - Eating disorders
 - Emergency Medicine
 - Gender/Transgender Medicine (Dr. Cosio)
 - Geriatrics
 - Indigenous health
 - Internal Medicine
 - [Medical Assistance in Dying](#) (Drs. Geddes, Larson)
 - Obesity (Drs. Key, Touhey)
 - Obstetrics groups
 - Drs. Brenckmann/Butow/Geddes/Larson/Siemens
 - Drs. Closson/Joss/Key/MacNicol/Textor
 - Drs. Enos/Johnson/O'Malley/Nimmo/Zimble/Yu
 - Drs. Schokking/St. Rose/Youssef
 - Dr. Riome-York
 - Midwife group
 - Palliative care (Dr. Grose)
 - Psychiatry
 - Surgical Assisting
 - Trauma Team Leader (TTL)
 - Inpatient care
 - Call
 - UHNBC does not have a dedicated hospitalist service, it has a “Doctor of the Week” service which is a “hospitalist like” service that can be consulted for admissions/transfers of care for patients who are unattached or from out of town (physicians who do not have hospital privileges are encouraged to network with other physicians who do in order to ensure care of their inpatients)
 - Admissions
 - Patients are often admitted to their own GP
 - GPs in Prince George provide phenomenal continuity of care for their patients and often round on them even admitted to other services
 - Family Medicine Unit (FMU), Primary Medical Care Unit (PCMU)

- Internal Medicine
 - Specialties
 - Allergy & Immunology must be referred to Vancouver
 - Cardiology
 - Adult congenital heart disease (was visiting pre-COVID)
 - Echocardiography
 - Pacing
 - Dermatology (visiting)
 - Endocrinology
 - Infectious Diseases
 - Gastroenterology
 - General Internal Medicine
 - Geriatric Medicine (visiting)
 - Neurology (local and visiting)
 - Nephrology
 - Respiriology
 - Rheumatology
 - Call
 - 24/7
 - Call switchboard and be sure to ask for the correct person:
 - There is one Internist on-call for patients inside the UHNBC emergency room ONLY
 - There is one Internist on-call for patients outside the hospital and patients admitted to other doctors (even if those patients are still physically in the emergency room)
 - If you need a specific subspeciality and aren't sure who to call start by calling the Internist on-call (see above)
 - Nephrology has its own call schedule which you can access by calling the Dialysis Unit (Switchboard will not have this information)
 - Patients consulted to (and not admitted to) Internal Medicine will be followed by the GIM or CTU teams during the week but may not always be covered over the weekend.
 - Inpatient care
 - On call team rotates every 24hrs (eg. one day it is CTU next day it is GIM)
 - Clinical Teaching Unit (CTU) team:
 - Internist on for one week at a time
 - UBC R2/R3, NMP R1/R2, NMP CC3/CC4, CAs
 - General Internal Medicine (GIM) team:
 - Internist on for one week at a time
 - CAs (GPs) and a clinical pharmacist make up rest of the team
 - Wards
 - Internal Medicine Unit (IMU)
 - High Acuity Unit (HAU)
 - Internal medicine patients may be admitted to other wards in the hospital depending on bed capacity

- Outpatient care
 - Clinics
 - Diabetes Clinic
 - Heart Function Clinic
 - Rapid Access Clinic
 - Purpose: to see complex GIM presentations in an effort to decrease preventable hospital admissions
 - Services: urgent outpatient assessments, preoperative assessments
 - Wait time: referrals are usually seen within 1 month
 - Duration of care: the consulting Internist will decide based on the patients needs whether they will be discharged back to their GP or followed long-term by the RAPID Access Clinic
 - Regional Clinics (for visiting specialists)
 - Visiting specialists work out of UHNBC clinics on the 1st, 2nd, and 5th floors
 - Contact Deb Woods at 250-649-7135
 - Thrombosis
 - Inpatient issues can be referred to the GIM Consult Service if needed, and the Clinical Pharmacist for each inpatient unit can also provide advice/support particularly with help regarding costs and completion of special authorization forms
 - Outpatient issues can be referred to the GIM Rapid Access Clinic

- Obstetrics & Gynecology
 - Specialty Interests
 - Chronic pelvic pain
 - CINH outreach clinic
 - Colposcopy
 - High risk obstetrics
 - Fertility
 - Gender/Transgender
 - Gynecologic Oncology (outpatient clinic at BCCA)
 - Pediatric gynecology
 - Primary prenatal
 - Low risk singleton pregnancies are followed by GP- OB/midwives
 - High risk singleton pregnancies are followed by GP-OB and OBGYN together
 - Twin/multiple pregnancies are followed by OBGYN
 - Two Pediatricians are on-site for twin deliveries
 - Therapeutic Medical & Surgical Abortion (up to 14 weeks)
 - Urogynecology
 - Call
 - OBGYN available 24/7 through switchboard
 - GP-OBs call groups (separate from Ob/Gyn calls schedule)
 - Drs. Brenckmann/Butow/Geddes/Larson/Siemens
 - Drs. Closson/Joss/Key/MacNicol/Textor
 - Drs. Enos/Johnson/O'Malley/Nimmo/Zimble/Yu
 - Drs. Schokking/St. Rose/Youssef
 - Dr. Riome-York
 - Midwife group
 - Options for urgently referring a pregnant woman from clinic to hospital
 - If patient is unattached call ER to the gestational age and presentation and they will advise as to whether or not the patient should go to ER or present directly to LDR
 - If patient has primary prenatal care, call the patient's GP- OB/OBGYN and ask for advice

- Oncology
 - [BCCA Prince George - Centre for the North](#)
 - Specialties
 - Hereditary Cancer Program
 - Medical Oncology
 - Radiation Oncology
 - Call
 - Monday to Friday 0800-1600
 - BCCA Urgent Physician Access Line 250-645-7328
 - The secretaries will ask numerous clarifying questions in order to direct your call to the most appropriate person
 - Evenings and weekends
 - RadOnc is available evenings and weekends
 - There is no MedOnc coverage evenings and weekends
 - Referrals
 - Any tumour site that is ever resected should be referred to the appropriate surgeon first, and then the surgeon will make the BCCA referral at the appropriate time (even in Stage IV cancer surgery can play an important role but it must be thought of early)
 - Staging imaging should be ordered by the surgeon/oncologist to prevent confusion/inappropriate tests
 - Multidisciplinary conferences
 - See APPENDIX H
 - For BCCA PG rounds email CNSecretaries@bccancer.bc.ca
 - For all other rounds fax a request form to 604-877-6013
 - Please note pathology does not attend the BCCA PG conference

- Pathology
 - General Anatomic Pathology
 - Laboratory Medicine
 - Transfusion Medicine

- Pediatric Medicine
 - Specialties
 - General Pediatrics
 - No primary care, consultation services only
 - Referrals can be made directly to individual pediatricians
 - *Pediatric Cardiology coming soon*
 - NICU
 - Visiting/Virtual Subspecialties from BC Children's Hospital
 - Developmental
 - Cerebral Palsy
 - Endocrinology
 - Gastroenterology
 - Genetics
 - Hematology
 - Nephrology
 - Neurology
 - Ophthalmology
 - Respiriology
 - Cystic Fibrosis
 - Rheumatology
 - Urology
 - Call
 - CTU model
 - Staff are “on-service” Friday at 1600 to Friday at 1600
 - Daytimes (including weekends) are covered by the “on-service” staff (mostly in-house)
 - Evenings are covered by “off-service” staff (home call)
 - Clinics
 - Ambulatory Care (Pediatricians)
 - Asthma (Drs. Abelson, Chaudhry)
 - Diabetes (Drs. Earl, Chaudhry, Malks-Jjumba, Miller)
 - Eating Disorders Clinic (GP, RN, no pediatricians)
 - Gender Clinic (GP, no pediatricians)
 - Northern Health Assessment Network (NHAN) for assessments for possible Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, Complex Developmental Behavioural Conditions
 - Rapid Access Clinic (Pediatricians)
 - For semi-urgent referrals from ER/walk-in-clinics
 - Fax referrals to 250-565-5824
 - Suspected Child Abuse and Neglect Clinic (SCAN)
 - Pediatrician, GP, RN, SW
 - A regional community-based, multidisciplinary program located in Prince George, providing enhanced health assessments for children of suspected or confirmed child abuse and neglect
 - Clinic services include medical examination, psychosocial assessment, nursing services, psychological assessment, professional consultation

and training, preparation of medical/legal forensic reports.

Recommendations are made for community follow-up services, as appropriate

- 4186 15th Ave Prince George BC V2M 1V8
- Phone: 250-565-2120
- Fax: 250-562-1434“
- Teaching Clinic
- Outreach and virtual clinics
 - Burns Lake (Dr. Hughes)
 - Dawson Creek (Dr. Strong)
 - Fort St. James (Dr. Hughes)
 - Fraser Lake (Dr. Hughes)
 - Haida Gwaii (Drs. Miller, Percy)
 - Mackenzie (Dr. Abelson)
 - McBride (Dr. Strong)
 - Quesnel (Dr. Chaudhry)
 - Vanderhoof (Dr. Hughes)

- Psychiatry
 - Call
 - Psychiatrist 24/7
 - Psychiatry Liaison Nurse (PLN) – generally daytime hours
 - In most cases it is easiest to contact the Psychiatrist directly, and in the ER it may be more useful to contact the PLN first
 - Inpatient Units
 - 3NE: locked floor, 20 adult psychiatric beds, 4 psychiatric ICU beds
 - Adolescent Psychiatric Assessment Unit (APAU) for patients aged 12+
 - Outpatient [Mental Health Clinics and Services](#)
 - Adult Psychiatry
 - Acquired Brain Injury (ABI)
 - Adult and Youth Detox
 - Adult Addictions Day Treatment Program (AADTP)
 - Assertive Community Treatment (ACT)
 - Community Mental Health and Addiction
 - Developmental Disability Mental Health (DDMH)
 - Early Psychosis Intervention (EPI)
 - Eating Disorders Clinic (EDC)
 - Electroconvulsive Therapy (ECT)
 - Geriatric Psychiatry
 - Intensive Case Management Team (ICMT)
 - Ketamine therapy
 - Opioid Agonist Therapy (OAT)
 - Pediatric Psychiatry
 - Psychiatry Primary Care Team Resources
 - Psychiatry [RACE](#) line
 - Psychotherapy (including CBT)
 - Virtual Psychiatry Clinic (for non-urgent cases)

- Radiology
 - Specialties
 - General radiology
 - Interventional radiology
 - Call
 - Daytimes (Monday to Friday 0800-1600):
 - There is usually one Radiologist assigned to each modality
 - Call the Radiology Hotline 250-645-6460
 - Evenings from 1600 to 0800: call Switchboard
 - Weekends from 0700 to 0700: call Switchboard
 - For routine/outpatient studies
 - Fax the correct requisition to the correct number
 - Requisitions will be reviewed by the following business day
 - For URGENT studies/procedures
 - Fax the correct requisition to the correct number AND
 - Monday to Friday 0800 to 1600: call the Hotline
 - Evenings and weekends, but study not required until the following day: leave a message on the Hotline
 - Evenings and weekends: call the radiologist on call
 - For EMERGENT studies/procedures
 - Ex: hot stroke, trauma, testicular torsion
 - Fax the correct requisition to the correct number AND:
 - Monday to Friday 0800 to 1600: call the Hotline
 - After hours: call the radiologist on call

- Surgery
 - Call
 - General Surgery: 24/7 home-call
 - Vascular Surgery:
 - no call schedule
 - call General Surgeon on-call Vascular Surgery directly
 - Ophthalmology: 24/7 home-call
 - Oral & Maxillofacial: variable availability
 - Orthopedic Surgery: 24/7 home-call
 - Otolaryngology: variable availability
 - Plastic Surgery: variable availability
 - Urology: 24/7 home-call
 - Ambulatory Care (AMBC)
 - Procedures can only be booked by physicians with appropriate credentials and privileges
 - Elective: the physician will submit a booking form or general requisition form (depending on the procedure) to Ambulatory Care, who will contact your patient with preparation/fasting/check-in details
 - Urgent
 - Daytime 0800-1400: call AMBC through switchboard
 - Evenings/weekends: call the on-call AMBC cellphone through switchboard for urgent endoscopic procedures
 - There is a separate AMBC form for patients with pacemakers
 - Operating Room
 - Procedures can only be booked by physicians with appropriate credentials and privileges
 - Elective: the surgeon faxes a complete booking package to the OR Booking Office, and the OR Booking Office creates/manages the OR slates/schedules, schedules pre-op appointments and procedures, and informs patients of their date and time, and confirms details such as fasting instructions
 - Urgent: the surgeon will book the case with the OR desk and they will be triaged by urgency and date/time booked
 - Surgical assists
 - Surgeons arrange their own surgical assists for all cases
 - There is a list of interested GP surgical assists at the OR desk
 - Overnight ER staff, GP-OBs, and other surgeons, may be able to help assist in an emergency.

b. Medical Services in Prince George

- Allied health and specialty service clinics
 - Burn clinic
 - Cast clinic
 - Clinical Pharmacy
 - Day care IV therapy
 - [Diabetes Clinic](#)
 - Dialysis
 - Continuous Renal Replacement Therapy (CRRT) by ICU
 - Hemodialysis by Nephrology
 - Inpatient done in the Dialysis Unit only
 - Outpatient done in the Parkwood Dialysis Centre
 - Peritoneal dialysis by Nephrology
 - Dietary Services
 - Malnutrition screening
 - Nutrition education
 - Enteral/Oral nutrition
 - Parenteral nutrition
 - Enterostomal therapy (ET)
 - Heart Function Clinic
 - [Long-term Care \(LTC\)](#)
 - Medical Interpreter Services (MIS) for the hearing impaired
 - Support is available 24/7 and is covered by MSP
 - Daytime appointments: 1-877-736-7012
 - Emergency evening/weekend video interpreter: 1-778-990-7391
 - Nurse Practitioners in Family Medicine (NP-F)
 - [Northern Health Connections Bus](#)
 - Occupational therapy (OT)
 - Pacemaker clinic
 - [Palliative care](#)
 - Paracentesis, pleurocentesis, and thoracentesis
 - Perinatal care
 - Doula ([Cindy Black](#))
 - [Lactation consultation](#)
 - Midwives
 - Prenatal education
 - Physiotherapy (PT) and Physical rehabilitation
 - Primary Care Teams
 - Northern Health has [Primary Care Teams](#) that provide collaborative multidisciplinary care to address a wide variety of patient needs
 - Primary Care Teams may consist of (but do not always include):
 - Team leader (GP or NP)
 - Primary care nurse
 - Mental health and substance abuse professional
 - Social worker
 - Occupational therapist (OT)

- Physiotherapist (PT)
- Life skills worker
- Licensed practical nurse
- Primary care assistant
- Traditional health
- There are 7 primary care teams for Prince George that are centered/organized around the various primary care providers
 - Northern Health Interior Unit (Teams 1-4)
 - Parkwood Place Mall (Team 5)
 - Urgent and Primary Care Centre (Teams 6-7)
 - Contact 250-565-2612
 - For a full listing of care teams in Northern Health see [here](#)
- [Rapid Access to Consultative Expertise](#) (RACE Clinic)
 - GIM staff who provide on-demand rapid consultation
- Regional clinics
 - Visiting specialists work out of UHNBC clinics on the 1st, 2nd, and 5th floors
 - Contact Deb Woods at 250-649-7135
- [Regional Pain Clinic](#)
- Respiratory therapy (RT) and spirometry
- Social work (SW)
- Sleep studies
- Speech language pathology (SLP)
- Diagnostic Imaging
 - UHNBC Diagnostic Imaging
 - Services: US, XR, fluoroscopy, CT, MR, nuclear medicine scans, mammography, bone densitometry, echocardiography, interventional radiology
 - Echocardiography
 - TTE: fax a requisition to US
 - TEE: consult cardiology
 - Cardiac CT/CT Coronary may only be ordered by appropriate specialists
 - CT Colonography may only be ordered by endoscopists after failed colonoscopy
 - Swallowing studies: consult Speech Language Pathology
- Monday to Friday 0700-2000
- Saturday to Sunday 0800-1900
- Main department line: 250-565-2728
- Patient line: 250-565-2405 (toll-free: 1-855-565-2405)
- Radiology Hotline: 250-645-6460
 - For clinicians, clerks, MOAs
 - Monday to Friday 0800-1600
- Fax numbers:
 - US 250-565-2877

- XR 250-565-2556
- Fluoro/CT/NucMed 250-565-5775
- MR 250-565-5877
- Procedures/Interventional Radiology 250-645-8090
- Mammography 250-645-6648
- For routine/outpatient studies
 - Fax the correct requisition to the correct number
 - Requisitions will be reviewed the following business day
- For URGENT studies/procedures
 - Fax the correct requisition to the correct number AND
 - Monday to Friday 0800 to 1600: call the Hotline
 - Evenings and weekends, but study not required until the following day: leave a message on the Hotline
 - Evenings and weekends: call the radiologist on call
- For EMERGENT studies/procedures
 - Ex: hot stroke, trauma, testicular torsion
 - Fax the correct requisition to the correct number AND:
 - Monday to Friday 0800 to 1600: call the Hotline
 - After hours: call the radiologist on call
- UHNBC [Breast Imaging Centre](#)
 - Services: screening and diagnostic mammography, breast ultrasound, stereotactic and ultrasound guided breast biopsies, fine wire localizations
 - Breast MR not currently available in NHA
 - All patients with breast concerns should be sent to this centre for their ultrasound/mammogram; sending patients to outpatient imaging locations may lead to delays in follow-up imaging and biopsies
- [Phoenix Medical Imaging](#)
 - Services: ultrasound, x-ray
 - 101-2155 Ave, Phoenix Medical Building
 - Phone: 250-563-0635
 - Fax: 250-563-1288
 - Monday to Thursday 0800-1600
 - Friday 0800-1400
- Victoria Medical Imaging
 - Services: x-ray
 - 1669 Victoria St, Prince George BC V2L 2L5
 - Phone: 250-563-1600
 - Fax: 250-645-8098
 - Monday to Friday 0830-1630
- Endoscopy & Cystoscopy
 - Cystoscopy (TURP and TURBT)
 - Colonoscopy and sigmoidoscopy
 - Esophagogastroduodenoscopy (EGD)
 - Endoscopic retrograde cholangiopancreatography (ERCP)
 - Endoscopic mucosal resection (EMR)
 - Endoscopic ultrasound (EUS)

- Esophageal manometry
- Esophageal pH testing
- Percutaneous endoscopic gastrostomy (PEG)
- Home health services
 - Non-urgent outpatient nursing care: short-term or long-term
 - Urgent outpatient nursing care
 - [Rapid Mobilization](#)
 - Short-term (1-5 days)
 - “provides immediate support to patients at risk of returning to ED within 8-12 hours if home support service is not provided, and provides timely access to home support services for patients being discharged from the hospital”
 - Same-day surgery urgent nursing care
 - [Hospital at Home](#)
 - Short-term
 - Home care nursing for medical and surgical patients that can safely be managed at home with BID nursing checks (vitals, drains/wounds, medication administration, etc.)
 - Eligibility:
 - Acute stable patients age 19+
 - Estimated length of “stay” < 10 days
 - Patient ambulatory to bathroom
 - Patient willing to participate
 - Patient has caregiver available
 - Patient lives within 15 minutes of UHNBC
 - For more information contact 778-675-2995
 - For a full listing of services visit the NH home health [website](#)
 - To refer a patient visit the NH Accessing Services [website](#)
- Indigenous Services
 - Prince George is located on traditional territory of the Lheidli T'enneh
 - "Lheidli" means "where the two rivers flow together"
 - "T'enneh" means "the People"
 - Prince George is surrounded by numerous Indigenous [communities](#)
 - [First Nations Health Authority](#) (FNHA) is a provincial organization
 - [Indigenous Health](#) is a branch of Northern Health
 - Northern Health strives to provide a health care system that is culturally safe for Indigenous Peoples
 - [Indigenous Health NH - Building Capacity](#)
 - [Indigenous Health NH - Cultural Safety](#)
 - [Aboriginal Patient Liaisons](#) (APL) are available across Northern Health
 - APL “assist Indigenous Peoples and their families to access high quality, culturally safe health care services”
 - UHNBC has Carol Ryan 778-349-1348 or 250-565-2364
 - Below are specific things an APL can help with*
 - Advanced Care Planning
 - Connect patients to end of life support

- Connect patients to long-term care
 - Coordinate spiritual / cultural advisors
 - Help patients access non-insured health benefits
 - Help patient transition through admission and discharge smoothly
 - Help patients understand health care processes, procedures and terminology
 - Facilitate communication and cultural understanding between patient and care providers
 - Make referrals within Northern Health and to community agencies
 - Support and comfort family and friends
- Translation Services
- Pathology and laboratory medicine
 - UHNBC Lab
 - 1475 Edmonton St., Prince George BC V2M 1S2
 - Phone: 250-565-2000
 - Monday to Friday 0730-1600
 - Saturday to Sunday 1000-1500
 - Pros: results are fast, results are uploaded to PowerChart, [CareConnect](#), and to the patient-accessible [HealthLife Portal](#)
 - Cons: less convenient scheduling for patients, no home draws
 - Pathology
 - Please ensure all specimens are carefully labelled
 - Please provide a clear and relevant history
 - Standard pathology available in 2-14 business days
 - Special stains and pathology reviews may take longer
 - [Lifelabs](#)
 - 1669 Victoria St Suite 110, Prince George BC V2L 2L5
 - Phone: 1-800-431-7206
 - Monday to Friday 0700-1430
 - Saturday 0700-1200
 - Pros: convenient for patients, patients can self-schedule and have access to their results using the Lifelabs app, home draws
 - Cons: all Lifelabs specimens are sent to Vancouver for processing and results can be a little bit slower than the UHNBC lab, results are also not uploaded to PowerChart so other doctors will not be able to see the results unless you send them a copy
 - If bloodwork has been submitted to LifeLabs you will need to call the Lifelabs pathologist to discuss (es: peripheral smears), as the UHNBC pathologists will not have the specimen or information
 - Phoenix Lab
 - 2155 10th Ave, Prince George BC V2M 5J6
 - Phone: 250-649-7616
 - Monday to Thursday, 0730-1530
 - Friday 0730-1500
 - Pros: easy for patients to find/access, results are fast, results uploaded to PowerChart, [CareConnect](#), and to the patient- accessible [HealthLife Portal](#)

- Cons: less convenient scheduling for patients, no home draws
 - Occupational Health and Safety
 - [Blood and Body Fluid Exposure Policy](#)
 - If you sustain a workplace injury (needlestick, infectious exposure, etc):
 - Call the Occupational Health RN at 250-645-6617
 - Go to the ER to have labs drawn and paperwork completed
 - Follow-up with your GP and with Occupational Health
 - Patient Transfer Network (PTN)
 - [PTN](#) is a province-wide system with Emergency Health Services (EHS)
 - To transfer patients either for a higher level of care or for patient repatriation to home hospital after a patient has stabilized
 - For urgent telephone consultation by services not located in Prince George (ex: cardiothoracic surgery, interventional cardiology, neurosurgery, spine surgery)
 - Call 1-866-233-2337
- c. **Hospital features**
 - Cafeteria
 - Ground floor
 - Small selection of cold and hot foods
 - Tim Horton's coffee and baked goods
 - Call rooms
 - Level 1
 - Call rooms are limited and some are designated by speciality
 - Some call room locations will be affected by ongoing renovations to the MRI waiting room
 - Charts
 - Northern Health is developing a full-service Electronic Health Record (EHR) with the goal of going paper-free for nearly all clinical events
 - In the meantime, patient charts at UHNBC are paper-based and are kept in plastic binders at the nursing stations and contain:
 - Demographics
 - Legal documents (consents, advanced directives, [MOST forms](#))
 - Vital signs
 - Paper copies of ECGs, labs, imaging reports, etc.
 - Physician notes
 - Allied Health notes
 - Orders
 - Orders can be written out by hand or by order set form
 - Order sets and requisition forms can be found:
 - At nursing stations
 - [OurNH website](#) (requires login)
 - [DocuSource](#)
 - Certain parts of the patient chart are not found in the binders
 - Medication Administration Record (MAR)
 - Nursing care summary and flowsheet (KARDEX)
 - Patient ins and outs

- Select Allied Health notes (speech language, social work)
 - PowerChart is the current EMR and contains:
 - Demographics
 - Vital signs from post-anesthesia recovery (PAR)
 - Active orders
 - Imaging results
 - Labs results
 - Dictated consults and reports
 - Advanced/Shared Care plans
 - Link to CareConnect
- Doctor's lounge
 - Level 1
 - Swipe card entry
 - 24/7 coffee and snacks funded by the Medical Staff Association
- [Learning and Development Center](#)
 - 1st floor
 - Staff/student atrium, library, and simulation learning center
- Scrubs
 - OR personnel obtain scrubs from the OR locker room
 - Non-OR personnel obtain scrubs from laundry services (in the basement)

d. Useful websites

- [Health Match British Columbia](#)
- [Living and Working in British Columbia](#)
- [Northern Health](#)
- [Northern Health Physicians](#)
- [PHSA Learning Hub](#)
- UpToDate (in the Physician Links folder on your NH desktop)

4. PERSONAL MATTERS

- a. **Social Insurance Number (SIN)**
 - You will need a SIN, which is a unique 9-digit number with the Federal Government of Canada that you will need in order to work in Canada, to file taxes, and to have access to government programs and benefits

- b. **Canadian bank account**
 - You will need a Canadian bank account to make VOID cheques, start direct deposits, and start staff payroll for your MOA

- c. **Photo identification**
 - **International Driver's License**
 - If you are coming from outside Canada you will need a valid driver's license from your home country, as well as an International Driver's License
 - If your home country license is not in English you will also need an official English translation
 - **British Columbia Driver's License**
 - You have 90 days to switch from your previous driver's license to a British Columbia driver's license
 - Once you are issued a British Columbia license you will have to surrender your previous license
 - **British Columbia Services Card**
 - A BC Services Card provides you with healthcare, student loans, small business registry, and associated bill payments
 - Read the above website carefully before you to apply so that you have all the required documentation on hand
 - Once you have a card you can install the [BC Services Card app](#)
 - **Service BC in Prince George**
 - Read the above carefully for instructions on what documentation you need to bring
 - Online booking can be arranged using the link above

- d. **Health insurance**
 - Most healthcare in Canada is covered by federal/provincial governments
 - Routine health care
 - Emergency health care
 - Obstetrical care
 - Surgical care
 - Cancer care
 - Until you qualify for provincial healthcare with a BC Services card we recommend you obtain your own private health insurance
 - Some services are not covered by provincial healthcare
 - Chiropractic care
 - Dental care
 - Eye care (optometry)

- Outpatient prescriptions
- Occupational therapy
- Massage therapy
- Physiotherapy
- Psychology/counselling
- Extended health/dental insurance is optional for these services
 - [British Columbia Automotive Association \(BCAA\)](#)
 - [Doctors of British Columbia](#)
 - [Pacific Blue Cross](#)

e. **General information about Prince George**

- Climate
 - Prince George is located 596 m above sea level in the sub-boreal spruce biogeoclimatic zone
 - Prince George climate is categorized as a humid continental climate, but is better described as cold and temperate
 - The average annual temperatures are
 - Spring (Mar-May) highs 6.3C to 17.6C, lows -4.8C to 4.2C
 - Summer (Jun-Aug) highs 20.9C to 22.7C, lows 8.2C to 9.1C
 - Fall highs (Sep-Nov) 17.3C to 10.0C, lows 5.0C to -4.8C
 - Winter (Dec-Feb) highs -2.3C to 0.8C, lows -9.3C to -8.1C
 - Every winter there are one or more cold snaps where temperatures stay as low as -40C for days/weeks
 - The average annual rainfall is 636 mm
- Transportation
 - Public transportation is limited; you will need your own vehicle to live and work comfortably in Prince George
 - Vehicle purchase
 - There are several car dealerships in town
 - There are no luxury dealerships in town
 - Check your medical memberships (CMA and Docs of BC) as you may be eligible for deals/specialty pricing
 - Vehicle rental
 - Refer to the car rental agency website regarding their policy on adequate identification as you may need your home country license as well as an international driver's license, and you may need all these documents to be either in English or in French (original or translation)
 - Car rental agencies are not required to have winter tires, but you can request them for an additional daily fee (strongly recommended)
 - Vehicle insurance
 - You must have insurance to drive a vehicle in British Columbia
 - The [Insurance Corporation of British Columbia \(ICBC\)](#) is the sole provider of car basic insurance in British Columbia
 - [Products and coverage](#)
 - ICBC insurance can be purchased through any broker
 - [Find a service](#)

- Vehicle registration
 - You must [register](#) your vehicle and have valid license plates
 - Vehicle registration is done at a variety of Service BC Centres
 - Vehicle registration steps/documents depends on where the car is being transferred from; read the instructions and consider calling ahead to make sure you have all the required documentation when you go for your appointment
- General vehicle/driving tips
 - Drive with caution: we have large wildlife (deer, moose, bear) that can be very deadly on the highways year-round
 - We do not recommend participating in or picking up hitchhikers
 - Summer driving
 - Road construction/repair updates are often announced on the radio but can also be found [online](#)
 - Use bug-removing windshield washer fluid
 - Winter driving
 - Drive with caution: road [conditions](#) change rapidly and can be very icy and dangerous in the winter months
 - Many people prefer to have all-wheel drive (AWD) or even 4-wheel drive (4WD) vehicles
 - You must have winter-rated tires to travel on highways between Oct 1st - March 31st (for some highways this extends from Oct 1st - April 30th)
 - Book your winter/summer tire changes early
 - Make sure all 4 winter tires have the same wear
 - Use windshield washer fluid that is winter-rated
 - Keep a windshield brush and ice scraper in your vehicle
 - Keep a winter survival kit in your vehicle (small shovel, salt/sand/treads to put under your tires if you get stuck, emergency warm gear such as blankets/gloves/hats)
 - Consider having a car with/installing a [block heater](#)
- Prince George Airport ([YXS](#))
 - Airlines: Air Canada, Central Mountain Air (CMA), Flair Air, Northern Thunderbird Air, Pacific Coastal, WestJet
 - Direct flights: Calgary, Edmonton, Ft Nelson, Kamloops, Kelowna, Smithers, Terrace/Kitimat, Vancouver, Victoria
 - [Parking](#)
 - \$14/day
 - \$70/week
 - \$1500/year (\$2500/year for premium parking)
 - Have a shovel and a windshield brush/ice scraper in your vehicle if parking your car in colder months
 - Have an outdoor-rated electrical cord to plug-in your car's block heater during colder months (the airport does have battery boosting packs if you require one)

- Housing
 - There are many [neighborhoods](#) in Prince George
 - Physicians tend to reside in the following areas due to proximity/desirability
 - Cranbrook Hill
 - Crescents
 - College Heights: Westgate
 - Hart: Ridgeview or Valleyview
 - Millar Addition
 - North Nechako
 - Tabor Lake
 - University Heights
 - Keep in mind the length of your commute for your on-call duties
 - Mortgage
 - Please speak with a bank/mortgage broker for details/advice
 - You may need to pay a minimum 20% down payment
 - You can pay a smaller down payment but the mortgage will need to be insured by the [CMHC](#) at an additional cost
 - CMHC only applies for mortgages up to \$999,999
 - Mortgages > \$999,999 need a 20% down payment
 - Property taxes are due the 1st Friday in July
 - For more details see the City of Prince George [website](#)
- Utilities
 - Electricity: [BC Hydro](#)
 - Natural Gas: [FORTIS BC](#)
 - Telecommunications: Bell, Rogers, Shaw, Telus, Virgin Mobile
 - Home security: A-Tech, Telus, Vivint
- Professional Services
 - Accounting (alphabetical)
 - MNP LLP
 - FJP Chartered Professional Accounting (contact Josh Benham)
 - TBJ Terlesky Braithwaite Janzen LLP
 - Banking (alphabetical)
 - Bank of Montreal (BMO)
 - Canadian Western Bank
 - CIBC
 - HSBC
 - Integris Credit Union
 - Royal Bank of Canada (RBC)
 - Scotiabank
 - Spruce Credit Union
 - Toronto Dominion (TD) Canada Trust
 - Credit Cards
 - Mastercard and VISA are widely accepted
 - American Express and Diner's Club are not generally accepted
 - Legal (alphabetical)
 - Marcotte Law

- Steven & Company
 - Trevor Slaney Randall
- Realtors recommended by other local physicians (alphabetical)
 - Mark Dial
 - Carla Hamborg
 - Cameron McLeod
 - Shannon Thomas
- Medical care
 - Most family doctors will happily take on physician colleagues, we recommend you talk to your colleagues and use word-of-mouth
 - Alternatively, you can call 250-596-8100 to get a GP
- Daycare
 - It can be very challenging to get daycare for children age < 2.5 years
 - Start looking as early as possible, even while you are pregnant
 - Call around, fill out paperwork, and get on a waitlist, and call back every few months to see where you are on the waitlist
 - Be sure to list your employer as Northern Health for the Parkhouse location at the YMCA to be placed on the priority list
 - Be sure to ask prospective daycares about special considerations for your children (nut allergies, medical issues, etc.)
 - [Northern Health Daycare List](#)
 - Some daycares recommended by other docs
 - Always Home
 - [UNBC Childcare Centre](#)
 - [YMCA](#) (Parkhouse location has priority spots for NH employees)
 - Nannies
 - Useful websites:
 - [ABC Nannies Canada Inc.](#)
 - [Canadian Nanny](#)
 - [Nanny Services Canada](#)
 - [PG Nannies](#)
 - It can take 12-18 months of processing to sponsor someone
 - Other options
 - Post an advertisement on WorkBC
 - Reach out to the Early Childhood Care at the College of New Caledonia (CNC) and ask if any students are interested in work
- K-12 Schools
 - School district 57 [website](#)
 - By neighbourhood
 - Beaverly (west of town): Beaverly Elementary
 - Bowl Area (the “bowl” is the downtown area surrounded by hills)
 - Nusdeh Yoh Elementary
 - École Lac des Bois Elementary
 - Edgewood Elementary
 - Foothills Elementary
 - Harwin Elementary

- Heritage Elementary
- Peden Hill Elementary
- Pinewood Elementary
- Quinson Elementary
- Ron Brent Elementary
- Spruceland Traditional Elementary
- Van Bien Elementary
- Westwood Elementary
- Duchess Park Secondary
- DP Todd Secondary
- Prince George Secondary (PGSS)
- College Heights
 - College Heights Elementary
 - Malaspina Elementary
 - Polaris Montessori Elementary
 - Southridge Elementary
 - Vanway Elementary
 - College Heights Secondary
- Hart Area
 - Glenview Elementary
 - Hart Highlands Elementary
 - Springwood Elementary
 - Heather Park Elementary
 - Kelly Road Secondary
- Nukko Lake (NW of town): Nukko Lake Elementary
- South- East Area (includes residents at Tabor Lake)
 - Blackburn Elementary
 - Buckhorn Elementary
 - Pineview Elementary (generally go to PGSS afterwards)
- By specialty program
 - Aboriginal [Nusdeh Yoh Elementary](#)
 - French
 - French choice (French immersion) *highly sought after *
 - École Lac des Bois Elementary
 - College Heights Elementary
 - Heather Park Elementary
 - School Franco-Nord (not part of SD 57)
 - [Ecole Franco-Nord](#)
 - Must have Francophone ancestry or speak French
 - Children go to Duchess Park Secondary afterwards
 - Can transfer over into French Choice programs within the SD 57 catchment and at present bypass waitlists if switching over this way
 - Montessori [Polaris Montessori Elementary](#)
 - Religious
 - Cedars Christian School (Pre-K to 12)

- Sacred Heart Elementary - Catholic
 - St. Mary's School - Catholic
- Post-secondary schools
 - [College of New Caledonia \(CNC\)](#)
 - [University of Northern British Columbia \(UNBC\)](#)
- Extracurricular activities (this is not an exhaustive list!)
 - Baseball [Prince George Youth Baseball Association](#)
 - Canskate [CanSkate - Learn to Skate](#)
 - Cycling [Prince George Cycling Club](#)
 - Cross Country Skiing
 - [CANSI - Adult and Family Lessons](#)
 - [Youth Programs](#)
 - Dance
 - [Dance Your Hart Out](#)
 - [Excalibur Dance](#)
 - [Judy Russell Dance Academy](#)
 - Diving: Manta's Diving Club
 - Downhill skiing
 - Hart Ski Hill
 - Purden (45 min east of town)
 - Powder King (2hr north of town)
 - Girl Guides: [British Columbia Guides of Canada](#)
 - Gymnastics: [Prince George Gymnastics](#)
 - Hiking: Otway, Pidherny, Teapot Mountain, and **many** more!
 - Horse Society [Prince George Horse Society](#)
 - Running [PG Road Runners](#)
 - Soccer
 - [Northern United Football Club \(NUFC\)](#)
 - [Prince George Youth Soccer Association \(PGYSA\)](#)
 - Softball
 - Speedskating
 - [Blizzard Speedskating Club](#)
 - Strong Starts (children aged 0-5 years accompanied by a parent)
 - Swimming
 - [Prince George Barracuda Swim Club](#)
 - [Masters Program](#)
 - [Pisces Swim Club](#)
 - Track and Field [Prince George Track and Field Club](#)
 - Language lessons: ASL, French
 - Music Lessons
- Events for Prince George physicians
 - Bob Ewert Dinner
 - [Festival of Trees](#)
 - Faculty Development (annual conference for professional development)
 - Northern Doctor's Day
- Useful Facebook groups

- Children related
 - Baby Bling & Children's Things PG & Area
 - Bigger Kid Bling & School Aged Things Prince George & Area
 - Daycare in the Prince George Area
- Physician related
 - PG MOA group
 - PG Women Physicians
- Prince George related
 - "Hell Yeah PG"
 - 'Prince George Buy & Sell'

Northern Health/UHNBC Leadership Introductions



Cathy Ulrich - President and Chief Executive Officer

Cathy has held this position since 2007. From 2002 to 2007, Cathy was the Vice President, Clinical Services and Chief Nursing Officer for Northern Health. Before the formation of Northern Health, she worked in a variety of nursing and management positions in Northern British Columbia, Manitoba, and Alberta.

Cathy has a Bachelor of Science in Nursing from the University of Alberta and a Master's of Science in community health sciences from the University of Northern BC (UNBC).



Penny Anguish - Chief Operating Officer, NI

With many years of clinical and management experience across health care sectors in both northern Ontario and British Columbia, Penny assumed the role of Chief Operating Officer of the Northwest in 2012. In fall 2016, Penny became the Chief Operating Officer for the Northern Interior. Penny holds undergraduate and graduate degrees in nursing from the University of Victoria and a Graduate Diploma in Business Administration from Simon Fraser University.

She has also completed an Advanced Health Care Leadership Program with University of Toronto's Rotman School of Management. Penny brings a strong quality improvement focus to her team's work as they strive to provide accessible and high-quality health services across the northern interior that are consistent with the strategic priorities of Northern Health.



Dr. Ronald Chapman - Vice President, Medicine

Originally from South Africa, Dr. Chapman brings extensive experience in the health and public sectors. Beginning in 2007, he was Regional Director for the Northern Cancer Control Program, a dual appointment to Northern Health and the [BC Cancer Agency](#). In September 2009, Dr. Chapman shared the role of Chief Medical Health Officer for Northern Health and in July 2011 became the sole holder of the title.

Dr. Chapman moved into his current role in March 2013. He has full registration as a Community Medicine Specialist with the [College of Physicians and Surgeons of BC](#), and has completed both the [Licentiate of Medical Council of Canada \(LMCC\)](#) and [Royal College of Physician and Surgeons of Canada Fellowship](#) exams.



Dr. Laura Brough - UHNBC Chief of Staff

Dr. Laura Brough is a Medical Doctor with her Certification in the College of Family Physicians. Dr. Brough is a General Practitioner who is currently working part time in Emergency and Medical Administration.

Dr. Brough is a valuable member of Northern Health, working as the Chief of Staff at the University Hospital of Northern British Columbia. In her spare time she enjoys cycling and social dance.



Dr. Firas Mansour - Prince George Medical Director

Dr. Mansour obtained his Medical Degree from the University of Damascus, Syria and did his internal medicine residency in Chicago, Illinois. He has worked as an internal medicine specialist in Quesnel since 2001 and at the University Hospital of Northern BC since 2006. Dr. Mansour has held the following leadership roles within Northern Health: Medical Lead, Cardiac Diagnostics and NORTH Heart Function Clinic at UHNBC since 2017, Head of the Department of Medicine at UHNBC since 2018 and Medical Lead, Northern Health Regional Cardiac Program since 2019.

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APPENDIX B -- DEPARTMENT CONTACTS

	Department Head	Email
Anesthesia		
Critical Care		
Dentistry		
Emergency Medicine		
Family Medicine		
Internal Medicine		
Obstetrics & Gynecology		
Pathology		
Pediatrics		
Psychiatry		
Radiology		
Surgery		

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APPENDIX C - GENERAL PRACTITIONER CLINICS

Clinic	Physicians <i>(names removed for sharing)</i>
Aspen Medical Clinic	
Aurora Clinic	
Blue Pine Clinic	
CINH Central Interior Native Health	
Cottage Medical Clinic	
HSBC Building	
John G MacKenzie Building	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
McLeod Family Medical Clinic	
Nechako Medical Clinic	
Phoenix Medical Building	<hr/> <hr/> <hr/>

	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Salveo Medical Clinic *Walk-in	
Two Rivers Medical Centre	
<u>Urgent and Primary Care Centre (UPCC)</u> *Walk-in	<ul style="list-style-type: none"> -Can accommodate CTAS IV/V -Staffed by physicians from other clinics -Unattached patients might have their follow-up in the physician's regular clinic
University of Northern British Columbia Wellness Centre	<u>UNBC Wellness</u>
Victoria Medical Building	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Geriatric Home Visits	Lauri McCoy, Shannon King

Interprofessional Team / Primary Care Home Health / Community Services Offices – by Community Last Update: May 2020			
Community	Office Location	Address	General Information Phone number
Atlin	Atlin Health Centre	164 3 rd St. Atlin, BC V0W 1A0	250-651-7677
Burns Lake	Lakes District Hospital and Health Centre	741 Centre St. Burns Lake, BC V0J 1E0	250-692-2400
Chetwynd	Chetwynd Health Unit	5500 Hospital Rd. Chetwynd BC V0C 1J0	250-788-2236
Dawson Creek and Pouce Coupe	Dawson Creek Health Unit	1001 110 Ave Dawson Creek, BC V1G 4X3	250-719-6500
Dease Lake	Stikine Health Centre	7171 Highway 37 Dease Lake, BC V0C 1L0	250-771-4444
Fort Nelson	Fort Nelson Health Unit	5217 Airport Dr. Fort Nelson, BC VOC 1R0	250-774-7092
Fort St. James	Fort St. James Health Center	111-250 Douglas Ave. Fort St. James, BC V0J 1P0	250-996-2700
Fort St. John	Fort St. John Health Unit	10115 110 Ave Fort St. John, BC V1J 6M9	250-263-6000 For mental health and substance use services, call 250-263-6080
Fraser Lake	Fraser Lake Community Health Centre	130 Chowsunket Rd Fraser Lake, BC V0J 1S0	250-699-8960

Interprofessional Team/ Primary Care Services includes a combination of the following services: Case Management, Home Care Nursing, Home Support (including CSIL), Rehabilitation (occupational therapy/physiotherapy) Services, Social Worker, Palliative Care Nurse Consultants, Health Services for Community Living, Primary Care Nursing, Mental Health and Substance Use Services, and Life Skills services. To find out about the local programs and services available in your community, call the **General Information** number provided on this list.

Interprofessional Team / Primary Care Home Health / Community Services Offices – by Community Last Update: May 2020			
Community	Office Location	Address	General Information Phone number
Granisle	Granisle Health Clinic	1 Hagen St. Granisle, BC V0J 1W0	250-697-2251
Hazelton	Hazelton Community Health	2510 Highway 62 Hazelton, BC V0J 1Y0	250-842-4640
Houston	Houston Health Centre	3202 14th St. Houston BC V0J 1Z0	250-845-2294
Hudson's Hope	Hudson's Hope Health Centre	10309 Kyлло St Hudson's Hope, BC V0C 1V0	250-783-9991
Kitimat	Kitimat Hospital and Health Centre	920 Lahakas Blvd. South Kitimat, BC V8C 2S3	250-632-3181
McBride	McBride Community Health Services	1126 5 th Ave. McBride, BC V0J 2E0	250-569-2026
Mackenzie	Mackenzie and District Hospital and Health Centre	45 Centennial Dr. Mackenzie, BC V0J 2C0	250-997-8517 or 250-997-3263
Masset	Northern Haida Gwaii Hospital and Health Centre	2520 Harrison Ave. Masset, BC V0T 1M0	250-626-4729
Prince George	Northern Interior Health Unit (teams 1-4) Parkwood Place Mall (team 5) Prince George Urgent and Primary Care Centre (Parkwood Place Mall) (team 6 & 7)	1444 Edmonton St, 2 nd floor Prince George, BC V2M 6W5 Unit 171. 1600 – 15 th Ave. Prince George, BC V2L 3X3 Unit 143. 1600 – 15 th Ave. Prince George, BC V2L 3X3	General phone number to reach all teams: 250- 565-2612 Home support: 250-565-7485

Interprofessional Team/ Primary Care Services includes a combination of the following services: Case Management, Home Care Nursing, Home Support (including CSIL), Rehabilitation (occupational therapy/physiotherapy) Services, Social Worker, Palliative Care Nurse Consultants, Health Services for Community Living, Primary Care Nursing, Mental Health and Substance Use Services, and Life Skills services. To find out about the local programs and services available in your community, call the **General Information** number provided on this list.

Interprofessional Team / Primary Care Home Health / Community Services Offices – by Community Last Update: May 2020			
Community	Office Location	Address	General Information Phone number
Prince Rupert	Prince Rupert Community Health Unit	300-3 rd Ave West Prince Rupert, BC V8J 1L4	250-622-6380
Queen Charlotte City	Queen Charlotte City Health Centre	302 2 nd Ave. Queen Charlotte City, BC V0T 1S0	250-559-2321
Quesnel	GR Baker Memorial Hospital	543 Front St. Quesnel, BC V2J 2K7	250-983-6850
Smithers	Smithers Community Health Services	Smithers Community Health – 3793 Alfred Ave., Smithers, BC V0J 2N0 Smithers Healthy Living Centre 1070 Main Street, Smithers	250-847-6400 250-847-6234
Stewart	Stewart Health Centre	904 Brightwell St. Stewart, BC V0T 1W0	250-636-2221
Terrace	Terrace Health Unit	3412 Kalum St. Terrace, BC V8G 4T2	250-631-4272
Tumbler Ridge	Tumbler Ridge Community Health Unit	220 Front St. Tumbler Ridge, BC V0C 2W0	250-242-4262
Valemount	Valemount Health Centre	1445 5 th Ave. Valemount, BC V0E 2Z0	250-566-9138
Vanderhoof	Vanderhoof Community Services and Public Health Building	3299 Hospital Rd. Vanderhoof, BC V0J 3A2	250-567-6900

Interprofessional Team/ Primary Care Services includes a combination of the following services: Case Management, Home Care Nursing, Home Support (including CSIL), Rehabilitation (occupational therapy/physiotherapy) Services, Social Worker, Palliative Care Nurse Consultants, Health Services for Community Living, Primary Care Nursing, Mental Health and Substance Use Services, and Life Skills services. To find out about the local programs and services available in your community, call the **General Information** number provided on this list.

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APPENDIX E - GENERAL PRACTITIONER SURGICAL ASSISTS

Names with contact information
removed for sharing

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APPENDIX F - SPECIALIST CLINICS

Specialty	Clinic	Physicians (names removed for sharing)
Anesthesia	Pre-Anesthesia Clinic	
	Regional Pain Clinic	
Cardiology	Phoenix Medical Building	
	Victoria Medical Building	
Gastroenterology	Cottage Medical Building	
	Two Rivers Medical Centre	
General Internal Medicine	UHNBC Rapid Access Clinic	
General Surgery *Vascular **Surgical Oncology ***Endocrine	Cottage Medical Building	
	Heritage Medical Building	
	Victoria Medical Building	
Infectious Diseases	Private offices	
Maxillofacial	Lakewood Dental	
Nephrology	Two Rivers Medical Centre	
	Victoria Medical Building	
Neurology	Phoenix Medical Building	
	UHNBC	
Obstetrics & Gynecology	Blossom Fertility & Medical	
	Willow Obstetrics & Gynecology	
Ophthalmology	Victoria Medical Building	
	Phoenix Medical Building	
	Private offices	
Orthopedic Surgery	Heritage Medical Building	
	Phoenix Medical Building	
	Victoria Medical Building	
Otolaryngology	HSBC Building	
Pediatric Medicine	HSBC Building	

	Victoria Medical Building	
	UHNBC Subspecialty Clinic	
Plastic Surgery	Azure Advanced Aesthetics	
	Victoria Medical Building	
	Vitality Surgery	
Psychiatry	Northern Interior Health Unit	
	Phoenix Medical Building	
	Private offices	
	UHNBC	
Respirology	Heritage Medical Building	
Rheumatology	Two Rivers Medical Centre	
Urology	Cottage Medical Building	
	Heritage Medical Building	
	RBC Building	
	Victoria Medical Building	

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APPENDIX G - IT PROGRAMS & SYSTEMS

NH IT Support: 1-888-558-4357 or <https://physicians.northernhealth.ca/physician-resources/it-support>

Italicized items are incoming/not active yet

System/Program	Definition	Entity	Access	Training	Support
Accuro	Individually purchased office EMR	Accuro	https://accuroemr.com/	https://accuroemr.com/	1-866-729-8889
British Columbia Cancer Agency (BCCA) email	BCCA employees/providers can obtain a BCCA email address	BCCA	BCCA admin	N/A	BCCA IT support
ByteBloc	Staff on-call scheduling/shift swapping program	NH	Anne Bradshaw (NH)	N/A	https://www.bytebloc.com/
Clinical Data eXchange (CDX) and Clinical Information eXchange (CIX)	Delivery of NH and IH labs/imaging/consults/etc to your office/EMR	NH	https://bccdx.ca/Pages/activationform.aspx and https://www2.northernhealth.ca/CIX/Apply.asp	N/A	NH IT Support
Cerner	Company that creates/maintains the NH EHR/EMR PowerChart	NH	N/A	N/A	N/A
Citrix	Company that hosts EHRs/EMRs	Citrix	https://www.citrix.com/products/receiver.html	N/A	NH IT Support or 1-800-424-8749
<i>Connect</i>	<i>Secure messaging program that will replace MBMD</i>	<i>NH</i>	https://healthbc.servicenow.com/	<i>TBD</i>	<i>NH IT Support</i>
CVI Source	Provincial database of cardiac procedures	CSBC	http://www.cardiacbc.ca/		http://www.cardiacbc.ca/
Dragon Medical One (DMO)	Dictation software	NH	https://healthbc.servicenow.com/	https://physicians.northernhealth.ca/physician-resources/dragon-speech-recognition#getting-started	NH IT Support

Duo Mobile	Two-factor authentication app for several NH and UBC logins	Duo	Download <i>Duo Mobile</i> from your app store	N/A	N/A
Emergency Department Information System (EDIS)	Only used in UHNBC/FSJ/FL ED <i>Will be replaced by Cerner's FirstNet</i>	NH	Joan Vanderlee	N/A	Joan Vanderlee
eHealth viewer	Provincial EHR accessible within PowerChart	BC MOH	Click the link within PowerChart to activate	N/A	NH IT Support
EndoPro	Scheduling and reporting of endoscopic procedures	NH	Nicole Kish	Nicole Kish	Nicole Kish
Enterprise Imaging	Program for viewing radiology images (aka XERO/PACS)	NH	https://healthbc.service-now.com/	N/A	NH IT Support
ESP	Staffing application for Northern Health employees	NH	https://healthbc.service-now.com/	N/A	NH IT Support
Excelleris	Delivery of labs/reports to your office/office EMR	Excelleris	Your EMR provider	N/A	https://www.excelleris.com/
Facility Engagement	Provincial network for increasing physician engagement	NH	Feuhnbc@outlook.com	N/A	NH IT Support
Facility Engagement Mobile	App for logging FEMS remunerated activities	NH	Download <i>Facility Engagement</i> from your app store	N/A	NH IT Support
FirstNet	<i>Cerner ED EHR system that will replace EDIS</i>	NH	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
Microblogging MD (MBMD)	Secure messaging, NH phone directory, daily callboard <i>Will be replaced by Connect Messenger</i>	NH	Automatic with NH	N/A	NH IT Support
Medinet	Company which creates/provides access to PharmaNet	BC MOH	https://medinet.ca/	N/A	NH IT Support
Microsoft My Apps	Central access point for NH applications (incl remote access)	NH	Automatic with NH	N/A	NH IT Support
Medical Office Information System (MOIS) - Private	EMR in private practice offices	Bright-Health	https://mois.brighthealth.ca/	N/A	MOIS
Medical Office Information System	EMR in NH offices	NH	https://healthbc.service-now.com/	N/A	NH IT Support

(MOIS) - NH Community Medical Office Information Systems (CMOIS)	EMR in NH offices that bridge regional boundaries ex: renal, mental health, substance use	NH	https://healthbc.service-now.com/	N/A	NH IT Support
NH Dictation	Dial-in dictation/transcription for services rendered at an NH site; your ID = your MSP number	NH	UHNBC phone: 2020 Outside: 1-833-613-1697	N/A	NH IT Support
NH DocuSource	Repository of NH forms (orders, care pathways, etc.) that you can order by document number	NH	Automatic with NH	N/A	NH IT Support
NH Everywhere	Your virtual NH desktop (accessible through My Apps)	NH	Automatic with NH	N/A	NH IT Support
NH Home drive (U:)	Your secure NH computer drive	NH	Automatic with NH	N/A	NH IT Support
NH iSiteNH	NH employee paystubs/T4s	NH	Automatic with NH	N/A	NH IT Support
NH Login - onsite	Your login for NH computers, email, and programs on your virtual NH desktop	NH	Automatic with NH	N/A	NH IT Support
NH Login – offsite/remote access	Same login as onsite but must be activated by you and two- factor authentication established	NH	https://healthbc.service-now.com/	N/A	NH IT Support
NH OurNH	NH Intranet home page	NH	https://ournh.northernhealth.ca/Pages/home.aspx	N/A	NH IT Support
NH Webmail	NH secure email <i>Will be replaced by Outlook</i>	NH	Automatic with NH	N/A	NH IT Support
Paceart	Software for evaluating pacemakers				
Pathways	Provincial database of physicians	BC MOH	For patients: https://pathwaysmedicalcare.ca/ For physicians: https://pathwaysbc.ca/login	N/A	NH IT Support
PharmaNet	Provincial database of prescriptions associated with each provincial health number (PHN) hosted/run by Medinet	BC MOH	https://medinet.ca/pharmanet/	N/A	NH IT Support
PowerChart	NH EHR	NH	Automatic with NH	Learning Hub	NH IT Support

PowerChart Touch	<i>NH EHR for tablet/mobile</i>	<i>NH</i>	<i>Automatic with NH</i>	<i>Learning Hub</i>	<i>NH IT Support</i>
PowerScribe	Dictation program for radiologists	NH	https://healthbc.service-now.com/	Learning Hub	NH IT Support
PSLS	Reporting patient safety incidents	NH	Search for PSLS on <i>OurNH</i>	N/A	N/A
Pyxis	Medication dispensing machines	NH	UHNBC Pharmacy	N/A	UHNBC Pharmacy
SAAnesthesia	Dedicated software for anesthesia machines	NH	Automatic with NH	NA	NH IT Support
SaferCare	<i>A NH initiative</i>	<i>NH</i>	<i>Automatic with NH</i>	<i>TBD</i>	<i>NH IT Support</i>
SurgiNet	<i>Cerner surgical scheduling and tracking software in PowerChart</i>	<i>NH</i>	<i>Automatic with NH</i>	<i>TBD</i>	<i>NH IT Support</i>
Tap&Go	RFID scanners you can tap your ID badge on to quickly login to your virtual NH desktop	NH	Tap your ID badge and enroll it in the yellow pop-up box	N/A	NH IT Support
UBC email	UBC secure email	UBC	UBC admin	N/A	https://it.ubc.ca/got-question-about-it-products-and-support
UBC Entrada	Schedule/teaching of UBC students	UBC	UBC admin	N/A	https://it.ubc.ca/got-question-about-it-products-and-support
UBC Workday	Pay/benefits of UBC employees	UBC	UBC admin	N/A	https://it.ubc.ca/got-question-about-it-products-and-support
Versapay	Accounts receivable tracking for approved FEMs remunerated activities (meetings, etc)	NH	https://www.versapay.com/	N/A	N/A
XERO/PACS	Program for viewing radiology images (aka Enterprise Imaging)	NH	https://healthbc.service-now.com/	N/A	NH IT Support



Provincial Health Services Authority

CONFERENCE SCHEDULE		
MONDAY	0800-0900	Sarcoma Conference
	1100-1200	Head/Neck Conference
TUESDAY	0800-0900	Gastrointestinal Conference
	1000-1130	Lymphoma Conference
	1130-1230	RadOnc Lymphoma
	1200-1315	Medical Oncology
	1630-1730	Gynecology Conference
WEDNESDAY	0800-0900	Genitourinary Conference
	1600-1700	BC Cancer PG Rounds
THURSDAY	0800-0900	Thyroid Conference
	(1 st 8-9 ¹⁵ & 3 rd 8-9 ^{Thursday})	
FRIDAY	0800-0900	CNS Conference
	1200-1300	Melanoma Conference

For BC Cancer PG Rounds email your request to CNSecretaries@bccancer.bc.ca

For all other rounds fax a request form to 604-877-6013

All rounds are now held by zoom

BC CANCER AGENCY

Vancouver Cancer Centre

DOCTOR'S ORDERS FOR CONFERENCE

Outside Vancouver Cancer Centre:

Fax to Conference Clerk at 604-877-6013

Otherwise deliver to conference clerk.

Conference:

DATE OF ORDERS:		Date Preferred For Conference:	Unit Clerk
WORKING DIAGNOSIS:			
REASON FOR CONFERENCE:			
Patient To Attend: Y: <input type="checkbox"/> N: <input type="checkbox"/> Presenter:			
Oncologist:			
Notify:	Telephone No:		Nurse Signature:
CLINICAL HISTORY:			
<input type="checkbox"/> New Patient Staging			
DIAGNOSTIC IMAGING: Radiologist to present the following imaging studies:			
EXAMINATIONS	D/M/Y	PLACE	X-RAY#*
1.			
2.			
3.			
4.			
PATHOLOGY: Pathologist to present the following pathology:			
TEST/SITE	D/M/Y	PLACE	PATH#*
1.			
2.			
3.			
PET SCAN: PET Scan Staff to present the following PET Scan studies:			
TEST/SITE	D/M/Y	PLACE	PET study #*
1.			
2.			
OTHER REPORTS			Unit Clerk
1.			

2.			
DOCTOR'S SIGNATURE:			Nurse Signature:

All requested exams will be reviewed at conference. For additional formal review a separate request is required.

Revised 10 May 2007

February 2021

Dear Physician,

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P2**.
2. Ensure you use **both Adult and Pediatric** BC Dx code forms for your specialty:
ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient's age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

- The version on this adult and pediatric specialty forms have been updated to: **v2021-P2**.
- Pediatric codes did **not** change. The following updates for **GI Endoscopy** Adult code set include only:

BC Diagnosis Code	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
Endoscopy – Positive FIT				
30NMDD	Positive FIT (fecal immunochemical test) – outside BCCA screening program	'fecal occult blood test' changed to 'fecal immunochemical test'	3B	8
30NMDE	Positive FIT (fecal immunochemical test) – BCCA screening program	'fecal occult blood test' changed to 'fecal immunochemical test'	3B	8
Endoscopy - Surveillance				
300ZDG	Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure – outside BCCA screening program	added indications: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure	3B	8
300ZDI	Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure – BCCA screening program	added indications: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure	3B	8
Endoscopy – Symptoms and Findings				
30NADA	Chronic gastroesophageal reflux disease; asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable dyspepsia	added indications: asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable dyspepsia	5	26

30NFAC	CODE REMOVED	diagnostic code removed & stable dysphagia moved to P3B code 30OZDD, dyspepsia moved to P5 code 30NADA	4	12
30OZDA	High likelihood of cancer; severe dysphagia/odynophagia; active IBD; obstructive acute jaundice; resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube	code descriptions condensed & added indications: resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube	1	2
30OZDD	Bright red rectal bleeding; anemia; confirmation celiac disease; stable dysphagia; obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC)	chronic unexplained abdominal pain moved to P5 code 30NADA & added indications: obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC)	3B	8

These GI Endoscopy codes can be found on both the specific GI ENDO and the GENERAL specialty code forms.

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn

Director, BC Surgical Patient Registry
 Provincial Health Services Authority

BC Patient Condition and Diagnosis Descriptions

GI Endoscopy Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Endoscopy - Positive FIT	30NMDD	Positive FIT (fecal immunochemical test) – outside BCCA screening program	3B	8
	30NMDE	Positive FIT (fecal immunochemical test) – BCCA screening program	3B	8
Endoscopy - Screening for Family History	30NMDF	Screening Colonoscopy for personal or significant family history - outside BCCA Screening Program	5	26
	30NMDG	Screening Colonoscopy for personal or significant family history - BCCA Screening Program	5	26
Endoscopy - Surveillance	30OZDG	Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure - outside BCCA screening program	3B	8
	30OZDH	Surveillance where assessment period 1 year or over; wait time starts at date surveillance is due - outside BCCA screening program	5	26
	30OZDI	Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure – BCCA screening program	3B	8
	30OZDJ	Surveillance where assessment period 1 year or over; wait time starts at date surveillance is due - BCCA screening program	5	26
Endoscopy - Symptoms and Findings (con't next page)	30NADA	Chronic Gastroesophageal Reflux Disease; asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable dyspepsia	5	26
	30OZDA	High likelihood of cancer; severe Dysphagia/Odynophagia; active IBD; obstructive acute jaundice; resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube	1	2
Endoscopy - Symptoms and Findings (con't)	30OZDD	Bright red rectal bleeding; Anemia; confirmation Celiac Disease; stable Dysphagia; obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC)	3B	8
Endoscopy - * Other Diagnosis Codes (provide detailed diagnosis or condition in free text description)	30OZZA	GI symptoms other P1	1	2
	30OZZB	GI symptoms other P2	2	4
	30OZZC	GI symptoms other P3	3B	8
	30OZZD	GI symptoms other P4	4	12
	30OZZE	GI symptoms other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.

Note: This same Adult and Pediatric GI ENDOSCOPY code set has also been included with the GENERAL specialty form.

Gastroenterology Surgery - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **	
Abdomen	25OTAA	4922	Intrabdominal Abscess	Ila	7	1	
	25OTAB	4921	Arterial/Venous Stenosis	Ila	7	1	
Colon, Rectum, Anus	25NMHA	4923	Diarrhea - chronic	IV	90	13	
	25NMDE	4925	Follow-up Endoscopy – Lower Gastrointestinal Tract	IV	90	13	
	25NMFA	4928	IBD - clinical features of severe activity	Ila	7	1	
	25NMFB	4929	IBD - clinical features of mild to moderate activity	Ilb	21	3	
	25NMFC	4930	IBD - follow up Endoscopy Lower Gastrointestinal Tract	V	180	26	
	25NMDG	4931	Polyposis Syndrome - Screening Colonoscopy	IV	90	13	
	25NMDH	4932	Polyposis Syndrome - Surveillance Colonoscopy	VI	365	52	
	25NMHC	4934	Suspicion of Gastrointestinal GVHD - Lower	Ila	7	1	
	25NQBB	4927	Rectal Bleeding (bright red) - sub-acute	III	42	6	
Esophagus	25NAAA	4935	Achalasia	Ilb	21	3	
	25NAAC	4936	Barrett's Esophagus - follow-up	V	180	26	
	25NAGA	4937	Dysphagia - severe and/or rapidly progressive	Ila	7	1	
	25NAGB	4938	Dysphagia - stable	III	42	6	
	25NAGC	4939	Dysphagia - follow-up/maintenance	III	42	6	
Esophagus/Gastric	25NAGD	4940	Eosinophilic Esophagitis - surveillance	V	180	26	
	25NFFB	4942	Caustic Ingestion - follow-up assessment	Ilb	21	3	
	25NFFC	4943	Dyspepsia - severe & persistent pain	Ilb	21	3	
	25NFFD	4944	Dyspepsia/Reflux - Poorly Controlled	III	42	6	
Esophagus/Gastric/Small Intestine	25NFHB	4947	Nausea/Vomiting	III	42	6	
	25NKHF	4948	Anemia - documented Iron Deficiency	III	42	6	
	25NKHG	4949	Abdominal Pain (unexplained) - chronic	IV	90	13	
	25NKHH	4950	Failure to Thrive - severe	Ilb	21	3	
	25NKHI	4951	Failure to Thrive - mild to moderate	III	42	6	
	25NKDE	4952	Follow-Up Endoscopy – Upper Gastrointestinal Tract	IV	90	13	
	25NKFA	4954	IBD - clinical features of moderate to severe activity	Ila	7	1	
	25NKFB	4955	IBD - clinical features of mild activity	Ilb	21	3	
	25NKFC	4956	IBD - follow up endoscopy upper gastrointestinal tract	V	180	26	
	25KQAA	4957	Portal Hypertension - screening	III	42	6	
	25KQAB	4958	Portal Hypertension - follow-up	III	42	6	
	25KQAC	4959	Portal Hypertension - surveillance	VI	365	52	
	Gastric	25NKHC	4960	Suspicion of Gastrointestinal GVHD - upper	Ila	7	1
25NFFE		4961	Nutritional Support – Percutaneous Endoscopic Gastrostomy (PEG) Insertion	IV	90	13	
Hepato-Biliary	25NFFG	4962	Nutritional Support – G Tube/GJ Tube change	V	180	26	
	25OABA	4963	Ascites - USS guided Abdominal Paracentesis	Ila	7	1	
	25OEDA	4964	Biliary Obstruction - Endoscopic Retrograde Cholangiopancreatography (ERCP)	Ila	7	1	
	25OEDB	4965	Biliary Obstruction - Percutaneous Transhepatic Cholangiogram	Ilb	21	3	
	25OEDC	4966	Biliary Obstruction - Cholangiogram +/- Biliary Drain Exchange	III	42	6	
	25OABB	4967	Hepatitis/Abnormal Liver Function Test - Liver Biopsy routine	Ilb	21	3	
	25OABC	4968	Jaundice - Liver Biopsy routine	Ila	7	1	
	25OABD	4969	Jaundice (Neonatal Choleostatic) - Liver Biopsy	Ila	7	1	
	25OJAC	4971	Pancreatic Duct Obstruction - (ERCP)	Ila	7	1	
	25KQAD	4972	Portal Hypertension - Transjugular Intrahepatic Portosystemic Shunt (TIPS)	Ilb	21	3	
	25OJAD	4973	Pseudocyst Obstruction - (ERCP)	Ila	7	1	
	Small Intestine	25NKHE	4974	Celiac Disease - for diagnosis (antibody test)	III	42	6
		25NKHD	4975	Intestinal Transplant - Surveillance Endoscopy	Ila	7	1
25NKDD		4976	Occult Gastrointestinal Bleeding/Lesion - sub-acute	Ilb	21	3	

(continued next page)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
<p>Other *</p> <p>*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form.</p> <p>These free text descriptions will be reviewed and used to identify the need for creation of new codes.</p>	25ZZZB	A079	Ped GI Other - IIa	IIa	7	1
	25ZZZC	A080	Ped GI Other - IIb	IIb	21	3
	25ZZZD	A081	Ped GI Other - III	III	42	6
	25ZZZE	A082	Ped GI Other - IV	IV	90	13
	25ZZZF	A083	Ped GI Other - V	V	180	26
	25ZZZH	A084	Ped GI Other - VI	VI	365	52
	25ZZZJ	C079	Ped GI Other Cancer - IIa	IIa	7	1
	25ZZZK	C080	Ped GI Other Cancer - IIb	IIb	21	3
	25ZZZL	C081	Ped GI Other Cancer - III	III	42	6
	25ZZZM	C082	Ped GI Other Cancer - IV	IV	90	13
	25ZZZN	C083	Ped GI Other Cancer - V	V	180	26
	25ZZZO	C084	Ped GI Other Cancer - VI	VI	365	52

** Wait time Target in Weeks has been rounded to the nearest integer

GENERAL SURGERY

Dear Surgeon,

February 2021

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P2**.
2. Ensure you use **both Adult and Pediatric** BC Dx code forms for your specialty:
ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient's age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

The version on this adult and pediatric specialty forms have been updated to: **v2021-P2**. Pediatric codes did **not** change. The following updates for **GI ENDOSCOPY** and **GENERAL surgery** Adult code set include only:

BC Diagnosis Code v2021-P1	BC Dx code previous version	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
GENERAL SURGERY					
300AAA		Liver Transplant – Living Donor	This is a new BC Dx Code	1	2
30NFCE	30NFCA	Gastric Malignancy	Carcinoma of the Stomach, priority level changed from 2 to 1.	1`	2
GI ENDOSCOPY					
Endoscopy – Positive FIT					
30NMDD		Positive FIT (fecal immunochemical test) – outside BCCA screening program	'fecal occult blood test' changed to 'fecal immunochemical test'	3B	8
30NMDE		Positive FIT (fecal immunochemical test) – BCCA screening program	'fecal occult blood test' changed to 'fecal immunochemical test'	3B	8
Endoscopy - Surveillance					
300ZDG		Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure – outside BCCA screening program	added indications: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure	3B	8
300ZDI		Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep	added indications: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure	3B	8

		resulting in incomplete procedure – BCCA screening program			
Endoscopy – Symptoms and Findings					
30NADA		Chronic gastroesophageal reflux disease; asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable dyspepsia	added indications: asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable dyspepsia	5	26
30NFAC		CODE REMOVED	diagnostic code removed & stable dysphagia moved to P3B code 30OZDD, dyspepsia moved to P5 code 30NADA	4	12
30OZDA		High likelihood of cancer; severe dysphagia/odynophagia; active IBD; obstructive acute jaundice; resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube	code descriptions condensed & added indications: resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube	1	2
30OZDD		Bright red rectal bleeding; anemia; confirmation celiac disease; stable dysphagia; obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC)	chronic unexplained abdominal pain moved to P5 code 30NADA & added indications: obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC)	3B	8

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn

Director, BC Surgical Patient Registry
 Provincial Health Services Authority

General Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Adrenalectomy	30PBAE	Primary aldosteronism or Cushing's syndrome	3	6
	30PBAF	Pheochromocytoma	2	4
Benign Anorectal Disease	30NTAA	Haemorrhoids	4	12
	30NTAC	Anal fissure	4	12
	30NTAD	Anal fistula with sepsis	3	6
	30NTAE	Anal fistula	5	26
	30NTAF	Benign lesions	4	12
	30NTAH	Anal fissure severe	2	4
	30NTAI	Anal lesion NYD (rule out malignancy)	2	4
Breast	30YMBA	Breast cancer risk requiring prophylactic mastectomy	4	12
	30YMCA	Breast lump NYD (rule out malignancy)	2	4
	30YMCC	Breast cancer surgery - regular	2	4
	30YMCE	Benign breast disease	4	12
	30YMCF	Breast cancer for immediate breast reconstruction	2	4
Colorectal Surgery	30NMAB	Diverticular stricture of the colon	1	2
	30NMAC	Obstructing Crohn's disease	1	2
	30NMAD	Inflammatory bowel disease without complication of haemorrhage, perforation/sepsis or obstruction	3	6
	30NMCA	Colonic carcinoma	2	4
	30NMCB	Colonic carcinoma - partially obstructing	1	2
	30NMEA	Prophylactic colectomy	4	12
	30NMEB	Diverticular disease of the colon	4	12
	30NPAA	Temporary stoma - reversal of colostomy/ileostomy	4	12
	30NQAC	Procidencia	4	12
	30NQCA	Rectal carcinoma	2	4
	30NQCB	Rectal carcinoma with short course preop radiation	1	2
	30NQCC	Rectal cancer preop chemo-radiotherapy down staging	3	6
Endoscopy - Positive FIT	30NMDD	Positive FIT (fecal immunochemical test) – outside BCCA screening program	3B	8
	30NMDE	Positive FIT (fecal immunochemical test) – BCCA screening program	3B	8
Endoscopy - Screening for Family History	30NMDF	Screening Colonoscopy for personal or significant family history - outside BCCA Screening Program	5	26
	30NMDG	Screening Colonoscopy for personal or significant family history - BCCA Screening Program	5	26
Endoscopy - Surveillance	30OZDG	Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure - outside BCCA screening program	3B	8
	30OZDH	Surveillance where assessment period 1 year or over; wait time starts at date surveillance is due - outside BCCA screening program	5	26
	30OZDI	Short interval surveillance where reassessment required under 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure – BCCA screening program	3B	8
	30OZDJ	Surveillance where assessment period 1 year or over; wait time starts at date surveillance is due - BCCA screening program	5	26
	30NADA	Chronic Gastroesophageal Reflux Disease; asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable dyspepsia	5	26
Endoscopy - Symptoms and Findings (con't next page)	30OZDA	High likelihood of cancer; severe Dysphagia/Odynophagia; active IBD; obstructive acute jaundice; resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube	1	2

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Endoscopy - Symptoms and Findings (con't)	30OZDD	Bright red rectal bleeding; Anemia; confirmation Celiac Disease; stable Dysphagia; obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC)	3B	8
Endoscopy - * Other Diagnosis Codes (provide detailed diagnosis or condition in free text description)	30OZZA	GI symptoms other P1	1	2
	30OZZB	GI symptoms other P2	2	4
	30OZZC	GI symptoms other P3	3B	8
	30OZZD	GI symptoms other P4	4	12
	30OZZE	GI symptoms other P5	5	26
Hepatobiliary Pancreatic	30OAAA	Liver Transplant - Living Donor	1	2
	30OACA	Hepatocellular carcinoma	2	4
	30OACB	Metastatic liver disease	2	4
	30OACC	Liver benign tumour	3	6
	30ODAB	Biliary colic - severe (daily pain)	1	2
	30ODAC	Biliary colic - intermediate (frequent pain)	3	6
	30ODAD	Biliary colic - chronic (infrequent symptoms)	4	12
	30ODCA	Gall bladder carcinoma	2	4
	30ODCC	Gall bladder polyps	4	12
	30OEAD	Benign bile duct stricture	4	12
	30OECA	Bile duct tumour	2	4
	30OJAB	Chronic pancreatitis	4	12
	30OJCB	Malignant pancreatic tumour or non-functioning endocrine tumour	2	4
	30OJCH	Endocrine tumour of pancreas - functioning	1	2
Hernias	30SYAA	Inguinal or femoral hernia	4	12
	30SYAB	Umbilical hernia	4	12
	30SYAC	Incarcerated hernia (inguinal, umbilical, incisional) without bowel obstruction	2	4
	30SYAD	Incisional/ventral hernia	4	12
Laparoscopy	30OZAA	Diagnosis laparoscopy - benign	3	6
	30OZCA	Staging laparoscopy - suspect malignant	1	2
Morbid Obesity	30OZBC	Morbid obesity once cleared for surgery through pre-conditioning program	4	12
Retroperitoneal Tumour	30OTCA	Retroperitoneal malignancy	2	4
Salivary Gland	30FPCC	Salivary gland benign disease	4	12
	30FPCD	Salivary gland malignancy	2	4
Skin	30MZCB	Lymph node malignancy	2	4
	30YSAA	Pilonidal disease	4	12
	30YZCH	Malignant melanoma, squamous cell carcinoma and head and neck cancers T1N1 or T2N0 or higher	1	2
	30YZCI	Cutaneous malignant Melanoma or squamous cell carcinoma, T1N0	2	4
	30YZCJ	Cutaneous or subcutaneous tumours -- confirmed or suspected malignancy	2	4
Small Bowel	30NKCA	Small bowel tumour	2	4
Spleen	30OBCA	Splenic tumour	2	4
Spleen and Kidney	30OBAD	Splenectomy for hematologic disease	3	6
	30PBCE	Adrenal cancer (known or suspected)	2	4
	30PCAJ	Chronic renal failure	3	6
Stomach and Esophagus	30NAAA	Esophageal stricture-with obstruction	1	2
	30NAAB	Esophageal stricture-without obstruction	4	12
	30NAAC	Achalasia	4	12
	30NFCD	GIST tumour of the stomach	4	12
	30NFCE	Gastric Malignancy	1	2

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Thyroid Parathyroid	30FUAB	Asymptomatic benign mass-goiter or cyst	5	26
	30FUCA	Medullary thyroid cancer	2	4
	30FUCD	Benign neoplasm/thyroid mass: rule out malignancy	4	12
	30FUCF	Malignant thyroid disease except non-metastatic stage 1 papillary carcinoma	2	4
	30FUCG	Early stage papillary carcinoma	4	12
	30FVAB	Hyperparathyroidism - significant symptoms or Calcium greater than 3.0 mmol/L	2	4
	30FVAC	Hyperparathyroidism	4	12
Unscheduled Case	30ZZAB	Predominantly unscheduled cases - complex benign	4	12
	30ZZCB	Predominantly unscheduled cases - complex malignant	2	4
Other * (provide unique diagnosis in free text description)	30ZZZA	General surgery other P1	1	2
	30ZZZB	General surgery other P2	2	4
	30ZZZC	General surgery other P3	3	6
	30ZZZD	General surgery other P4	4	12
	30ZZZE	General surgery other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.



BC Patient Condition and Diagnosis Descriptions

General Surgery - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Abdominal Wall	40SYEA	3165	Cloacal Exstrophy	IIa	7	1
	40NFDA	4271	Gastric Bezoar	IIa	7	1
	40SYDF	4166	Gastroschisis	IIa	7	1
	40SYFB	3167	Inguinal Hernia (non-incarcerated): < 1 year	IIb	21	3
	40SYFC	3168	Inguinal Hernia (non-incarcerated): > 1 year	IV	90	13
	40OTAA	4273	Intrabdominal Cyst	III	42	6
	40QGAB	4272	Hydrocele	V	180	26
	40SYDE	3171	Other Abdominal Wall Hernias (Epigastric, Incisional, Ventral Hernia, Other)	IV	90	13
	40SYDB	3170	Omphalocele	IIa	7	1
	40SYDC	3172	Umbilical - Discharge, Urachal & Vitelline Remnants	IIb	21	3
40SYDD	3173	Umbilical Hernia	VI	365	52	
Biliary System: Spleen	40OEAA	3174	Biliary Atresia	IIa	7	1
	40OEBA	3175	Choledochal Cyst - Urgent	IIb	21	3
	40OEBB	4274	Choledochal Cyst - Non-Urgent	IV	90	13
	40OBAB	3177	Disease potentially requiring Urgent splenectomy (e.g. ITP with ICH)	IIa	7	1
	40OBAA	3176	Disease potentially requiring splenectomy	IV	90	13
	40ODAA	3178	Gallbladder Disease (symptomatic) - acute	IIa	7	1
	40ODAB	3179	Gallbladder Disease (symptomatic) - chronic	III	42	6
	40OJAA	3180	Pancreatic Disease (no malignant potential)	III	42	6
40OAAB	3182	Portal Hypertension	IIb	21	3	
Breast	40YMCC	4275	Breast Mass - undiagnosed (for Biopsy)	IIb	21	3
	40YMCE	4276	Gynecomastia and other Breast Anomalies (e.g. Accessory Nipple)	V	180	26
	40YMCA	3268	Suspected Malignant	IIa	7	1
	40YMCB	3267	Suspected Benign	III	42	6
Colon, Rectum, Anus	40NTAA	3183	Anorectal Malformations - with obstruction	IIa	7	1
	40NTAB	3184	Anorectal Malformations - without obstruction	IIb	21	3
	40NVAB	3188	Appendicitis - chronic (e.g. perforated managed non-operatively, appendiceal abscess, incidental, interval)	IV	90	13
	40NMBC	4187	Hirschsprung's Disease (Non-Neonatal)	III	42	6
	40NMBA	3186	Hirschsprung's Disease	IV	90	13
	40NTBB	4277	Perianal (Abscess)	IIa	7	1
	40NTBA	3189	Perianal (Fistula, Polyps, Hemorrhoids)	III	42	6
	40NQBA	4278	Rectal Issues - Requiring Scope	IIb	21	3
Esophagus	40NAAA	3190	Achalasia	III	42	6
	40NAEA	3191	Corrosive injury to Esophagus	IIb	21	3
	40NABA	3193	Esophageal Anomalies - neonatal congenital	IIa	7	1
	40NAFA	4279	Esophageal Atresia - with Distal Tracheoesophageal Fistula	IIa	7	1
	40NAFB	4280	Esophageal Atresia - without Distal Tracheoesophageal Fistula	III	42	6
	40NADA	3194	Reflux - with Esophageal Stricture	IIb	21	3
	40NADB	3195	Reflux - without Esophageal Stricture	III	42	6
	40GJAB	4281	Tracheomalacia - Collapse of Trachea	IIa	7	1
Genitalia	40QDBA	3197	Circumcision - non-medical	VI	365	52
	40QMAA	3198	Cryptorchidism (Unilateral): < 6 months	VI	365	52
	40QMAB	4285	Cryptorchidism (Unilateral): > 6 months	IV	90	13
	40QMAC	4284	Cryptorchidism (Non-Newborn) - Bilateral & Non-Palpable	IV	90	13
	40QMAD	4282	Cryptorchidism (Newborn) - Bilateral & Non-Palpable	V	180	26
	40QMAF	4283	Cryptorchidism (Newborn) - Bilateral & Palpable	V	180	26
	40QEAB	4286	Meatal Stenosis	IV	90	13
	40RBAB	3200	Ovarian Pathology	III	42	6
	40QEAB	4287	Penile - Adhesions, Penile Skin Bridge	VI	365	52
	40QDAB	3202	Phimosis - Pathological	IV	90	13

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Large Intestine	40NMAA	3264	Requires access for Antegrade Enemas	V	180	26
Neck	40YGBC	4205	Neck Mass Inflammatory - Urgent (Abscess)	IIa	7	1
	40YGAB	3206	Neck Mass Inflammatory - Non-Urgent (atypical mycobacterial)	III	42	6
	40YGCB	3204	Neck Mass - suspected malignant	IIa	7	1
	40YGCA	3203	Neck Mass - no suspicion of cancer (including thyroglossal, thyroid, goiter, branchial cleft, etc.)	IV	90	13
Neck mass-Neonatal	40YGBD	4254	Cystic Mass (Lymphangioma) - without Obstruction	IV	90	13
	40YGCC	3255	Solid Mass	IIa	7	1
Oro-pharynx	40FJAB	3251	Ankyloglossia - with breastfeeding issues	IIa	7	1
	40FJAA	3250	Ankyloglossia	V	180	26
	40FPAB	3252	Mucocele/Ranula	IV	90	13
Peritoneal Cavity	40PCAB	3257	Renal Failure	III	42	6
Solid Tumours	40OZCC	3209	Suspected Malignant	IIa	7	1
	40OZCA	3207	Suspected Benign - asymptomatic	IV	90	13
	40OZCB	3208	Suspected Benign - symptomatic	IIb	21	3
Stomach, Duodenum, Small Bowel	40NPFB	3210	Gastric Volvulus - chronic	III	42	6
	40NPGB	4212	Necrotizing Enterocolitis (Neonatal) - Non-Urgent	IIa	7	1
	40NPEA	3213	Need for enteral access	IIb	21	3
	40NPHA	3214	Neonatal Distal Intestinal Obstruction	IIa	7	1
	40NPHB	3215	Neonatal Duodenal Obstruction	IIa	7	1
	40NFAB	4216	Pyloric Stenosis	IIa	7	1
	40NPBD	4217	Rotational Anomalies - asymptomatic	III	42	6
Stomach, Small Bowel, Large Bowel	40NPBA	3258	Anatomical - acute	IIa	7	1
	40NPBC	4259	Anatomical - chronic	III	42	6
	40NPAA	3260	Functional - acute	IIa	7	1
	40NPAB	3261	Functional - chronic	IV	90	13
	40NPDA	3262	Inflammatory - acute	IIa	7	1
	40NPDC	4263	Inflammatory - chronic	III	42	6
Thoracic	40SYAA	3221	Chest Wall Deformities	VI	365	52
	40GTAC	4327	Congenital Lung Anomalies (Non-Neonatal)	VI	365	52
	40GXBA	3223	Diaphragmatic Abnormalities - symptomatic	IIa	7	1
	40GXBC	4222	Diaphragmatic Abnormalities - asymptomatic	III	42	6
	40GTDA	3224	Infections - Empyemas/Lung Abscesses	IIa	7	1
	40GWAB	3226	Mediastinal Cystic Mass - symptomatic	IIb	21	3
	40GWAA	3225	Mediastinal Cystic Mass - asymptomatic	IV	90	13
	40SYBA	3227	Myasthenia Gravis	III	42	6
	40IBED	3229	Patent Ductal anomalies (Non-Neonatal)	III	42	6
	40GVAA	3228	Pneumothorax - recurrent or non-resolved	IIa	7	1
Thoracic - Neonatal Conditions	40GJAA	3230	Congenital Airway Obstruction	IIa	7	1
	40GXAA	3231	Congenital Diaphragmatic Hernia (CDH)	IIa	7	1
	40GTAA	3233	Congenital Lung Anomalies - symptomatic	IIa	7	1
	40GTAB	3232	Congenital Lung Anomalies - asymptomatic	V	180	26
	40IBEC	3234	Patent Ductal anomalies (PDA)	IIa	7	1
Tissue Biopsy	40OZCD	3266	Suspected Malignant	IIa	7	1
	40OZCE	3265	Suspected Benign	III	42	6
Miscellaneous (cont' next page)	40ZZAB	4320	EUA (e.g. Anal Dilatation, Peri-Anal Injury, Incision & Drainage)	IIb	21	3
	40NFBA	3236	Gastrocutaneous Fistula - symptomatic/high output	IIb	21	3
	40SYDG	4322	Gastrocutaneous Fistula - asymptomatic	IV	90	13
	40UZSN	4321	Ganglion	VI	365	52
	40YRAE	4323	Hyperhidrosis	V	180	26
	40YXAA	3237	Ingrown Toenails	IV	90	13
	40ZZAA	3238	Morbid Obesity	V	180	26
	40YSAC	4241	Pilonidal Disease - Urgent	IIa	7	1
	40YSAB	3242	Pilonidal Disease - Non-Urgent	IV	90	13
	40DZBB	4324	Preauricular Cyst/Sinus	VI	365	52
	40YZAB	3246	Skin Lesions - Non-Urgent	IV	90	13



Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Miscellaneous (cont' from previous page)	40YZBI	4325	Scar Revision	VI	365	52
	40YZBJ	4245	Skin Lesions - Urgent	Ila	7	1
	40JMAA	3247	Vascular Access for Hemodialysis	Ila	7	1
	40KZAA	3249	Vascular/Lymphatic Malformation - symptomatic	Ila	7	1
	40KZAB	3248	Vascular/Lymphatic Malformation - asymptomatic	IV	90	13
	40ISAA	3240	Venous Access Devices (insertion) - Urgent	Ila	7	1
	40ISAB	3239	Venous Access Devices (insertion) - Non-Urgent	III	42	6
	40ISBC	4244	Venous Access Devices/PEG (Revision/Removal of Hardware) - Urgent	Ila	7	1
	40ISBB	3243	Venous Access Devices/PEG (Revision/Removal of Hardware) - Non-Urgent	IV	90	13
	40YZBK	4235	Wound Management - Urgent	Ila	7	1
	40YZBL	4326	Wound Management - Non-Urgent	Ila	7	1
Other * *Other category requires a free text description of the unique condition or diagnosis, incl. the procedure code used on the OR booking form. Free text descriptions will be reviewed and used to identify the need for creation of new codes.	40ZZZB	A016	Ped General Surg Other - Ila	Ila	7	1
	40ZZZC	A017	Ped General Surg Other - IIb	IIb	21	3
	40ZZZD	A018	Ped General Surg Other - III	III	42	6
	40ZZZE	A019	Ped General Surg Other - IV	IV	90	13
	40ZZZF	A020	Ped General Surg Other - V	V	180	26
	40ZZZG	A021	Ped General Surg Other - VI	VI	365	52
	40ZZZI	C016	Ped General Surg Other CANCER - Ila	Ila	7	1
	40ZZZK	C018	Ped General Surg Other CANCER - III	III	42	6
	40ZZZL	C017	Ped General Surg Other CANCER - IIb	IIb	21	3
	40ZZZM	C019	Ped General Surg Other CANCER - IV	IV	90	13
	40ZZZN	C020	Ped General Surg Other CANCER - V	V	180	26
40ZZZO	C021	Ped General Surg Other CANCER - VI	VI	365	52	

** Wait time Target in Weeks has been rounded to the nearest integer

Gastroenterology Surgery - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **	
Abdomen	25OTAA	4922	Intrabdominal Abscess	Ila	7	1	
	25OTAB	4921	Arterial/Venous Stenosis	Ila	7	1	
Colon, Rectum, Anus	25NMHA	4923	Diarrhea - chronic	IV	90	13	
	25NMDE	4925	Follow-up Endoscopy – Lower Gastrointestinal Tract	IV	90	13	
	25NMFA	4928	IBD - clinical features of severe activity	Ila	7	1	
	25NMFB	4929	IBD - clinical features of mild to moderate activity	Ilb	21	3	
	25NMFC	4930	IBD - follow up Endoscopy Lower Gastrointestinal Tract	V	180	26	
	25NMDG	4931	Polyposis Syndrome - Screening Colonoscopy	IV	90	13	
	25NMDH	4932	Polyposis Syndrome - Surveillance Colonoscopy	VI	365	52	
	25NMHC	4934	Suspicion of Gastrointestinal GVHD - Lower	Ila	7	1	
	25NQBB	4927	Rectal Bleeding (bright red) - sub-acute	III	42	6	
	Esophagus	25NAAA	4935	Achalasia	Ilb	21	3
25NAAC		4936	Barrett's Esophagus - follow-up	V	180	26	
25NAGA		4937	Dysphagia - severe and/or rapidly progressive	Ila	7	1	
25NAGB		4938	Dysphagia - stable	III	42	6	
25NAGC		4939	Dysphagia - follow-up/maintenance	III	42	6	
25NAGD		4940	Eosinophilic Esophagitis - surveillance	V	180	26	
Esophagus/Gastric	25NFFB	4942	Caustic Ingestion - follow-up assessment	Ilb	21	3	
	25NFFC	4943	Dyspepsia - severe & persistent pain	Ilb	21	3	
	25NFFD	4944	Dyspepsia/Reflux - Poorly Controlled	III	42	6	
	25NFHB	4947	Nausea/Vomiting	III	42	6	
Esophagus/Gastric/Small Intestine	25NKHF	4948	Anemia - documented Iron Deficiency	III	42	6	
	25NKHG	4949	Abdominal Pain (unexplained) - chronic	IV	90	13	
	25NKHH	4950	Failure to Thrive - severe	Ilb	21	3	
	25NKHI	4951	Failure to Thrive - mild to moderate	III	42	6	
	25NKDE	4952	Follow-Up Endoscopy – Upper Gastrointestinal Tract	IV	90	13	
	25NKFA	4954	IBD - clinical features of moderate to severe activity	Ila	7	1	
	25NKFB	4955	IBD - clinical features of mild activity	Ilb	21	3	
	25NKFC	4956	IBD - follow up endoscopy upper gastrointestinal tract	V	180	26	
	25KQAA	4957	Portal Hypertension - screening	III	42	6	
	25KQAB	4958	Portal Hypertension - follow-up	III	42	6	
	25KQAC	4959	Portal Hypertension - surveillance	VI	365	52	
	25NKHC	4960	Suspicion of Gastrointestinal GVHD - upper	Ila	7	1	
	Gastric	25NFFE	4961	Nutritional Support – Percutaneous Endoscopic Gastrostomy (PEG) Insertion	IV	90	13
		25NFFG	4962	Nutritional Support – G Tube/GJ Tube change	V	180	26
Hepato-Biliary	25OABA	4963	Ascites - USS guided Abdominal Paracentesis	Ila	7	1	
	25OEDA	4964	Biliary Obstruction - Endoscopic Retrograde Cholangiopancreatography (ERCP)	Ila	7	1	
	25OEDB	4965	Biliary Obstruction - Percutaneous Transhepatic Cholangiogram	Ilb	21	3	
	25OEDC	4966	Biliary Obstruction - Cholangiogram +/- Biliary Drain Exchange	III	42	6	
	25OABB	4967	Hepatitis/Abnormal Liver Function Test - Liver Biopsy routine	Ilb	21	3	
	25OABC	4968	Jaundice - Liver Biopsy routine	Ila	7	1	
	25OABD	4969	Jaundice (Neonatal Choleostatic) - Liver Biopsy	Ila	7	1	
	25OJAC	4971	Pancreatic Duct Obstruction - (ERCP)	Ila	7	1	
	25KQAD	4972	Portal Hypertension - Transjugular Intrahepatic Portosystemic Shunt (TIPS)	Ilb	21	3	
	25OJAD	4973	Pseudocyst Obstruction - (ERCP)	Ila	7	1	
Small Intestine	25NKHE	4974	Celiac Disease - for diagnosis (antibody test)	III	42	6	
	25NKHD	4975	Intestinal Transplant - Surveillance Endoscopy	Ila	7	1	
	25NKDD	4976	Occult Gastrointestinal Bleeding/Lesion - sub-acute	Ilb	21	3	

(continued next page)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Other * *Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.	25ZZZB	A079	Ped GI Other - IIa	IIa	7	1
	25ZZZC	A080	Ped GI Other - IIb	IIb	21	3
	25ZZZD	A081	Ped GI Other - III	III	42	6
	25ZZZE	A082	Ped GI Other - IV	IV	90	13
	25ZZZF	A083	Ped GI Other - V	V	180	26
	25ZZZH	A084	Ped GI Other - VI	VI	365	52
	25ZZZJ	C079	Ped GI Other Cancer - IIa	IIa	7	1
	25ZZZK	C080	Ped GI Other Cancer - IIb	IIb	21	3
	25ZZZL	C081	Ped GI Other Cancer - III	III	42	6
	25ZZZM	C082	Ped GI Other Cancer - IV	IV	90	13
	25ZZZN	C083	Ped GI Other Cancer - V	V	180	26
	25ZZZO	C084	Ped GI Other Cancer - VI	VI	365	52

** Wait time Target in Weeks has been rounded to the nearest integer



Dear Surgeon,

February 2021

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P1**.
2. Ensure you use **both Adult** and **Pediatric** BC Dx code forms for your specialty:
ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient's age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

- In consultation with Trans Care BC, 3 Gender Dysphoria dx codes have been created to replace **50RZAE** Gender Transition P5.
- **All gender affirming (GAS) procedures should use one of these 3 codes.** These 3 codes are used as case identifiers for Trans Care BC, as well as for special care for patient notification.
- The version on all adult and pediatric specialty forms have been updated to: **v2021-P1**.
- Pediatric codes were **not** updated. The updates for **OB/GYNE** surgery Adult codes include only:

BC Diagnosis Code v2021-P1	BC Dx code previous version	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
39PZGC	50RZAE	Gender Dysphoria; urgent revisions for urinary complications	New code; Gender Transition, priority updated from P5 to P3	3	6
35ZZGD	50RZAE	Gender Dysphoria; minor revisions and/or staging procedures	New code; Gender Transition, priority updated from P5 to P4	4	12
35ZZGE	50RZAE	Gender Dysphoria; primary and/or non-urgent revisions	New code; Gender Transition	5	26

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn

Director, BC Surgical Patient Registry
Provincial Health Services Authority

Obstetrics and Gynecology - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Adnexal Mass	50RDCE	Adnexal Mass - Clinically Malignant	1	2
	50RDCC	Adnexal Mass - Suspected Malignancy	2	4
	50RDCE	Adnexal Mass - Malignancy Unlikely	4	12
Cancer Oophorectomy	50RBAB	Cancer breast oophorectomy adjuvant therapy	4	12
	50RBCD	Cancer breast therapeutic oophorectomy	3	6
Cancer Ovary	50RBCC	Cancer ovary borderline	3	6
	50RDCA	Cancer ovary, fallopian tube or peritoneum	1	2
Cervical Disease	50RNAB	Cervical lesion requiring diagnostic excision/biopsy	2	4
	50RNCA	Invasive cancer of the cervix	1	2
	50RNCB	Cancer of the cervix after XRT	4	12
	50RNCD	Cancer cervix CIS (not completely excised) or microinvasive	3	6
	50RNCF	Cancer cervix in situ (completely excised on cone/LEEP)	4	12
Cervical Incompetence	50RNAA	Cervical incompetence	1	2
Endometrial Disease	50RMCA	Cancer endometrium G3	1	2
	50RMCB	Cancer endometrium G1,2	2	4
	50RMDA	Endometrial hyperplasia (complex with atypia)	2	4
	50RMDE	Endometrial hyperplasia (failed medical management)	4	12
	50RMFE	Incidental/asymptomatic endometrial abnormalities	4	12
	50RMJB	Retained IUD - not pregnant	4	12
	50RMMA	Abnormal uterine bleeding high risk of malignancy	1	2
	50RMMB	Abnormal uterine bleeding low risk of malignancy	4	12
Endometriosis	50RMEC	Endometriosis, severe, laparoscopically verified, debilitating, requiring narcotics	3	6
	50RMED	Endometriosis/Endometrioma	4	12
Fibroid	50RMFB	Fibroids rapidly enlarging post-menopausal	2	4
	50RMFD	Fibroid	4	12
Gender Dysphoria	39PZGC	Gender Dysphoria; urgent revisions for urinary complications	3	6
	35ZZGD	Gender Dysphoria; minor revisions and/or staging procedures	4	12
	35ZZGE	Gender Dysphoria; primary and/or non-urgent revisions	5	26
Infertility	50RZAA	Infertility > 35 years old (at time of booking)	4	12
	50RZAB	Infertility < 35 years old (at time of booking)	5	26
Menorrhagia	50RMHC	Menorrhagia with severe anemia Hb < 99	3	6
	50RMHD	Menorrhagia - severe impact on lifestyle	4	12
	50RMHE	Menorrhagia - moderate impact on lifestyle	5	26
Other diagnosis	50NPAA	Temporary stoma - reversal of colostomy/ileostomy	4	12
	50OTAA	Abdominal foreign body for removal (e.g. IUD)	5	26
	50RBAA	BRCA 1&2 carrier	4	12
	50RBCB	Cancer recurrence exenteration	2	4
	50RFBD	Requested birth control (e.g. tubal ligation)	5	26
	50RZBD	Mesh erosion	4	12
Pelvic Floor Disorders	50NTAA	Fecal incontinence	3	6
Pelvic Organ Prolapse	50RZBA	Pelvic prolapse - severe - complicated - urinary retention, irreducible	1	2
	50RZBB	Pelvic prolapse - moderate - interference with lifestyle	4	12
	50RZBC	Pelvic prolapse - mild - interference with lifestyle	5	26

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Pelvic Pain	50RZDE	Chronic pelvic/vulvar/vaginal pain	5	26
	50RZDF	Pelvic pain (requiring regular use of narcotics and/or frequent visits to ER and/or frequent hospital admissions)	3	6
Pregnancy Related	50RMJA	Undesired/abnormal pregnancy	1	2
	50RMLA	Missed abortion for evacuation	1	2
	50RMLB	Booked caesarean section	NA	52
Urinary incontinence	50PMBF	Urinary incontinence - severe	3	6
	50PMBG	Urinary incontinence - moderate	4	12
	50PMBH	Urinary incontinence - mild	5	26
Vulvar Disease			4	12
	50RWBD	Extensive chondyloma vulva, vagina (marked interference with lifestyle)		
	50RWBE	Vulva lesion - benign	5	26
	50RWBF	Vulvar hypertrophy	5	26
	50RWCA	Cancer vulva	1	2
	50RWCB	Cancer vulva, wide local excision only	2	4
	50RWCE	Bartholin cyst - symptomatic	4	12
50RWCF	Carcinoma in situ vulva/vagina	3	6	
Other * (provide unique diagnosis in free text description)	50ZZZA	Obst/Gynecology other P1	1	2
	50ZZZB	Obst/Gynecology other P2	2	4
	50ZZZC	Obst/Gynecology other P3	3	6
	50ZZZD	Obst/Gynecology other P4	4	12
	50ZZZE	Obst/Gynecology other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.



BC Patient Condition and Diagnosis Descriptions

Gynecology - Pediatric (Under 17 years on the date of decision)

Diagnosis Description	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Adolescent Pregnancies	52RMAD	4288	Incomplete Abortion - Hemodynamically Stable	IIa	7	1
	52RMAB	3289	Missed Abortion - Hemodynamically Stable	IIa	7	1
	52RMAC	3290	Molar Pregnancy	IIa	7	1
Genital Trauma	52RSAA	3293	Foreign Body (Vaginal)	IIa	7	1
Gynaecological Congenital Anomalies	52RZFA	4333	Cloacal Anomalies	V	180	26
	52RZAA	3294	Disorders of Sexual Development	VI	365	52
	52RSBA	3295	Hymenal Anomalies, Non-Obstructive Anomalies, Longitudinal Vaginal Septums - asymptomatic	V	180	26
	52RZBA	3296	Mullerian Anomalies	V	180	26
	52RSBB	3297	Obstructive Anomalies - symptomatic	IIa	7	1
Ovaries	52RBBC	4300	Disorders of Sexual Development - Virilizing	IIb	21	3
	52RBBA	3299	Disorders of Sexual Development - Non-Virilizing	V	180	26
	52RBDA	3302	Ovarian Cyst (Newborns) - symptomatic	IIa	7	1
	52RBDB	3301	Ovarian Cyst (Newborns) - asymptomatic	III	42	6
	52RBDD	3304	Ovarian Cyst (Non-Newborn) - symptomatic	IIb	21	3
	52RBDC	3303	Ovarian Cyst (Non-Newborn) - asymptomatic	IV	90	13
	52RBEB	4335	Ovarian Torsion - asynchronous, bilateral, recurrent	III	42	6
	52RBEC	4334	Ovarian Transposition	IIa	7	1
Pelvic Pain	52RZDA	3309	Pelvic Pain - acute (Non-Torsion)	IIa	7	1
	52RZDB	3310	Pelvic Pain - chronic	V	180	26
Solid Tumours	52RZCC	3308	Suspected Malignant	IIa	7	1
	52RZCB	3307	Suspected Benign - symptomatic	IIb	21	3
	52RZCA	3306	Suspected Benign - asymptomatic	IV	90	13
Uterus, Vulva, Cervix, Vagina	52RMFG	4336	Congenital Uterine Anomaly (Hysteroscopy)	V	180	26
	52RMDF	4337	Endometrial Polyps (hysteroscopy)	V	180	26
	52RWAA	3311	Genital Warts	V	180	26
	52RMDG	4338	Hysteroscopy for Diagnosis or Surveillance	V	180	26
	52RWFA	3316	Labial Agglutination	IV	90	13
	52RWBA	3317	Labial Revision	VI	365	52
	52RWCE	4318	Marsupialization Bartholin's Abscess	IIa	7	1
	52RZEC	3315	EUA - symptomatic	IIa	7	1
	52RZEA	3314	EUA - asymptomatic	V	180	26
	52RZEB	3313	EUA or Vaginoscopy for Infection	IIb	21	3
	52RSBC	4377	Vaginal Stenosis Requiring Vaginal Dilatation	V	180	26
	52RWEA	3319	Vulvar Cysts	V	180	26
	Miscellaneous	52RMDA	3298	Insertion/Removal IUD	IV	90
Other * *Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.	52RZZB	A023	Ped Gynaecology Other - IIa	IIa	7	1
	52RZZC	A024	Ped Gynaecology Other - IIb	IIb	21	3
	52RZZD	A025	Ped Gynaecology Other - III	III	42	6
	52RZZE	A026	Ped Gynaecology Other - IV	IV	90	13
	52RZZF	A027	Ped Gynaecology Other - V	V	180	26
	52RZZG	A028	Ped Gynaecology Other - VI	VI	365	52
	52RZZI	C023	Ped Gynaecology Other CANCER - IIa	IIa	7	1
	52RZZK	C025	Ped Gynaecology Other CANCER - III	III	42	6
	52RZZL	C024	Ped Gynaecology Other CANCER - IIb	IIb	21	3
	52RZZM	C026	Ped Gynaecology Other CANCER - IV	IV	90	13
	52RZZN	C027	Ped Gynaecology Other CANCER - V	V	180	26
	52RZZO	C028	Ped Gynaecology Other CANCER - VI	VI	365	52

** Wait time Target in Weeks has been rounded to the nearest integer

ORAL and MAXILLOFACIAL

Dear Surgeon,

February 2021

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P1**.
2. Ensure you use both **Adult** and **Pediatric** BC Dx code forms for your specialty:
ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient's age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

The version on all adult and pediatric specialty forms have been updated to: **v2021-P1**.

Pediatric codes were **not** updated. The updates for **ORAL** and **MAXILLOFACIAL** Adult codes include only:

BC Diagnosis Code v2021-P1	BC Dx code previous version	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
94ETAC	94ETAB	Nasal Deformity	94ETAB (priority level 4) has been replaced with 94ETAC with a priority level 5	5	26

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn

Director, BC Surgical Patient Registry
Provincial Health Services Authority

Oral and Maxillofacial Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Dental Disease	94FEAC	Exposure of teeth	5	26
	94FEAD	Dental implant	5	26
	94FEBB	Erupted teeth - associated with severe dental disease requiring extraction	2	4
	94FEBD	Erupted teeth - associated with moderate dental disease requiring extraction	4	12
	94FEBE	Erupted teeth - associated with mild dental disease requiring extraction	5	26
	94FEDB	Impacted teeth - associated with severe dental disease	2	4
	94FEDD	Impacted teeth - associated with moderate dental disease	4	12
	94FEDE	Impacted teeth - associated with mild dental disease	5	26
	94FGAA	Foreign body	4	12
	94FKAC	Dental disease - mild pain/infection with low medical risk	5	26
	94FKAD	Dental disease - moderate pain/infection with moderate medical risk	4	12
	94FKAF	Dental disease - severe pain/infection with severe medical risk	2	4
Maxillofacial Complex	94EFAB	Osteonecrosis of the jaw	4	12
	94EGAA	Skeletal facial deformity and/or malocclusion with ortho	4	12
	94EGAB	Skeletal facial deformity and/or malocclusion w/o ortho	5	26
	94EGBA	Adult cleft lip and/or palate	5	26
	94ELAA	Acute temporomandibular joint dysfunction	1	2
	94ELAB	Chronic temporomandibular joint dysfunction	5	26
	94ELBA	Maxillofacial complex of jaws	3	6
	94EMAA	Alveolar cleft	4	12
	94FGAC	Maxillofacial soft tissue defect	5	26
	94FGCA	Benign intraoral soft tissue lesion	4	12
	94FGCB	Benign extraoral soft tissue lesion	4	12
	94FGCC	Malignant intraoral soft tissue lesion	2	4
	94FGCD	Malignant extraoral soft tissue lesion	2	4
	94FKAA	Acute oral infection	1	2
	94FKAB	Chronic oral infection	1	2
	94FKAJ	Nerve injury	1	2
	94FKBA	Maxillofacial bone defect	5	26
	94FKBB	Maxillofacial tissue defect	5	26
	94FKCA	Benign intraoral osseous lesion (cyst/tumour)	4	12
	94FKCB	Malignant intraoral osseous lesion (cyst/tumour)	1	2
Nose and Sinuses	94ESAB	Deviated nasal septum	5	26
	94ETAA	Epistaxis - recurrent/chronic	4	12
	94ETAC	Nasal Deformity	5	26
	94EYAA	Chronic sinusitis/polyposis	4	12
	94EYCA	Benign neoplasm sinus	4	12
	94EYCB	Malignant neoplasm sinus	2	4
Salivary Gland	94FPCC	Salivary gland benign disease	4	12
	94FPCD	Salivary gland malignancy	2	4
Sinus disorder	94FBBB	Oral-antral fistula	3	6
Other * (provide unique diagnosis in free text description)	94ZZZA	Oral surgery other P1	1	2
	94ZZZB	Oral surgery other P2	2	4
	94ZZZC	Oral surgery other P3	3	6
	94ZZZD	Oral surgery other P4	4	12
	94ZZZE	Oral surgery Other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.

Oral and Maxillofacial Surgery - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **	
Abscess and Related Complications	98EQAB	3818	Fascial Space Infection - moderate risk medical status	IIa	7	1	
	98EQAC	3817	Fascial Space Infection - low risk medical status	IIa	7	1	
	98EFBB	3821	Infected Jaw Pathosis - moderate risk medical status	IIa	7	1	
	98EFBC	3820	Infected Jaw Pathosis - low risk medical status	IIa	7	1	
	98EFAA	3824	Osteomyelitis - low risk medical status	IIa	7	1	
	98EFAB	3825	Osteomyelitis - moderate risk medical status	IIa	7	1	
Clefts	98EDAB	4828	Alveolar Cleft	V	180	26	
	98FJAB	3829	Ankyloglossia - with Breastfeeding Issues	IIa	7	1	
	98FJAC	3830	Ankyloglossia - with Speech Delay	V	180	26	
	98FBBC	3836	Cleft Palate - Secondary Procedure	IV	90	13	
	98FBBF	4835	Cleft Palate	IV	90	13	
	98FKBD	4832	Cleft Lip	IV	90	13	
	98FKDC	3833	Cleft Lip - Secondary Procedure	IV	90	13	
	98FBBG	4831	Cleft Lip & Palate	IV	90	13	
	98FBBH	4827	Cleft Nasal Floor Alveolar Bone Grafts	V	180	26	
	98FBBI	4837	Cleft Nasal Lip Deformity requiring Septorhinoplasty Surgery	V	180	26	
	98EGAG	4834	Cleft Skeletal-Facial Deformity requiring Orthognathic Surgery	V	180	26	
	98EGAC	4838	Facial Cleft (complex)	III	42	6	
	98EGAD	4839	Facial Cleft (other)	IV	90	13	
	98FKDA	3840	Lip - Prenatal Diagnosis	IV	90	13	
	98FBAA	3841	Palate - Prenatal Diagnosis	IV	90	13	
	98FCAA	3842	Residual Oro-Nasal Fistula - Vestibular or Palatal	III	42	6	
	98FJBC	4843	Speech Delay - Macroglossia	IV	90	13	
	98FABA	4844	Speech Delay - Velopharyngeal Insufficiency	IV	90	13	
	Craniofacial	98EFAA	3845	Airway Issues - Pierre Robin	IIa	7	1
		98EHAA	3846	Airway Issues - Treacher Collins, Micrognathia	IIa	7	1
98EHBA		3848	Craniofacial - Other	IV	90	13	
98EHDA		3847	Craniofacial - Hemifacial Microsomia	IV	90	13	
98EAAC		3849	Craniosynostosis - Sagittal (Single)	III	42	6	
98EAAD		3850	Craniosynostosis - syndromic/multiple	III	42	6	
98EFEA		3851	Skeletal-Facial Deformities requiring Orthognathic Procedures - Maxilla/Mandible/Genioplasty/Coronoidectomy	IV	90	13	
98EFEB		3852	Skeletal-Facial Deformities requiring Orthognathic Procedures/Osteodistraction - Maxilla or Mandible	IV	90	13	
98ELAA		3853	TMJ Dysfunction - acute	IIa	7	1	
98ELAC		3854	TMJ Dysfunction - chronic (Ankylosis)	III	42	6	
98ELAB		3855	TMJ Dysfunction - chronic (Other)	IV	90	13	
98EQBA		3856	Vascular Anomalies - with Functional Issues	IIa	7	1	
98EQBB		3857	Vascular Anomalies - without Functional Issues	III	42	6	
Dental Caries		98FEAD	3859	Advanced Dental Caries (Visible Carious Lesions and/or Pain) - low risk medical status	IV	90	13
	98FEAE	3860	Advanced Dental Caries (Visible Carious Lesions and/or Pain) - moderate risk medical status	III	42	6	
	98FEAF	3858	Advanced Dental Caries (Visible Carious Lesions and/or Pain) - high risk medical status	IIa	7	1	
Dental Disorders	98FEBC	3862	Dental Hypoplasia	IV	90	13	
	98FEBD	3861	Dental Disorder - Other	IV	90	13	
	98FEBH	4914	Dental Impaction - symptomatic	IIb	21	3	
	98FEBA	3863	Dental Impaction - asymptomatic	V	180	26	
	98FKAA	3864	Dentoalveolar Deficiency - Crowding	V	180	26	
	98FKEA	3865	Oligodontia	V	180	26	
	98FEBB	3866	Retained Primary Teeth	IV	90	13	
	98FEEA	3904	Supernumerary Tooth - with or without Associated Pathosis	III	42	6	

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Hard Tissues	98EFIA	3900	Post Ablative Defect - Maxilla & Mandible	IV	90	13
Otologic Surgery	98DZAC	4870	Ear Abnormality	V	180	26
	98DZAD	4868	Other Congenital Ear Deformities - Major	V	180	26
	98DZAF	4869	Other Congenital Ear Deformities - Minor	V	180	26
Pathology	98EFHA	3871	Atrophic Maxilla/Mandible Reconstruction	IV	90	13
	98FKFA	3872	Foreign Body (Hard and/or Soft Tissue)	IV	90	13
	98FJBA	3873	Macroglossia	IV	90	13
	98GZAA	3874	Obstructive sleep apnea	IV	90	13
	98EFGA	3875	Osteoradionecrosis Maxilla & Mandible	IIa	7	1
	98FKCA	3876	Suspected Benign Lesions (Hard and/or Soft Tissue)	III	42	6
	98FKCB	3877	Suspected Malignant Lesions (Hard and/or Soft Tissue)	IIa	7	1
Salivary Glands Disorder	98FPCD	3878	Benign Tumour of Salivary Gland	IV	90	13
	98FPCC	3879	Malignant Tumour of Salivary Gland	IIa	7	1
	98FPAC	3880	Mucocele of Major Salivary Gland	IV	90	13
	98FPBA	3881	Sialolithiasis	III	42	6
	98FPDA	3882	Sialorrhea Control	V	180	26
Sino-Nasal Disorders	98ESAA	3884	Deviated Nasal Septum	V	180	26
	98ETAB	3886	Epistaxis - Recurrent	IV	90	13
	98FKFB	3887	Foreign Body (Oral Cavity)	IIa	7	1
	98ETBA	3888	Hypertrophied Turbinates - Causing Nasal Obstruction	V	180	26
	98ETDA	3889	Nasal Deformity	V	180	26
	98ETGA	3890	Nasal Dermoid	IV	90	13
	98ETHA	3891	Nasal Fracture	IIa	7	1
	98ETIA	3892	Nasal Polyp	IV	90	13
	98ETCE	3894	Sino-Nasal Mass (Benign)	III	42	6
	98EYAA	3883	Sinusitis - chronic	V	180	26
Soft Tissue and Skin	98EQCF	3896	Benign Lesions (Nostril, Oral, Lip, Facial, Tongue, Ear, etc.)	IV	90	13
	98EQCG	3897	Malignant Lesions ((Nostril, Oral, Lip, Facial, Tongue, Ear, etc.)	IIa	7	1
	98EQDA	3898	Unacceptable Scar - New	III	42	6
	98EQDB	3899	Unacceptable Scar - Old	VI	365	52
Trauma (seen in office/clinic)	98EHEA	3901	Facial Fractures	IIa	7	1
Miscellaneous	98EFJA	4915	Removal/Revision of Hardware	IIb	21	3
	98FKBB	3867	EUA	V	180	26
Other * *Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. Free text descriptions will be reviewed and used to identify the need for creation of new codes.	98FKZB	A072	Ped Oral Surgery Other - IIa	IIa	7	1
	98FKZC	A073	Ped Oral Surgery Other - IIb	IIb	21	3
	98FKZD	A074	Ped Oral Surgery Other - III	III	42	6
	98FKZE	A075	Ped Oral Surgery Other - IV	IV	90	13
	98FKZF	A076	Ped Oral Surgery Other - V	V	180	26
	98FKZG	A077	Ped Oral Surgery Other - VI	VI	365	52
	98FKZI	C072	Ped Oral Surgery Other CANCER - IIa	IIa	7	1
	98FKZK	C074	Ped Oral Surgery Other CANCER - III	III	42	6
	98FKZL	C073	Ped Oral Surgery Other CANCER - IIb	IIb	21	3
	98FKZM	C075	Ped Oral Surgery Other CANCER - IV	IV	90	13
	98FKZN	C076	Ped Oral Surgery Other CANCER - V	V	180	26
98FKZO	C077	Ped Oral Surgery Other CANCER - VI	VI	365	52	

** Wait time Target in Weeks has been rounded to the nearest integer



OPHTHALMOLOGY

Dear Surgeon,

February 2021

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P1**.
2. Ensure you use **both Adult and Pediatric** BC Dx code forms for your specialty:
ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient's age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

- The version on all adult and pediatric specialty forms have been updated to: **v2021-P1**.
- Pediatric codes were **not** updated. The updates for **Ophthalmology** surgery Adult codes include only:

BC Diagnosis Code v2021-P1	BC Dx code previous version	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
62CLAF	62CLAF	Cataract Second Eye	Description was "Cataract Second Eye – to avoid anisometropia"	3	6

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn

Director, BC Surgical Patient Registry
 Provincial Health Services Authority

Ophthalmology Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Conjunctiva, Cornea and Anterior Chamber	62CCAA	Cornea opacity or disease for transplantation	4	12
	62CCAB	Cornea opacity for transplantation with pain, thinning, endothelial dysfunction with impending anterior haze or other semi-urgent problems	2	4
	62CJAA	Glaucoma	3	6
	62CJAB	Glaucoma - eye pressure commensurate with accelerated vision loss	1	2
	62CSAD	Pterygium approaching visual axis	4	12
	62CSAE	Pterygium	5	26
Eyelid	62CVAA	Ptosis visual axis obscured	4	12
	62CVAB	Ptosis visual axis not obscured	5	26
	62CVAC	Dermatochalasis with visual field impairment	5	26
	62CXAA	Ectropion	4	12
	62CXAB	Entropion	4	12
	62CXAC	Eye lid retraction	4	12
	62CXAF	Lid malpositioned causing ocular injury	1	2
	62CXCC	Eyelid malignancy - aggressive	1	2
Globe	62CXCD	Eyelid malignancy	2	4
	62CZAA	Blind painful eye	2	4
	62CZAD	Blind painless eye	5	26
Lacrimal System	62CZCA	Intraocular tumour	2	4
	62CTAA	Epiphora	5	26
Lens	62CTAB	Dacryocystitis	1	2
	62CLAC	Cataract - unable to function without assistance	3	6
	62CLAF	Cataract - second eye	3	6
	62CLAG	Cataract - work driving impairment or impairment in the ability to function in the workplace	4	12
	62CLAH	Cataract with functional impairment	5	26
	62CLDB	Aphakia	3	6
Ocular Muscles	62CLDC	Dislocated lens	3	6
	62CQAA	Strabismus	5	26
Retina	62CQAB	Strabismus with diplopia	4	12
	62CNAA	Macular hole	3	6
	62CNAB	Epiretinal membrane	4	12
	62CNBB	Tractional retinal detachment - macular threatening	1	2
	62CNBC	Tractional retinal detachment - not macular threatening	3	6
Soft tissue of orbit and eyeball NEC	62CNFA	Vitreo-macular traction	3	6
	62CPAA	Chronic orbital compression causing vision loss (thyroid orbitopathy)	1	2
	62CPAB	Chronic orbital compression not causing vision loss (thyroid orbitopathy)	4	12
Vitreous	62CPCB	Orbital and conjunctival tumour	2	4
	62CMAD	Vitreous hemorrhage	4	12
	62CMAE	Vitreous hemorrhage, chronic, non-clearing	2	4
	62CMBB	Vitritis with possible lymphoma	2	4
	62CMDA	Intraocular silicone oil - non urgent	4	12
Other * (provide unique diagnosis in free text description)	62CMDB	Intraocular silicone oil - urgent due to IOP or cornea	1	2
	62ZZZA	Ophthalmology other P1	1	2
	62ZZZB	Ophthalmology other P2	2	4
	62ZZZC	Ophthalmology other P3	3	6
	62ZZZD	Ophthalmology other P4	4	12
62ZZZE	Ophthalmology other P5	5	26	

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.

BC Patient Condition and Diagnosis Descriptions

Ophthalmology - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **	
Anterior Segment	63CLDB	4444	Aphakia	IV	90	13	
	63CLAA	3396	Cataract: < 3 months of age	IIa	7	1	
	63CLAB	3398	Cataract: 3 months - 2 years of age	IIb	21	3	
	63CLAC	3397	Cataract: 2-9 years of age	III	42	6	
	63CLAD	3399	Cataract: > 9 years of age	IV	90	13	
	63CJAA	3400	Glaucoma: < 2 years of age	IIa	7	1	
	63CJAB	3401	Glaucoma: 2-9 years of age	IIb	21	3	
	63CJAD	4402	Glaucoma: > 9 years of age	IIb	21	3	
	63CLDC	4445	Implant - adjustment, dislocation, replacement, removal	IIa	7	1	
	63CCAA	3403	Opaque Cornea: < 6 months of age	IIa	7	1	
	63CLBA	4446	Posterior Capsule Opacification: < 6 years of age	IIb	21	3	
	63CLBB	4447	Posterior Capsule Opacification: 6-9 years of age	III	42	6	
	63CLBC	4448	Posterior Capsule Opacification: > 9 years of age	IV	90	13	
	63CEAA	3404	Red Eye - Undiagnosed	IIa	7	1	
Oculoplastics - Orbital Surgery	63CPBA	3407	Amblyogenic Lid and Orbital Lesions: < 2 years	IIa	7	1	
	63CPBB	3408	Amblyogenic Lid and Orbital Lesions: > 2 years	IIb	21	3	
	63CZAA	3409	Blind Painful Eye/Enucleation	III	42	6	
	63CUAB	3410	Blocked Tear Duct	IV	90	13	
	63CSAF	4449	Conjunctiva Nevus	V	180	26	
	63CUAA	3412	Dacryocystitis - acute	IIa	7	1	
	63CPDA	3413	Lid Malposition - with Corneal Involvement	IIa	7	1	
	63CPDB	3414	Lid Malposition - without Corneal Involvement	III	42	6	
	63CZDB	4450	Limbal Dermoid, Papilloma	IV	90	13	
	63CPEA	3415	Non-Amblyogenic Lid or Orbital Lesion	IV	90	13	
	63CPCA	3416	Orbital and/or Eyelid Tumour	IIa	7	1	
	63CVAA	3411	Ptosis (Non-Amblyogenic) - chronic	IV	90	13	
	Retina	63CZBA	3426	EUA - Urgent (e.g. Post-op, Trauma, Undiagnosed Visual Loss, Foreign Body, Suture Removal)	IIa	7	1
		63CNA A	3418	Retinal Detachment - Macula (off)	IIa	7	1
63CNBC		3425	Retinopathy of Prematurity: Stage IV & V	IIa	7	1	
63CZCB		3420	Retinoblastoma (Active) - Follow Up	IIb	21	3	
63CZCE		4421	Retinoblastoma (Inactive) - Follow Up	IV	90	13	
63CZCD		3417	Retinoblastoma - Family History	IV	90	13	
Strabismus/Neuro	63CQAD	3427	Strabismus (with Diplopia) - acute onset	IIb	21	3	
	63CQAA	3429	Strabismus: < 2 years	III	42	6	
	63CQAE	4431	Strabismus: 2-4 years	IV	90	13	
	63CQAF	4430	Strabismus: > 4 years	V	180	26	
	63CQBA	3428	Nystagmus Surgical Correction	V	180	26	
Trauma	63CXAB	4434	Lid Laceration	IIa	7	1	
	63EWAB	3435	Orbital Floor Fracture	IIa	7	1	
Miscellaneous	63CXBA	4451	Chalazion	V	180	26	
	63ZZAA	4436	EUA - Non-Urgent (e.g. uncooperative, fitting for contact lens, post cataract)	IV	90	13	
	63YFAA	4452	Preauricular Tag	V	180	26	

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Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
<p>Other *</p> <p>*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form.</p> <p>Free text descriptions will be reviewed and used to identify the need for creation of new codes.</p>	63CZZB	A037	Ped Ophthalmology Other - IIa	IIa	7	1
	63CZZC	A038	Ped Ophthalmology Other - IIb	IIb	21	3
	63CZZD	A039	Ped Ophthalmology Other - III	III	42	6
	63CZZE	A040	Ped Ophthalmology Other - IV	IV	90	13
	63CZZF	A041	Ped Ophthalmology Other - V	V	180	26
	63CZZG	A042	Ped Ophthalmology Other - VI	VI	365	52
	63CZZI	C037	Ped Ophthalmology Other CANCER - IIa	IIa	7	1
	63CZZK	C039	Ped Ophthalmology Other CANCER - III	III	42	6
	63CZZL	C038	Ped Ophthalmology Other CANCER - IIb	IIb	21	3
	63CZZM	C040	Ped Ophthalmology Other CANCER - IV	IV	90	13
	63CZZN	C041	Ped Ophthalmology Other CANCER - V	V	180	26
	63CZZO	C042	Ped Ophthalmology Other CANCER - VI	VI	365	52

** Wait time Target in Weeks has been rounded to the nearest integer



Dear Surgeon,

February 2021

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P1**.
2. Ensure you use **both Adult and Pediatric** BC Dx code forms for your specialty:
ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient’s age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

The version on all adult and pediatric specialty forms have been updated to: **v2021-P1**.

Pediatric codes were **not** updated. The updates for **OTOLARYNGOLOGY** Adult code set include:

BC Diagnosis Code v2021-P1	BC Dx code previous version	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
60ETAE	60ETAD	Traumatic Nasal Deformity	60ETAD replaced with 60ETAE with priority level changed from P5 to P4	4	12
60FUCH		Thyroid mass rule out malignancy	Code removed – no longer used Apr1	4	12

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn
 Director, BC Surgical Patient Registry
 Provincial Health Services Authority



BC Patient Condition and Diagnosis Descriptions

Otolaryngology - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Ear/Mastoid	60DEAA	External canal atresia/stenosis	4	12
	60DLAA	Mastoid and/or middle ear disease	4	12
	60DLAB	Mastoid and/or middle ear disease - complicated	1	2
	60DLCA	Malignant neoplasm ear/mastoid	2	4
	60DZAA	Hearing loss - other	4	12
Esophagus	60NAAA	Esophageal stricture/diverticulum - with severe obstruction	1	2
	60NAAB	Esophageal stricture/diverticulum - with non-severe obstruction	4	12
Glottis and Larynx	60GAAA	Vocal cord paralysis	3	6
	60GAAB	Vocal cord paralysis with aspiration	1	2
	60GEAA	Laryngeal polyp/nodule	4	12
	60GEBA	Suspected or confirmed malignant neoplasm of larynx	1	2
	60GECC	Benign neoplasm larynx	4	12
	60GECD	Benign neoplasm larynx - obstructing	1	2
Head/Neck	60YCCB	Malignant neoplasm skin	2	4
	60YG CX	Malignant neoplasm neck	2	4
	60YGCY	Benign neoplasm neck - cyst neck	4	12
Miscellaneous	60ZZAA	Sleep apnea	5	26
Mouth and Pharynx	60FKCC	Malignant neoplasm oral cavity	2	4
	60FKCE	Benign neoplasm oral cavity	4	12
	60FRAC	Tonsillitis - recurrent/chronic	5	26
	60FRAD	Adenoiditis - recurrent/chronic	5	26
	60FXCA	Malignant neoplasm oropharynx, hypopharynx	2	4
	60FXCB	Malignant neoplasm oropharynx - hypopharynx - with impending airway compromise	1	2
	60FXCC	Benign neoplasm oropharynx	4	12
	60FXCE	Benign neoplasm hypopharynx	3	6
Nose and Sinuses	60ESAB	Deviated nasal septum	5	26
	60ETAA	Epistaxis - recurrent/chronic	4	12
	60ETA E	Traumatic Nasal Deformity	4	12
	60EYAA	Chronic sinusitis/polyposis	4	12
	60EYAE	Sinusitis acute - complicated	1	2
	60EYCA	Benign neoplasm sinus	4	12
	60EYCB	Malignant neoplasm sinus	2	4
Salivary Gland	60FPAA	Sialadenitis - acute	1	2
	60FPAB	Sialadenitis - chronic	4	12
	60FPCC	Salivary gland benign disease	4	12
	60FPCD	Salivary gland malignancy	2	4

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Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Thyroid Parathyroid	60FUAB	Asymptomatic benign mass - goiter or cyst	5	26
	60FUCA	Medullary thyroid cancer	2	4
	60FUCD	Benign neoplasm/thyroid mass: rule out malignancy	4	12
	60FUCF	Malignant thyroid disease except non-metastatic stage 1 papillary carcinoma	2	4
	60FUCG	Early stage papillary carcinoma	4	12
	60FUCI	Well differentiated thyroid cancer with cervical lymph node metastases	2	4
	60FUCJ	Well differentiated thyroid cancer without cervical lymph node metastases	4	12
	60FVAB	Hyperparathyroidism - significant symptoms or Calcium greater than 3.0 mmol/L	2	4
	60FVAC	Hyperparathyroidism	4	12
Tympanic Membrane	60DFAA	Myringotomy and tubes for recurrent otitis media	4	12
	60DFAB	Myringotomy and tube for otitis media with effusion	4	12
Other * (provide unique diagnosis in free text description)	60ZZZA	Otolaryngology other P1	1	2
	60ZZZB	Otolaryngology other P2	2	4
	60ZZZC	Otolaryngology other P3	3	6
	60ZZZD	Otolaryngology other P4	4	12
	60ZZZE	Otolaryngology other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.



BC Patient Condition and Diagnosis Descriptions

Otolaryngology - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Disorders of the Airway	61ETEA	3569	Choanal Atresia - Bilateral	IIa	7	1
	61ETEB	3570	Choanal Atresia - Unilateral	V	180	26
	61GEGA	4647	Chronic Aspiration/Swallowing Dysfunction	IV	90	13
	61GEGB	4648	Chronic Aspiration/Swallowing Dysfunction & Sleep Apnea	IV	90	13
	61GEGC	4649	Chronic Aspiration/Posterior Laryngeal Cleft	IV	90	13
	61GEIA	4650	Dysphonia	IV	90	13
	61GEGD	4651	Laryngeal Mobility Disorder/Respiratory Failure	III	42	6
	61GEGF	4652	Laryngeal Mobility Disorder/Sleep Apnea/Swallowing Dysfunction	IV	90	13
	61GEGG	4653	Laryngeal Stenosis - No Significant Airway Issues & Tracheostomized	IV	90	13
	61GEAA	3572	Laryngeal Stenosis - with Significant Airway Issues	IIa	7	1
	61GEAB	3573	Laryngeal Stenosis - without Significant Airway Issues	III	42	6
	61GEBB	3575	Laryngomalacia - if Failure to Thrive/cyanosis/Apparent Life Threatening Spells	IIa	7	1
	61GEBE	4574	Laryngomalacia	III	42	6
	61GEEA	3576	Laryngoscopy/Bronchoscopy for Diagnosis or Surveillance - with Significant Airway Obstruction	IIa	7	1
	61GEEB	3577	Laryngoscopy/Bronchoscopy for Diagnosis or Surveillance - without Significant Airway Obstruction	IV	90	13
	61GECB	3579	Papilloma of Larynx - No Significant Airway Obstruction	III	42	6
	61GECC	4654	Papilloma of Larynx - No Significant Airway Obstruction/Previously Treated	IV	90	13
	61GEDA	3586	Posterior Laryngeal Cleft & Tracheostomy - Stable Airway	V	180	26
	61NADA	3581	Reflux - with Esophageal Stricture	IIb	21	3
	61NADB	3582	Reflux - without Esophageal Stricture	III	42	6
	61FRBB	3584	Removal of Tonsils and/or Adenoids - Severe OSA	IIb	21	3
	61FRBA	3583	Removal of Tonsils and/or Adenoids - Moderate Sleep Apnea	IV	90	13
	61FRBC	3585	Removal of Tonsils and/or Adenoids - with Recurrent Infection	V	180	26
	61FRBD	4655	Removal of Tonsils and/or Adenoids - Mild Sleep Apnea	V	180	26
	61GJBA	4656	Tracheocutaneous Fistula	V	180	26
	61GJBB	4657	Tracheal Stenosis - Respiratory Failure	IIa	7	1
	61GJBC	4658	Tracheal Stenosis - Stable or Surveillance Post Repair	III	42	6
Disorders of the Head and Neck	61EQFA	3588	Lymphatic Malformation - with Compromise	IIa	7	1
	61EQFB	3589	Lymphatic Malformation - without Compromise	V	180	26
	61EQCD	3590	Malignant Neoplasm - Treatment	IIb	21	3
	61EQGC	4591	Mycobacterial Infection - Skin Compromised	IIa	7	1
	61EQGB	3592	Mycobacterial Infection - Otherwise	III	42	6
	61EQHC	4594	Neck Abscess - chronic or repeated infections	IIb	21	3
	61EQHD	4659	Neck Mass - Thyroglossal, Branchial Cleft with recurring infection	III	42	6
	61EQIA	3595	Neck Mass - No Suspicion of Cancer (including Thyroglossal, Branchial Cleft, etc.)	IV	90	13
	61FABA	4596	Speech Delay - Velopharyngeal Insufficiency	IV	90	13
	61EQCC	3597	Suspected Malignant Neoplasm - Diagnosis	IIa	7	1
Otologic Surgery (cont next page)	61DKBA	4715	Cholesteatoma	IV	90	13
	61DGAA	3604	Chronic Suppurative Otitis Media/Chronic Mastoiditis	IV	90	13
	61BDAA	3605	Diagnostic ABR for Hearing Loss	III	42	6
	61DZFA	3612	Foreign Body - Otologic	IIa	7	1
	61DFAC	4608	Myringotomy & Tubes for recurrent Otitis Media	III	42	6
	61DFAD	4607	Myringotomy & Tubes for Otitis Media with Effusion	III	42	6
	61DKAA	4618	Otitis Media (Recurrent) - severe	III	42	6
	61DKAB	4716	Otitis Media with Effusion - documented moderate Hearing Loss & Speech Delay	III	42	6
	61DZAC	4610	Other Congenital Ear Deformities	V	180	26
	61DFBB	4614	Perforation of Tympanic Membrane	VI	365	52
	61DAAA	3616	Preauricular Sinus - Urgent	III	42	6
	61DAAC	4615	Preauricular Sinus - Non-Urgent	V	180	26
	61DZBC	4613	Prominent Ears	VI	365	52

(continued next page)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Otolologic Surgery (cont)	61DGBA	3617	Reconstructive Middle Ear Surgery	V	180	26
	61DGDA	3619	Rehabilitation of Conductive Hearing Loss (BAHA)	V	180	26
	61DRAC	4621	SNHL Requiring Cochlear Implant (after Meningitis)	IIb	21	3
	61DRAB	3620	SNHL Requiring Cochlear Implant	IV	90	13
	61DEAA	3622	Stenosis of the Ear Canal	V	180	26
Salivary Glands Disorder	61FPCD	3623	Benign Tumour of Salivary Gland	IV	90	13
	61FPAA	3624	Mucocele of Major Salivary Gland	IV	90	13
	61FPBB	4625	Sialolithiasis	IV	90	13
	61FPDB	4717	Sialorrhoea Control - Aspiration with Respiratory Failure	IIa	7	1
	61FPDC	4626	Sialorrhoea Control	IV	90	13
Sino-Nasal Disorders	61ETDC	4628	Cosmetic Nasal Deformity	V	180	26
	61ETAB	3631	Epistaxis - Recurrent	IV	90	13
	61ETFB	3634	Foreign Body - Nasal	IIa	7	1
	61ETBB	4719	Hypertrophied Turbinates - Causing Sleep Apnea	IV	90	13
	61ETBA	3632	Hypertrophied Turbinates - Causing Nasal Obstruction	V	180	26
	61ETBC	4718	Nasal Septum - Deviated causing Sleep Apnea	IV	90	13
	61ESAA	3629	Nasal Septum - Deviated	V	180	26
	61ETGA	3633	Nasal Dermoid	IV	90	13
	61ETHA	3635	Nasal Fracture	IIa	7	1
	61ETIA	3636	Nasal Polyp	IV	90	13
	61ETCF	3638	Sino-Nasal Mass (Benign)	III	42	6
	61EYAC	4627	Sinusitis - chronic	IV	90	13
Soft Tissue and Skin	61EQCG	4640	Benign Lesions (Nostril, Oral, Lip, Facial, Tongue, Ear, etc.)	V	180	26
	61EQDC	4641	Scar Revision - Functional	IV	90	13
	61EQDD	4642	Scar Revision - Psychological	V	180	26
Miscellaneous	61FJAA	3598	Ankyloglossia	V	180	26
	61DZDA	3600	EUA (ears) - Urgent	IIa	7	1
	61DZDB	3599	EUA (ears) - Non-Urgent	IV	90	13
	61FJBA	4660	Macroglossia - Severe OSA	IIb	21	3
	61FJBC	4661	Macroglossia - Other	IV	90	13
Other * *Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. Free text descriptions will be reviewed and used to identify the need for creation of new codes.	61EQZB	A051	Ped Otolaryngology Other - IIa	IIa	7	1
	61EQZC	A052	Ped Otolaryngology Other - IIb	IIb	21	3
	61EQZD	A053	Ped Otolaryngology Other - III	III	42	6
	61EQZE	A054	Ped Otolaryngology Other - IV	IV	90	13
	61EQZF	A055	Ped Otolaryngology Other - V	V	180	26
	61EQZG	A056	Ped Otolaryngology Other - VI	VI	365	52
	61EQZI	C051	Ped Otolaryngology Other CANCER - IIa	IIa	7	1
	61EQZK	C053	Ped Otolaryngology Other CANCER - III	III	42	6
	61EQZL	C052	Ped Otolaryngology Other CANCER - IIb	IIb	21	3
	61EQZM	C054	Ped Otolaryngology Other CANCER - IV	IV	90	13
	61EQZN	C055	Ped Otolaryngology Other CANCER - V	V	180	26
	61EQZO	C056	Ped Otolaryngology Other CANCER - VI	VI	365	52

** Wait time Target in Weeks has been rounded to the nearest integer

Dear Surgeon,

February 2021

Re: 2021 BC Diagnosis (BC Dx) Code Updates and new forms

The Surgical Patient Registry (SPR), in consultation with provincial clinical subject matter experts, has updated several Adult BC Dx codes. These updates will be implemented **April 1, 2021**.

What do you need to do?

1. Please discard previous BC Diagnosis (Dx) code forms and replace with the current version: **v2021-P1**.
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ADULT patients = 17 years or older, at date of decision
PEDIATRIC patients = 17 years, less a day, or younger, at date of decision

*It is vital to waitlist management to use the correct code set **based on your patient's age at date of decision (the date at which the patient is ready, willing and able to proceed with surgery)**.

What was updated?

- In consultation with Trans Care BC, 3 Gender Dysphoria dx codes have been created to replace **50RZAE** Gender Transition P5.
- **All gender affirming (GAS) procedures should use one of these 3 codes.** These 3 codes are used as case identifiers for Trans Care BC, as well as for special care for patient notification.
- The version on all adult and pediatric specialty forms have been updated to: **v2021-P1**.
- Pediatric codes were **not** updated. The updates for **PLASTIC** surgery Adult codes include only:

BC Diagnosis Code v2021-P1	BC Dx code previous version	Description v2021-P1	Changes from previous code version	BC Priority Level	Wait Time Target (Weeks)
39PZGC	50RZAE	Gender Dysphoria; urgent revisions for urinary complications	Gender Transition, priority updated from P5 to P3	3	6
35ZZGD	50RZAE	Gender Dysphoria; minor revisions and/or staging procedures	Gender Transition, priority updated from P5 to P4	4	12
35ZZGE	50RZAE	Gender Dysphoria; primary and/or non-urgent revisions	Gender Transition	5	26

Thank you for your continued cooperation and support.

If you have any question, or feedback on the diagnosis codes, please do not hesitate to contact the SPR Office anytime, at sproffice@phsa.ca

Kind Regards,

Susan Parkyn

Director, BC Surgical Patient Registry
Provincial Health Services Authority

Plastics & Reconstructive Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Bone and Soft Tissue	35ZZCA	Suspected malignancy - requiring open biopsy (i.e. high grade sarcoma - pathological fracture)	1	2
	35ZZCI	Benign Tumour with limited functional impairment (e.g. lipoma)	5	26
	35ZZCJ	Benign tumour with functional impairment	4	12
	35ZZCP	Locally aggressive tumour	2	4
	35ZZCR	Metastatic diseases, low grade sarcoma	2	4
Breast	35YMAA	Mastectomy defect for delayed reconstruction	5	26
	35YMAB	Hypermastia and all other benign breast conditions	5	26
	35YMBA	Breast cancer risk requiring Prophylactic Mastectomy	4	12
	35YMCD	Post-mastectomy defect - for breast reconstruction post radiation or chemo therapy	3	6
	35YMCF	Breast cancer for immediate breast reconstruction	2	4
Eyelid	35CVAA	Ptosis, visual axis obscured	4	12
	35CVAB	Ptosis visual axis not obscured	5	26
	35CVAC	Dermatochalasis with visual field impairment	5	26
	35CXAA	Ectropion	4	12
	35CXAB	Entropion	4	12
	35CXAC	Eyelid retraction	4	12
	35CXAF	Lid malposition: Corneal impact or threat to vision	1	2
	35CXCC	Eyelid malignancy - aggressive	1	2
	35CXCD	Eyelid malignancy	2	4
	35CXDB	Periorbital conditions with visual axis or corneal compromise	2	4
Facial Bones	35EHAA	Craniofacial deformity with functional impairment	4	12
	35EHAB	Craniofacial deformity without functional impairment	5	26
	35EHAC	Craniofacial deformity functional compromise - timed/staged procedure	3	6
Gender Dysphoria	39PZGC	Gender Dysphoria; urgent revisions for urinary complications	3	6
	35ZZGD	Gender Dysphoria; minor revisions and/or staging procedures	4	12
	35ZZGE	Gender Dysphoria; primary and/or non-urgent revisions	5	26
Hand	35UZAD	Hand condition: severe pain - patient cannot self-care - delay will lead to serious harm (e.g. loss of nerve function)	1	2
	35UZAE	Hand condition: severe pain or disability - immediate threat to role or independence	2	4
	35UZAF	Hand condition: moderate to severe constant pain or constant functional deficit - imminent threat to role or independence	3	6
	35UZAG	Hand condition: Mild constant pain and disability - moderate threat to role and independence (e.g. carpal tunnel- tenosynovitis- neuroma- arthritis)	4	12
	35UZH	Hand condition: little or no pain - tolerable functional deficit - intermittent severe pain restricting activity (e.g. Dupuytren's- ganglion- stiff joint)	5	26
Peripheral Nerves	35BXAA	Severe peripheral nerve condition with potential for permanent functional loss/impairment	1	2
	35BXAB	Nerve condition - intermittent with functional compromise	3	6
	35BXAC	Mild peripheral nerve condition - minimal functional compromise	5	26
Skin (con't next page)	35YRAE	Axillary hyperhidrosis	5	26
	35YZBE	Scar without functional restriction	5	26
	35YZBG	Chronic wounds and non-healing ulcers requiring surgery	3	6
	35YZBH	Scar with functional restriction	4	12
	35YZCE	Benign skin and subcutaneous tumours	5	26
	35YZCH	Malignant melanoma, squamous cell carcinoma and head and neck cancers T1N1 or T2N0 or higher	1	2

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Skin (con't)	35YZCI	Cutaneous malignant Melanoma or squamous cell carcinoma, T1N0	2	4
	35YZCJ	Basal cell cancers	3	6
	35YZCK	Squamous cell carcinoma and head and neck cancers - post-radiation and head and neck cancers and other aggressive skin malignancies	2	4
Vascular Malformations	35EQAA	Vascular malformation - benign, no functional compromise or acute complication	5	26
	35EQAB	Vascular malformation - functional compromise	3	6
	35EQAC	Vascular malformation - acute complication (bleeding, ulceration, infection) - low severity	2	4
	35EQAD	Vascular malformation - acute complication (bleeding, ulceration, infection) - high severity	1	2
Other * (provide unique diagnosis in free text description)	35ZZZA	Plastic surgery other P1	1	2
	35ZZZB	Plastic surgery other P2	2	4
	35ZZZC	Plastic surgery other P3	3	6
	35ZZZD	Plastic surgery other P4	4	12
	35ZZZE	Plastic surgery other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.



BC Patient Condition and Diagnosis Descriptions

Plastics & Reconstructive Surgery - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Burns	45YZDE	4663	Burns (acute) - Ambulatory Patients	Ila	7	1
	45YZDA	3662	Burns (acute) - Admitted Patients	Ila	7	1
	45YZDD	3665	Secondary Reconstruction - Psychological	IV	90	13
	45YZDF	4664	Secondary Reconstruction - Functional	IV	90	13
Clefts	45FBBC	4666	Alveolar Cleft	IV	90	13
	45FKBD	4667	Cleft Lip	III	42	6
	45FBBG	4669	Cleft Lip - Secondary Deformities	VI	365	52
	45FBBF	4725	Cleft Palate	IV	90	13
	45FBBH	4668	Cleft Palate - Orthognathic Problems	IV	90	13
	45FBBI	4726	Palate Fistula	V	180	26
	45FABB	4671	Velopharyngeal Insufficiency - related to Cleft Palate	IV	90	13
	45FABC	4670	Velopharyngeal Insufficiency - not related to Cleft Palate	IV	90	13
Congenital Hand and Upper Extremity	45BGBA	3673	Brachial Plexus palsy	IIb	21	3
	45UZAC	4727	Dupuytren's Disease	V	180	26
	45UJAA	3675	Polydactyly or Syndactyly	V	180	26
	45UTAA	3676	Trigger Fingers/Thumbs	IV	90	13
	45UZEZ	4728	Other Congenital Hands & Upper Extremity (complex): > 18 months	IV	90	13
	45UZAA	3674	Other Congenital Hands & Upper Extremity (complex): < 18 months	V	180	26
	45UZAB	3672	All other Congenital Hands & Upper Extremity	V	180	26
Craniofacial	45EFAA	3677	Airway Issues - Pierre Robin	Ila	7	1
	45EHAA	3678	Airway Issues - Treacher Collins, Micrognathia	Ila	7	1
	45EAAC	3679	Craniosynostosis - sagittal (single)	III	42	6
	45EAAD	3680	Craniosynostosis - syndromic/multiple	III	42	6
	45EQJB	4681	Dermoid (Nasal, Orbital, Glabellar)	V	180	26
	45EGAC	4682	Facial Cleft (Complex)	III	42	6
	45EGAD	4683	Facial Cleft (Other)	IV	90	13
	45BBAA	3684	Facial Palsy	IV	90	13
	45EGAF	4685	Orthognathic Problems	IV	90	13
Ear	45DADA	3686	Microtia	V	180	26
	45DABA	3689	Prominent Ears	V	180	26
	45DZAA	3687	Other Congenital Ear Deformities - major	V	180	26
	45DZAB	3688	Other Congenital Ear Deformities - minor	V	180	26
Soft Tissue and Skin Conditions	45YZCA	3698	Benign	V	180	26
	45ZXDD	4732	Foreign Body - Urgent	Ila	7	1
	45ZXDF	4699	Foreign Body - Non-Urgent	III	42	6
	45YZCB	3700	Malignant - known or suspected	Ila	7	1
	45YZEC	4701	Scar Revision - Functional	IV	90	13
	45YZEB	3702	Scar Revision - Psychological	V	180	26
	45YZBK	4704	Wound Care - Urgent	Ila	7	1
	45YZBL	4733	Wound Care - Non-Urgent	IV	90	13
Solid Tumours, Soft Tissue and/or Skin Conditions	45ZXDG	4703	Indeterminate	IIb	21	3
Trauma (seen in office/clinic)	45EHEA	3708	Facial Fractures	Ila	7	1
	45UZBA	3709	Hand Fractures	Ila	7	1
	45BZAB	3711	Nerve Injuries - open	Ila	7	1
	45BZAA	3710	Nerve Injuries - closed	IIb	21	3
	45ZXEA	3713	Tendon Injury	Ila	7	1
	45ZXEB	4797	Tendon Injury - Exploratory	V	180	26

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Miscellaneous	45FJAC	4729	Ankyloglossia	IV	90	13
	45YMAA	3690	Gynecomastia and Other Breast Anomalies (e.g. asymmetry, hypertrophy, accessory nipple)	V	180	26
	45ETDC	3694	Nasal Deformity	V	180	26
	45ZXBA	3691	Microsurgical Reconstruction - acute	IIa	7	1
	45ZXBB	3692	Microsurgical Reconstruction - non-acute	IV	90	13
	45ZXDA	3695	Removal/Revision of Hardware	III	42	6
	45ZXDB	4730	Tissue Expander - complications	IIa	7	1
	45EPAB	4731	Torticollis	IV	90	13
	45ZXDC	4696	Vascular Anomalies - with functional issues	III	42	6
	45KZBB	3697	Vascular Anomalies - without functional issues	V	180	26
Other * *Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. Free text descriptions will be reviewed and used to identify the need for creation of new codes.	45YZZB	A058	Ped Plastic Surgery Other - IIa	IIa	7	1
	45YZZC	A059	Ped Plastic Surgery Other - IIb	IIb	21	3
	45YZZD	A060	Ped Plastic Surgery Other - III	III	42	6
	45YZZE	A061	Ped Plastic Surgery Other - IV	IV	90	13
	45YZZF	A062	Ped Plastic Surgery Other - V	V	180	26
	45YZZG	A063	Ped Plastic Surgery Other - VI	VI	365	52
	45YZZI	C058	Ped Plastic Surgery Other CANCER - IIa	IIa	7	1
	45YZZK	C060	Ped Plastic Surgery Other CANCER - III	III	42	6
	45YZZL	C059	Ped Plastic Surgery Other CANCER - IIb	IIb	21	3
	45YZZM	C061	Ped Plastic Surgery Other CANCER - IV	IV	90	13
45YZZN	C062	Ped Plastic Surgery Other CANCER - V	V	180	26	
45YZZO	C063	Ped Plastic Surgery Other CANCER - VI	VI	365	52	

** Wait time Target in Weeks has been rounded to the nearest integer

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February 2021

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What was updated?

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- Pediatric codes were **not** updated. The updates for **UROLOGY** surgery Adult codes include only:

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39PZGC	50RZAE	Gender Dysphoria; urgent revisions for urinary complications	New code; Gender Transition, priority updated from P5 to P3	3	6
35ZZGD	50RZAE	Gender Dysphoria; minor revisions and/or staging procedures	New code; Gender Transition, priority updated from P5 to P4	4	12
35ZZGE	50RZAE	Gender Dysphoria; primary and/or non-urgent revisions	New Code; Gender Transition	5	26
39PCAJ	39PCAG	Kidney Transplant - Recipient	Renal failure - kidney transplant nephrectomy	1	2
39PCAK	39PCAG	Kidney Transplant - Living Donor	Renal failure - kidney transplant nephrectomy	1	2

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Director, BC Surgical Patient Registry
Provincial Health Services Authority

BC Patient Condition and Diagnosis Descriptions

Urology - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Code	Wait Time Target in Weeks
Adrenalectomy	39PBCB	Pheochromocytoma - adrenocorticalcarcinoma - unilateral adrenalectomy	2	4
	39PBCD	Functioning tumour - unilateral adrenalectomy	3	6
Bladder Fulguration	39PMCB	Bladder cancer - bladder fulguration with cystoscopy	2	4
	39PMDA	Hematuria - bladder fulguration	1	2
Circumcision	39QDAA	Phimosis - risk of urinary retention or infection - circumcision	1	2
	39QDAE	Phimosis - circumcision	5	26
Collagen Injections	39PQAA	Incontinence - periurethral bulking agent injection	5	26
Cystectomy	39PMCF	Bladder cancer with risk of cancer progression - cystectomy - radical with urinary diversion	1	2
	39PMHA	Dysfunctional bladder - cystectomy - non-malignant	4	12
Diagnostic	39PCFA	Hydronephrosis, hematuria - high risk of potential diagnosis of cancer or obstruction - diagnostic ureterorenoscopy- cystoscopy- retrograde pyelograms	1	2
	39PCFC	Hydronephrosis, hematuria - low risk of potential diagnosis of cancer or obstruction - diagnostic ureterorenoscopy- cystoscopy- retrograde pyelograms (Routine re-check)	4	12
	39QTAA	Prostate cancer risk - prostate biopsy	2	4
Epididymovasostomy or Vasostomy	39QJAE	Pain or infections - epididymectomy - unilateral	5	26
	39QJAF	Infertility - vasal obstruction - epididymovasostomy or re-anastomosis of vas - unilateral or bilateral	5	26
Fistula Closure	39PMFE	Incontinence, urinary tract infection - high risk of skin breakdown or infection or emergency - fistula closure-suprapubic- vesicovaginal- rectal	1	2
	39PMFG	Incontinence, urinary tract infection - Low risk of skin breakdown or infection or emergency - fistula closure-suprapubic- vesicovaginal- rectal	4	12
Gender Dysphoria	39PZGC	Gender Dysphoria - Urgent revisions for urinary complications	3	6
	35ZZGD	Gender Dysphoria - Minor revisions and/or staging procedures	4	12
	35ZZGE	Gender Dysphoria - Primary and/or non-urgent revisions	5	26
Lower Urinary Tract Reconstruction	39PMIA	High risk of renal deterioration or infection - lower urinary tract reconstruction	1	2
	39PMIC	Low risk of renal deterioration or infection - lower urinary tract reconstruction	4	12
Lymphadenectomy	39MGAC	Bladder, prostate, penis cancer - lymphadenectomy - retroperitoneal or pelvic	3	6
	39MGCA	Testicular cancer - lymphadenectomy - retroperitoneal - post-chemotherapy	1	2
	39MGCB	Testicular cancer - lymphadenectomy - retroperitoneal - primary	2	4
Lymphadenectomy - Inguinal	39MJAA	Penis cancer - lymphadenectomy - inguinal	2	4
Nephrectomy	39PCAB	High risk of cancer or disease progression - nephrectomy radical - simple or partial	1	2
	39PCAC	Low risk of cancer or disease progression - nephrectomy radical - simple or partial	4	12
	39PCAI	Moderate risk of cancer or disease progression - nephrectomy radical- simple or partial	2	4
	39PCAJ	Kidney Transplant - Recipient	1	2
	39PCAK	Kidney Transplant - Living Donor	1	2
Nephroscopy and stone removal	39PCBA	Stone - High risk of emergency admission from obstruction and infection - nephrolithotomy or pyelolithotomy - nephroscopy and stone removal	1	2
	39PCBC	Stone - Low risk of emergency admission from obstruction and infection - nephrolithotomy or pyelolithotomy - nephroscopy and stone removal	3	6
Nephroureterectomy	39PCAH	High risk of cancer progression - radical nephroureterectomy	1	2
Orchiectomy	39QMCB	Testicular cancer - radical orchiectomy	1	2
	39QMCC	Prostate cancer - bilateral orchiectomy	3	6
Orchiopexy	39QMBF	Cryptorchidism - orchiopexy - one or two stages	4	12

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Code	Wait Time Target in Weeks
Penile Prosthesis	39QEAE	Erectile dysfunction - penile prosthesis insertion	5	26
Peyronies	39QEBE	Peyronies plaque - plication or grafting	5	26
Prostatectomy	39QTBA	Severe symptoms of urinary retention - prostatectomy - transurethral or simple	1	2
	39QTBD	Mild symptoms of urinary retention - prostatectomy - transurethral or simple	4	12
	39QTCA	Prostate cancer with high risk of cancer progression - radical prostatectomy	2	4
	39QTCC	Prostate cancer with intermediate risk of cancer progression - radical prostatectomy	3	6
Pyeloplasty	39PEBD	Hydronephrosis - risk of emergency admission for obstruction or infection - Pyeloplasty or reconstruction - any approach	2	4
Spermatocele or hydrocele	39QMDE	Spermatocele or hydrocele- excision	5	26
Transurethral resection bladder tumour	39PMCD	High risk of cancer progression - transurethral resection bladder tumour	1	2
	39PMCE	Low risk of cancer progression - transurethral resection bladder tumour	2	4
Ureteroscopy and stone manipulation	39PGBA	Ureteral calculus - high risk of renal deterioration / infection - ureteroscopy and stone manipulation	1	2
	39PGBD	Ureteral calculus - low risk of renal deterioration / infection - ureteroscopy and stone manipulation	2	4
Urethral stent insertion	39PEBA	Hydronephrosis - high risk of compromised renal function - ureteral stent insertion	1	2
	39PEBC	Hydronephrosis - low risk of compromised renal function - ureteral stent insertion	2	4
Urethrotomy	39PQBA	Urethral stricture - high risk of obstruction or infection - urethrotomy - external or internal	1	2
	39PQBD	Urethral stricture - low risk of obstruction or infection - urethrotomy - external or internal	3	6
Urinary incontinence	39PMBF	Urinary incontinence severe	3	6
	39PMBG	Urinary incontinence moderate	4	12
	39PMBH	Urinary incontinence mild	5	26
Urolithiasis	39PMGD	Bladder stone - risk of urinary retention or infection or bleeding - cystolitholapaxy	3	6
Varicocele	39QMFF	Infertility - varicocele resection	4	12
	39QMFG	Scrotal pain - varicocele resection	4	12
Other * (please provide diagnosis in free text description)	39ZZZA	Urology other P1	1	2
	39ZZZB	Urology other P2	2	4
	39ZZZC	Urology other P3	3	6
	39ZZZD	Urology other P4	4	12
	39ZZZE	Urology other P5	5	26

*Other category requires a free text description of the unique condition or diagnosis, including the procedure code used on the OR booking form. These free text descriptions will be reviewed and used to identify the need for creation of new codes.



Urology - Pediatric (Under 17 years on the date of decision)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Genital Anomalies	49RZAA	3735	Ambiguous Genitalia	VI	365	52
	49QMAJ	4803	Anorchia (Prosthesis)	VI	365	52
	49QEDA	4804	Balanitis - recurrent	V	180	26
	49QEAC	4805	Buried Penis	IV	90	13
	49QEBA	3736	Chordee	VI	365	52
	49QMAB	3740	Cryptorchidism (Bilateral & Non-Palpable) - Newborn	VI	365	52
	49QMAC	3741	Cryptorchidism (Bilateral & Palpable) - Newborn	VI	365	52
	49QMAF	4739	Cryptorchidism (Unilateral): > 6 months	IV	90	13
	49QMAG	4738	Cryptorchidism (Unilateral): < 6 months	VI	365	52
	49QMAH	4806	Cryptorchidism (Bilateral & Non-Palpable) - Non-Newborn	IV	90	13
	49QJAA	4807	Cyst (Epididymal)	VI	365	52
	49PQAB	3744	Hypospadias: > 1 yr	V	180	26
	49PQAA	3743	Hypospadias: < 1 yr	VI	365	52
	49PQAC	4808	Hypospadias Complications	V	180	26
	49QEAB	4809	Meatal Stenosis	IV	90	13
	49QMAI	4810	Orchitis	IIb	21	3
	49QDAB	3748	Phimosis - Pathological	IV	90	13
	49RYDA	3749	Skin Lesions	VI	365	52
	49QMAK	4811	Testicular Pain (intermittent) - Fixation of Testes	IIb	21	3
	49QMBA	3746	Testicular Torsion - Neonatal	III	42	6
49PZAA	3750	Urethrocuteaneous Fistula	VI	365	52	
49RZBB	3751	Urogenital Sinus and/or Cloacal Anomalies - Newborn	VI	365	52	
Inguinal Pathology (non-malignant)	49QMDA	3756	Hydrocele	V	180	26
	49SYFD	3757	Inguinal Hernia (Non-Incarcerated): < 1 year	IIb	21	3
	49SYFE	3758	Inguinal Hernia (Non-Incarcerated): > 1 year	IV	90	13
	49QMEA	3759	Varicocele	V	180	26
Renal/Bladder Anomalies	49PCIB	4769	Atrophic Kidney	IIa	7	1
	49PMDB	4812	Hematuria - asymptomatic	III	42	6
	49PCHA	3770	Multi-Cystic Dysplastic Kidneys	VI	365	52
	49PQDA	3771	Posterior Urethral Valves - Neonatal	IIb	21	3
	49PQDB	3772	Posterior Urethral Valves - Non-Neonatal	III	42	6
	49SYGA	3773	Prune Belly Syndrome	VI	365	52
	49PGAC	4775	UPJ/UVJ Obstruction/Ectopic Ureter - symptomatic	IIb	21	3
	49PGAD	4774	UPJ/UVJ Obstruction/Ectopic Ureter - asymptomatic	IV	90	13
	49OTAA	3776	Urachal Anomalies	V	180	26
	49PGBB	3779	Ureterocele - Septic (if response to antibiotics after 48hr)	III	42	6
	49PGBC	3777	Ureterocele - Asymptomatic	V	180	26
	Solid Tumours	49PZCB	3781	Suspected Malignant	IIa	7
49PZCA		3780	Suspected Benign	IV	90	13
Urethral Anomalies	49PQFB	4813	Duplicated Urethra	V	180	26
	49PQFA	3795	Urethral Diverticulum	VI	365	52
	49PQBE	4796	Urethral Stricture	V	180	26
	49PQFC	4814	Urethral Prolapse	IIa	7	1
Urinary Incontinence	49PZDB	4815	Cloacal Exstrophy	IIa	7	1
	49PGDA	3782	Ectopic Ureter with Incontinence	V	180	26
	49PZDC	4786	Exstrophy - Newborn	IV	90	13
	49PMAB	3783	Exstrophy/Epispadias - chronic	VI	365	52
	49PMBA	3784	Neurogenic Bladder - Incontinence	VI	365	52
	49PMBB	3785	Neurogenic Bladder - Upper Tract Changes	IV	90	13
49PZDA	3787	Stomal Revision	IV	90	13	

(continued next page)

Diagnosis Group	BC Diagnosis Code	PCAT Code	Patient Condition & Diagnosis Description	Priority Level	Wait Time Target in Days	Wait Time Target in Weeks **
Urinary Tract Calculi	49PMDA	3788	Bladder Stones	IV	90	13
	49PGEB	3791	Renal/Ureteric Stones: Obstructed (uncontrolled pain)	IIa	7	1
	49PGEE	4790	Renal/Ureteric Stones - Obstructed (controlled pain)	IIb	21	3
	49PGEA	3789	Renal/Ureteric Stones - asymptomatic	III	42	6
Urinary Tract Infection	49PCJA	3793	UTI - Complicated (Renal Abscess)	IIa	7	1
	49PGFA	3794	Vesicoureteric Reflux	V	180	26
Miscellaneous	49QDBA	3760	Circumcision - Non-Medical	VI	365	52
	49QDBC	3752	Circumcision - Complications	VI	365	52
	49ZXDD	4905	Foreign Body	IIa	7	1
	49ZXFA	4906	EUA - Urgent	IIa	7	1
	49ZXFB	4907	EUA - Non-Urgent	V	180	26
	49PCBB	3762	Peritoneal Dialysis: chronic	III	42	6
	49PCDB	3764	Renal Transplant - Living Related Donor	V	180	26
	49PCFA	3765	Renal Vascular Hypertension	IV	90	13
	49PEAA	3766	Stent Removal Post Pyeloplasty/Reimplant	IV	90	13
	49ZXDG	4908	Wound Infection	IIa	7	1
Other *	49PZZB	A065	Ped Urology Other - IIa	IIa	7	1
	49PZZC	A066	Ped Urology Other - IIb	IIb	21	3
	49PZZD	A067	Ped Urology Other - III	III	42	6
	49PZZE	A068	Ped Urology Other - IV	IV	90	13
	49PZZF	A069	Ped Urology Other - V	V	180	26
	49PZZG	A070	Ped Urology Other - VI	VI	365	52
	49PZZI	C065	Ped Urology Other CANCER - IIa	IIa	7	1
	49PZZK	C067	Ped Urology Other CANCER - III	III	42	6
	49PZZL	C066	Ped Urology Other CANCER - IIb	IIb	21	3
	49PZZM	C068	Ped Urology Other CANCER - IV	IV	90	13
	49PZZN	C069	Ped Urology Other CANCER - V	V	180	26
	49PZZO	C070	Ped Urology Other CANCER - VI	VI	365	52

** Wait time Target in Weeks has been rounded to the nearest integer