

# 醫療索償數據知多少？

2010年醫療索償數據調查

Medical Claims Statistics 2010



買足保險，你唔幾好呢！

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## 1. 提綱

書中刊載2010年1月至12月期間醫療保險的索償數據，由本港18家最具規模之醫療承保商提供，佔2010年整體保費收入的87%。本書只刊載團體保單的資料。

書中包括以下分析：

- 團體醫療保單的私家醫療開支總覽
- 手術費用的調查

為了更準確地反映索償情況，2010年的調查有以下修訂：

- 住房級別乃根據投保人實際入住的房間級別分類，而非如過往調查中，按照每日住院及膳食費用來分級。
- 向第二份保單索償餘額的個案並不計算在內。此類索償數據顯示了實際的住院級別，而每日住院及膳食費用則為零。
- 由於預期通脹水平持續高企，故是次調查在預測未來的索償情況時，每個年度採用的趨勢因素各有不同。此舉與以往只採用劃一趨勢因素的做法不同，是次調查在選取趨勢因素時有較大的彈性，能更恰當地反映通脹環境。

### 1.1 調查結果摘要

#### 私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案
	金額 (千港元)	%	數目	%	平均收費 (港元)
2010年					
住院	1,879,459	45%	145,683	2%	12,901
門診	2,292,202	55%	7,728,483	98%	297
總數	4,171,661	100%	7,874,166	100%	530
2009年					
住院	1,748,477	46%	140,113	2%	12,479
門診	2,058,313	54%	7,086,538	98%	290
總數	3,806,790	100%	7,226,651	100%	527

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

表1.1 的數據顯示在2010年的總賬面醫療收費中，住院服務佔45%，而門診服務佔55%，但是住院個案的數目僅佔所有個案的2%，這可能表示醫療保險公司如欲更有效地管理醫療索償成本，必須留意住院個案的賠償開支和門診治療的使用率。

### 每宗個案之手術費調查

手術費用細分為超過2,000種類別，手術費的賬面金額摘要，詳見表1.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。如上文所述，是次調查所述的住房級別，是根據投保人實際入住的房間級別分類，而非按照每日住院及膳食費用來分級。由於私家醫院收費各異，故過往按照每日住院及膳食費用而被視為二等房的個案中，大約40%被重新歸類為頭等房或三等房。故此，頭等房及三等房的個案都有所增加，而二等房的個案則減少；而手術費的中位數和平均數在兩次調查中亦因此出現變動，頭等房個案的手術費用更明顯下降。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2010年			
頭等房	22,000	36,082	1,732
二等房	12,000	20,034	6,710
三等房	7,700	13,037	23,311
診所小手術	1,500	2,913	64,713
2009年			
頭等房	25,270	39,311	1,411
二等房	10,000	16,924	10,970
三等房	7,875	11,985	17,791
診所小手術	1,500	2,926	60,838

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

## 2. 分析

### 2.1 住院個案

#### 2.1.1 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

#### 2.1.2 每宗個案之平均費用

表2.1及圖2.1詳列各級住院個案在2009年與2010年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準（即100%）顯示，舉例說：頭等房之賬面金額相對比率為219%，即入住頭等房之病人須付出之平均賬面金額是三等房病人的219%。

表 2.1

各級住院的平均實付金額和賬面金額

各級住院	賬面金額		實付金額		償付百分率
	港元	相對比率	港元	相對比率	
2010年					
頭等房	58,427	219%	38,738	189%	66%
二等房	35,703	134%	26,415	129%	74%
三等房	26,731	100%	20,489	100%	77%
診所小手術	3,616	14%	3,527	17%	98%
2009年					
頭等房	68,676	281%	45,439	248%	66%
二等房	34,169	140%	25,968	142%	76%
三等房	24,417	100%	18,338	100%	75%
診所小手術	3,648	15%	3,518	19%	96%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖2.1

2009年及2010年每宗個案之平均實付金額及賬面金額（港元）

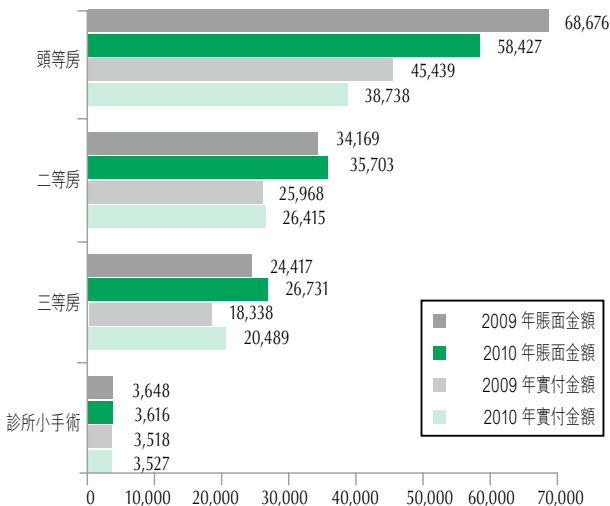
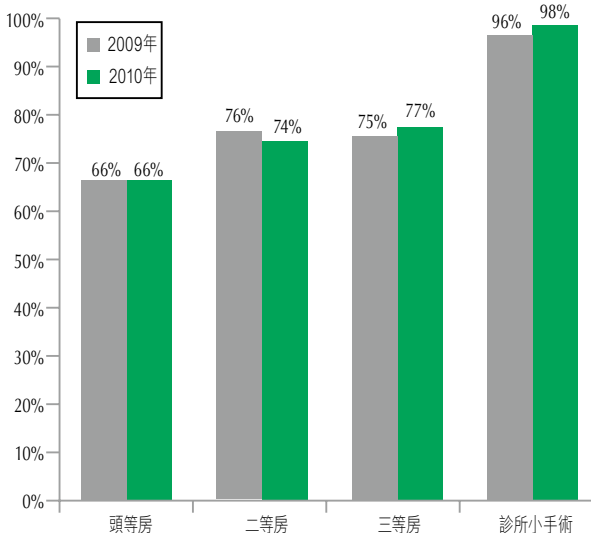


圖2.2

2009年及2010年償付百分率



### 2.1.3 手術費調查

此部分將2,023種常見手術類別歸納為425個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表2.2。

表 2.2

各級住院之手術費摘要

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2010年						
頭等房	62,495	1,732	36,082	22,000	12,000	38,291
二等房	134,430	6,710	20,034	12,000	7,540	20,500
三等房	303,897	23,311	13,037	7,700	5,000	12,075
診所小手術	188,481	64,713	2,913	1,500	800	2,800
2009年						
頭等房	55,468	1,411	39,311	25,270	15,000	40,000
二等房	185,655	10,970	16,924	10,000	6,500	18,000
三等房	213,233	17,791	11,985	7,875	5,000	12,600
診所小手術	178,012	60,838	2,926	1,500	800	3,000

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。

(2) 低位 = 第30百分位數；高位 = 第70百分位數。

表 2.3

各級住院之住院日數摘要

各級住院	平均住院日數
2010年	
頭等房	3.4
二等房	3.2
三等房	2.8
診所小手術	0.3
2009年	
頭等房	3.2
二等房	2.8
三等房	2.8
診所小手術	0.2

### 2.1.4 第70百分位數的賬面住院醫療收費水平

表2.4的數據是按住院級別和醫療收費的類型，計算第70百分位數水平的住院索償的賬面醫療收費水平，表2.4所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

表 2.4 第70百分位數之住院賬面醫療收費水平（港元）			
醫療收費類別	頭等房	二等房	三等房
2010年			
每日住院及膳食費用	2,697	1,008	684
手術費	38,291	20,500	12,075
每日醫生巡房費	2,559	1,300	889
麻醉師費用	14,000	8,000	5,600
手術室費用	13,612	8,117	4,693
住院費用	19,531	13,209	10,509
專科醫生費用	5,000	3,000	2,000
2009年			
每日住院及膳食費用	2,983	1,070	612
手術費	40,000	18,000	12,600
每日醫生巡房費	3,000	1,333	800
麻醉師費用	14,500	7,500	5,388
手術室費用	13,794	6,300	4,541
住院費用	20,349	12,780	9,905
專科醫生費用	6,000	2,522	2,000

### 2.1.5 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在2009年及2010年的平均使用率見表2.5。診所小手術及住院使用率下降，是因為這次調查並沒有將向第二份保單索償餘額的個案計算在內。

表 2.5 住院醫療服務的平均使用率		
治療年度	診所小手術	住院
2010	5.7%	4.6%
2009	6.0%	5.6%

備註：2010年使用率 = 2010年治療數目 / 2010年保單之滿期受保人數



## 2.1.6 2012年7月至2013年6月

### 住院醫療服務之趨勢預測 (2012/2013年)

診所小手術和住院項目的預計使用率及平均索償金額見表2.6。由於潛在的通貨膨脹壓力，預計平均索償金額的增幅會較為顯著，而使用率則會輕微上升。

項目	診所小手術	住院
預計使用率	5.9%	4.8%
預計平均索償金額 (港元)	4,146	30,384

備註：因需要調為整數的關係，以上數字可能與實際數目有出入。

## 2.2 門診個案

### 2.2.1 以診症分類

門診個案可細分為以下七個類別：

- 中醫師費用
- 普通科醫生費用
- 專科醫生費用
- 物理治療師費用
- 脊醫費用
- X光/化驗室費用
- 牙醫費用

## 2.2.2 每宗個案平均費用

表2.7a及2.7b和圖2.3顯示每宗門診個案之平均實付金額及賬面金額。索償百分比見圖2.4，顯示在2010年，除牙醫費用之外，其餘各種醫療服務的賬面金額、實付金額和相對比率，均較2009年的為高。

治療類別	2010年		2009年		09-10年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
中醫師	282	122%	269	117%	4.8%
普通科醫生	232	100%	229	100%	1.3%
專科醫生	542	233%	529	230%	2.5%
物理治療師	344	148%	329	144%	4.6%
脊醫	586	252%	567	247%	3.4%
X光/化驗室	678	292%	658	287%	3.0%
牙醫	697	300%	709	309%	(1.7%)
門診總數	297	不適用	290	不適用	不適用

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調為整數的關係，以上數字可能與實際數目有出入。

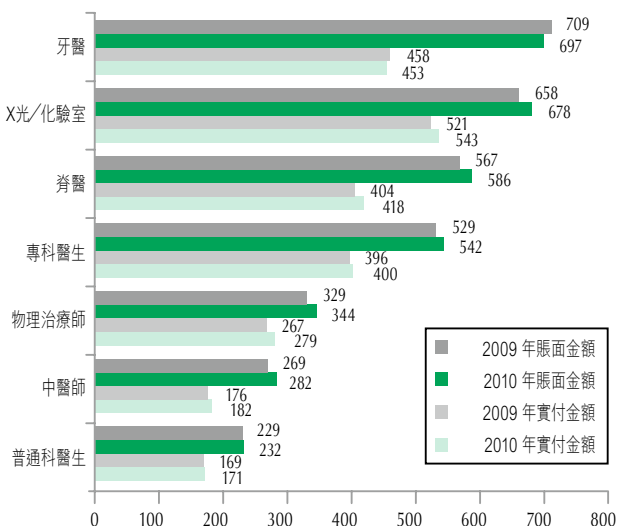
治療類別	2010年		2009年		09-10年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫師	182	106%	176	104%	3.4%
普通科醫生	171	100%	169	100%	1.2%
專科醫生	400	233%	396	234%	1.0%
物理治療師	279	163%	267	158%	4.5%
脊醫	418	244%	404	239%	3.5%
X光/化驗室	534	312%	521	308%	2.5%
牙醫	453	265%	458	271%	(1.1%)
門診總數	215	不適用	212	不適用	不適用

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖2.3

2009年及2010年每宗門診個案平均實付金額和賬面金額（港元）

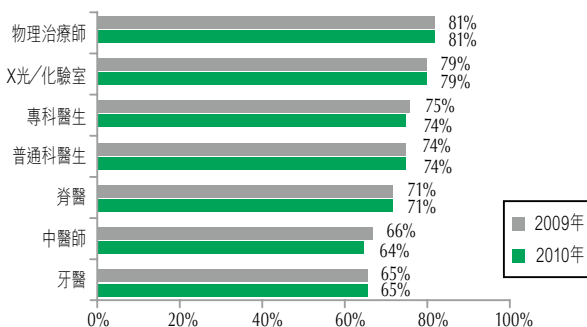


從圖2.3可見，在所有門診個案中，以牙醫費用的平均賬面金額最高，普通科醫生費用則最低。X光/化驗室費的平均實付金額最高，普通科醫生費用則最低。而中醫師費用似乎比普通科醫生費用平均高5%。

在償付百分率方面，2010年的普通科醫生的償付百分率為74%，與2009年相若；物理治療師費用的償付百分率最高，為81%，而牙醫的則最低，有65%（見圖2.4）。

圖2.4

2009年及2010年償付百分率



### 2.2.3 第70百分位數之賬面門診醫療收費水平

第70百分位數之賬面醫療收費水平指，投保金額若達致此水平，預計有七成機會足以支付實際的門診醫療費用；七類門診醫療費用的70百分位數的水平見表2.8。

醫療收費類別	2010年	2009年
中醫師費用	300	280
普通科醫生費用	220	220
專科醫生費用	565	550
物理治療師費用	360	350
脊醫費用	600	565
X光/化驗室費用	640	618
牙醫費用	550	560

### 2.2.4 門診醫療服務使用率

在2009年及2010年，按服務類型分類的門診醫療服務使用率，詳見表2.9。除X光/化驗室費用外，2010年各類門診服務的使用率均比2009年的為高。

醫療收費類別	2010年	2009年
中醫師費用	108.9%	98.8%
普通科醫生費用	493.0%	475.8%
專科醫生費用	46.9%	44.7%
物理治療師費用	20.2%	18.3%
脊醫費用	2.1%	1.7%
X光/化驗室費用	28.6%	29.0%
牙醫費用	53.6%	51.6%

備註：(1) 2010年的使用率 = 2010年的治療數目 / 2010年保單之滿期受保人數  
(2) 由於參與調查的會員公司數目有變，所以2009年的使用率跟往年所顯示的不同。

## 2.2.5 2012年7月至2013年6月

### 門診醫療服務之趨勢預測 (2012/2013年)

根據2009及2010年之數據，預計2012/2013年門診醫療服務的使用率及平均索償金額將會持續上升。2012/2013年的預測數字見表2.10。

門診保障	使用率趨勢	平均賠付金額趨勢 (港元)
中醫師	109.0%	309
普通科醫生	502.4%	265
專科醫生	47.6%	600
物理治療師	20.4%	376
脊醫	2.1%	639
X光/化驗室	28.5%	765
牙醫	54.6%	802

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

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The statistics in this booklet have been collected and compiled by a professional consultant. While every effort has been made to ensure the accuracy of the information contained, neither the Hong Kong Federation of Insurers nor the consultant guarantees its accuracy or accept any liability for any loss or damage arising from any inaccuracies or omissions.

# 1 EXECUTIVE SUMMARY

This booklet contains the compilation of medical claims statistics for the period from January to December 2010 provided by 18 of the largest medical underwriters in Hong Kong, which represent a total of 87% of the market earned premium in 2010. Please note that only group policies are included in this booklet.

This booklet includes analysis of:

- Overview of private medical expenses of group insurance policies.
- Survey of Surgeons' Fees.

In order to more accurately capture the claims experience, the following modifications were made in the 2010 survey:

- Accommodations for inpatient services were classified according to the actual level of accommodations (LoA) contained in the claims records, rather than the daily Room & Board (R&B) charges as in the past surveys.
- Claims of secondary coverage are excluded. Those claims are identified as having actual LoA but zero R&B charge.
- Because of the expectation of continuing higher level of inflation, individualized annual trend factors were utilized to project the future claims experience. This method allows for greater flexibility in the selection of trend factors to more appropriately reflect the inflationary environment. In the previous survey, a uniform trend factor was adopted.

## 1.1 Summary of Findings

### Overview of Private Medical Expenses

**TABLE 1.1**  
**Summary of Total Billed Amount and Average Cost**

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	(HK\$000s)	%	Number	%	
2010					
In-patient	1,879,459	45%	145,683	2%	12,901
Out-patient	2,292,202	55%	7,728,483	98%	297
Total	4,171,661	100%	7,874,166	100%	530
2009					
In-patient	1,748,477	46%	140,113	2%	12,479
Out-patient	2,058,313	54%	7,086,538	98%	290
Total	3,806,790	100%	7,226,651	100%	527

Note: Figures may not be additive due to rounding.

The figures in Table 1.1 indicate that 45% of the total cost of medical treatments was for in-patient services and the remaining 55% for out-patient services in 2010. However, in-patient treatments accounted for only 2% of all treatments provided. One possible implication is that the medical insurance providers should focus on the cost of in-patient claims and utilization rate of out-patient treatments to better manage their medical claim costs.

### Survey of Surgeons' Fees Per Case

The Surgeons' Fees were categorized into more than 2,000 surgical procedures. Table 1.2 summarizes the billed amount of Surgeon's Fees. The Billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private. As mentioned above, the actual LoA was utilized in the classification of inpatient treatments, rather than the daily R&B charges, in this survey. Because of the difference in charges by difference private hospitals, approximately 40% of Semi-Private cases based on daily R&B charges were reclassified as either Private or Ward cases. This resulted in higher number of Private and Ward cases, and lower number of Semi-Private cases. Consequently, both the median and mean surgeons' fees changed between the two surveys, and there is a noticeable decrease in fees for Private cases.

**TABLE 1.2**  
**Summary of Billed Surgeons' Fees**

Level of Accommodation	Surgeons' Fee (HK\$)		Number of Cases
	Median	Mean	
2010			
Private	22,000	36,082	1,732
Semi-private	12,000	20,034	6,710
Ward	7,700	13,037	23,311
Clinical Surgery	1,500	2,913	64,713
2009			
Private	25,270	39,311	1,411
Semi-private	10,000	16,924	10,970
Ward	7,875	11,985	17,791
Clinical Surgery	1,500	2,926	60,838

*Note: The above analysis excludes those cases with zero billed surgeons' fee.*



## 2 ANALYSIS

### 2.1 In-patient Cases

#### 2.1.1 Distribution by Type of Service

The cost of each in-patient claim is separated into the following seven categories:

- Room & Board Costs;
- Hospital Expenses;
- Surgeons' Fees;
- Anaesthetists' Fees;
- Operating Theatre Costs;
- Physicians' Fees; and
- Specialists' Fees.

#### 2.1.2 Average Cost Per Case

The average paid and billed amounts and their relativity factors for each level of accommodation are displayed in Table 2.1 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 219% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 219% of that of a Ward case.

**TABLE 2.1**

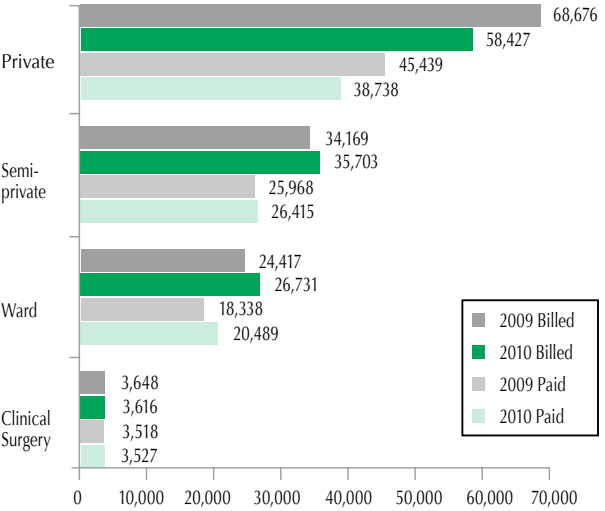
**Average Paid and Billed Amounts by Level of Accommodation**

Level of Accommodation	Billed Amount HK\$	Relativity Factor	Paid Amount HK\$	Relativity Factor	Reimbursement %
2010					
Private	58,427	219%	38,738	189%	66%
Semi-private	35,703	134%	26,415	129%	74%
Ward	26,731	100%	20,489	100%	77%
Clinical Surgery	3,616	14%	3,527	17%	98%
2009					
Private	68,676	281%	45,439	248%	66%
Semi-private	34,169	140%	25,968	142%	76%
Ward	24,417	100%	18,338	100%	75%
Clinical Surgery	3,648	15%	3,518	19%	96%

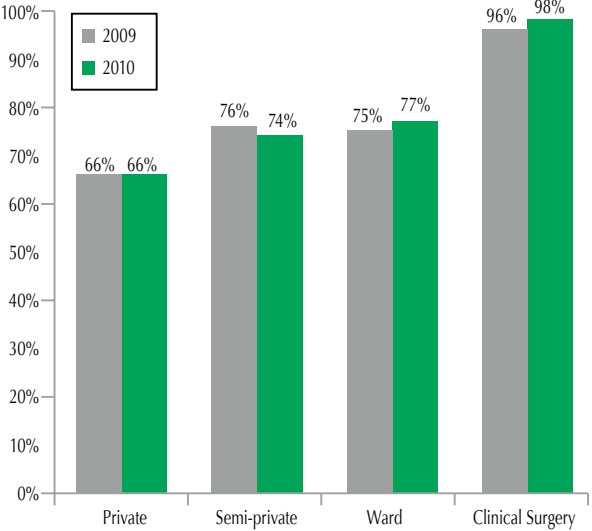
Note: (1) Relativity – Ward = 100%.

(2) Figures may not be additive due to rounding.

**GRAPH 2.1 Average Paid and Billed Amounts Per Case (HK\$) in 2009 and 2010**



**GRAPH 2.2 Reimbursement Ratios in 2009 and 2010**



### 2.1.3 Survey of Surgeons' Fees

A total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. Because of the scope of this survey being Private Surgical Fees, all treatments performed in Government Ward were excluded from the survey. The results are summarized in Table 2.2.

**TABLE 2.2**  
**Summary of Surgical Fees by Level of Accommodation**

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2010						
Private	62,495	1,732	36,082	22,000	12,000	38,291
Semi-private	134,430	6,710	20,034	12,000	7,540	20,500
Ward	303,897	23,311	13,037	7,700	5,000	12,075
Clinical Surgery	188,481	64,713	2,913	1,500	800	2,800
2009						
Private	55,468	1,411	39,311	25,270	15,000	40,000
Semi-private	185,655	10,970	16,924	10,000	6,500	18,000
Ward	213,233	17,791	11,985	7,875	5,000	12,600
Clinical Surgery	178,012	60,838	2,926	1,500	800	3,000

Note: (1) The above analysis excludes those cases with zero billed Surgeons' Fee.  
(2) Low = 30 Percentile, High = 70 Percentile.

**TABLE 2.3**  
**Summary of Hospital Days by Level of Accommodation**

Level of Accommodation	Average Number of Days of Hospital Confinement
2010	
Private	3.4
Semi-private	3.2
Ward	2.8
Clinical Surgery	0.3
2009	
Private	3.2
Semi-private	2.8
Ward	2.8
Clinical Surgery	0.2

### 2.1.4 Seventy Percentile Level of In-patient Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 2.4. It is expected that the billed amounts displayed in Table 2.4 would cover the actual billed cost for 70% of all in-patient treatments.

<b>TABLE 2.4</b>			
<b>Seventy Percentile Level of In-patient Billed Medical Fees (HK\$)</b>			
Category of Medical Fees	Private	Semi-private	Ward
<b>2010</b>			
Room & Board Cost Per Day	2,697	1,008	684
Surgeons' Fees	38,291	20,500	12,075
Physicians' Fees Per Day	2,559	1,300	889
Anesthetists' Fees	14,000	8,000	5,600
Operating Theatre Expenses	13,612	8,117	4,693
Hospital Expenses	19,531	13,209	10,509
Specialists' Fees	5,000	3,000	2,000
<b>2009</b>			
Room & Board Cost Per Day	2,983	1,070	612
Surgeons' Fees	40,000	18,000	12,600
Physicians' Fees Per Day	3,000	1,333	800
Anesthetists' Fees	14,500	7,500	5,388
Operating Theatre Expenses	13,794	6,300	4,541
Hospital Expenses	20,349	12,780	9,905
Specialists' Fees	6,000	2,522	2,000

### 2.1.5 Utilization Rates of In-patient Medical Services

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements in 2009 and 2010 are summarized in Table 2.5. The reduction in utilizations rates were caused by the exclusion of claims arising from secondary coverage explained above.

<b>TABLE 2.5</b>		
<b>Average Utilization Rates of In-patient Medical Services</b>		
Treatment Year	Clinical Surgeries	Hospital Confinements
2010	5.7%	4.6%
2009	6.0%	5.6%

Note: Utilization for 2010= No. of treatment in 2010 / No. of insured earned in 2010.

### 2.1.6 Forecasting of In-patient Medical Services in July 2012 to June 2013 (2012/2013)

The projected in-patient utilization rate and average claim size for clinical surgery and hospital confinement are summarized in Table 2.6. It can be seen that the utilization rate is forecasted to experience slight increase, while the average claim size increased more materially because of underlying inflationary pressure.

**TABLE 2.6**  
**Forecasting of In-patient Medical Services in 2012/2013**

Item	Clinical Surgery	Hospital Confinements
Forecasted Utilization Rate	5.9%	4.8%
Forecasted Average Claim Size (HK\$)	4,146	30,384

*Note: Figures may not be additive due to rounding.*

## 2.2 Out-patient Cases

### 2.2.1 Distribution by Type of Service

The out-patient cases are separated into the following categories of treatment:

- Chinese Medicine Practitioners' Fees;
- General Practitioners' Fees;
- Specialists' Fees;
- Physiotherapists' Fees;
- Chiropractors' Fees;
- X-ray/Laboratory Expenses; and
- Dentists' Fees.

### 2.2.2 Average Cost per Case

The average paid and billed amounts per case are summarized in Table 2.7a, 2.7b and Graph 2.3. The reimbursement percentages are displayed in Graph 2.4. It can be observed that the average billed and paid amounts for all types of treatments, except Dentists, in 2010 are higher than those in 2009. Moreover, the billed relativity factors for 2010 are generally higher than 2009.

**TABLE 2.7a**  
**Average Billed Amounts per Case**

Treatment	2010		2009		09-10 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	282	122%	269	117%	4.8%
General Practitioners	232	100%	229	100%	1.3%
Specialists	542	233%	529	230%	2.5%
Physiotherapists	344	148%	329	144%	4.6%
Chiropractors	586	252%	567	247%	3.4%
X-ray/Laboratory	678	292%	658	287%	3.0%
Dentists	697	300%	709	309%	(1.7%)
Out-patient Total	297	N/A	290	N/A	N/A

Note: (1) Relativity of General Practitioner = 100%.

(2) Figures may not be additive due to rounding.

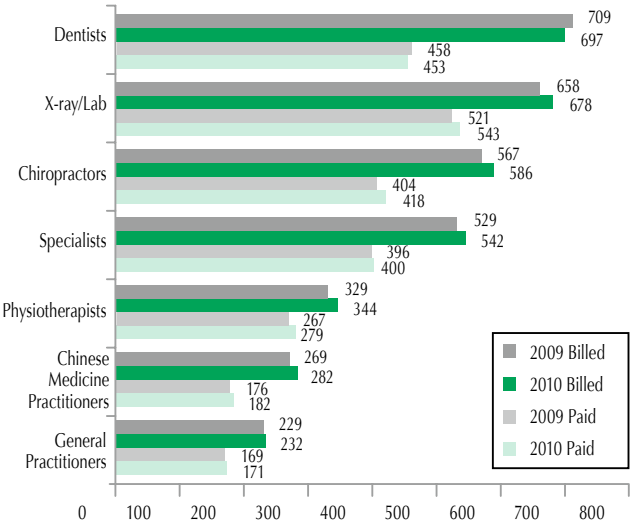
**TABLE 2.7b**  
**Average Paid Amounts per Case**

Treatment	2010		2009		09-10 Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	182	106%	176	104%	3.4%
General Practitioners	171	100%	169	100%	1.2%
Specialists	400	233%	396	234%	1.0%
Physiotherapists	279	163%	267	158%	4.5%
Chiropractors	418	244%	404	239%	3.5%
X-ray/Laboratory	534	312%	521	308%	2.5%
Dentists	453	265%	458	271%	(1.1%)
Out-patient Total	215	N/A	212	N/A	N/A

Note: (1) Relativity of General Practitioner = 100%.

(2) Figures may not be additive due to rounding.

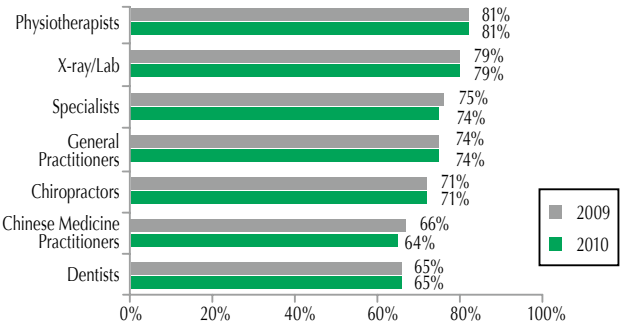
**GRAPH 2.3 Average Paid and Billed Amounts Per Case (HK\$) in 2009 and 2010**



It can be seen that the average billed amount of Dentists' Fees is the highest, and of the General Practitioners' Fees the lowest among all out-patient cases. The average paid amount of X-ray/Laboratory Fees is the highest, and of General Practitioners the lowest. Chinese Medicine Practitioners appear to charge on average 5% more than General Practitioners.

The reimbursement ratio of general practitioners in 2010 is similar to 2009 at approximately 74%. The physiotherapists receive the highest reimbursement ratio of 81%, while the dentists receive the lowest reimbursement ratio of 65% in 2010 (Graph 2.4).

**GRAPH 2.4 Reimbursement Ratios in 2009 and 2010**



### 2.2.3 Seventy Percentile Level of Billed Medical Fees

The seventieth percentile of billed medical fees represents the amount, which is expected to be sufficient to cover the actual billed cost of medical treatment for 70% of all out-patient claims. The seventieth percentile level of medical fees for each of the seven categories is summarized in Table 2.8.

Category of Medical Fees	2010	2009
Chinese Medicine Practitioners	300	280
General Practitioners	220	220
Specialists	565	550
Physiotherapists	360	350
Chiropractors	600	565
X-ray/Laboratory Expenses	640	618
Dentists	550	560

### 2.2.4 Utilization Rates of Out-patient Medical Services

The utilization rates of out-patient medical services by service category in 2010 and 2009 are summarized in Table 2.9. It can be seen that the rates of all categories of out-patient service, except X-ray/Laboratory, are higher in 2010 than 2009.

Category of Medical Fees	2010	2009
Chinese Medicine Practitioners	108.9%	98.8%
General Practitioners	493.0%	475.8%
Specialists	46.9%	44.7%
Physiotherapists	20.2%	18.3%
Chiropractors	2.1%	1.7%
X-ray/Laboratory	28.6%	29.0%
Dental	53.6%	51.6%

Note: (1) Utilization for 2010 = No. of treatment in 2010 / No. of insured earned in 2010.

(2) The Utilization Rates in 2009 are different from the last survey due to changes in participating member companies.



### 2.2.5 Forecasting of Out-patient Medical Services in between July 2012 to June 2013 (2012/13)

Based upon the data of 2009 and 2010, it is expected that both the utilization rate and the average claim size of out-patient medical services will continue to increase. The forecasted results for the year 2012/13 are summarized in Table 2.10.

**TABLE 2.10**  
**Forecasting of Out-patient Medical Services in 2012/2013**

Out-patient Coverage	Forecasted Utilization Rate	Forecasted Average Claim Size (HK\$)
Chinese Medicine Practitioners	109.0%	309
General Practitioners	502.4%	265
Specialists	47.6%	600
Physiotherapists	20.4%	376
Chiropractors	2.1%	639
X-ray/Laboratory	28.5%	765
Dentists	54.6%	802

*Note: Figures may not be additive due to rounding.*

# APPENDIX 附表

## Results by Operation 各類手術費

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-private 二等房	Ward 三等房
<b>AUDITORY SYSTEM 聽覺系統</b>					
<b>Middle Ear 中耳</b>					
Repair 修復	97	1.9	28,000	18,000	14,000
<b>CARDIOVASCULAR SYSTEM 心血管系統</b>					
<b>Bypass Graft 搭橋手術</b>					
Ligation and Other Procedures 結紮及其他程序	108	2.5	49,000	20,000	13,950
<b>DIGESTIVE SYSTEM 消化系統</b>					
<b>Abdomen, Peritoneum, and Omentum 腹、腹膜及網膜</b>					
Introduction, Revision, and/or Removal 導藥法、二度置換及/或割除	127	2.7	33,716	16,000	11,880
<b>Anus 肛門</b>					
Excision 切除	1,084	2.8	23,000	14,375	11,500
Suture 縫線	255	2.1	23,550	14,978	8,800
Incision 切開術	69	3.2	21,500	9,965	8,100
<b>Appendix 盲腸</b>					
Excision 切除	236	4.5	30,000	18,000	17,950
<b>Biliary Tract 膽道疾病</b>					
Endoscopy 內窺鏡檢法	182	3.5	47,500	27,875	20,700
Excision 切除	126	4.2	40,000	37,500	24,000
<b>Esophagus 食道</b>					
Endoscopy 內窺鏡檢法	4,070	2.0	11,065	6,830	5,000
<b>Intestines (Except Rectum) 腸 (直腸除外)</b>					
Excision 切除	79	9.6	47,200	40,996	40,000
<b>Pharynx, Adenoids, and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺</b>					
Excision, Destruction 切除、破除	168	2.8	25,000	14,500	12,000
<b>Rectum 直腸</b>					
Endoscopy 內窺鏡檢法	5,016	1.9	13,500	8,000	6,000
<b>Repair 修復</b>					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	224	2.3	45,000	22,500	12,250
<b>ENDOCRINE SYSTEM 分泌系統</b>					
<b>Thyroid Gland 甲狀腺</b>					
Excision 切除	432	3.6	55,000	30,000	23,000

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-private 二等房	Ward 三等房
<b>EYE AND OCULAR ADNEXA 眼球及眼副體</b>					
<b>Lens 晶體</b>					
Removal Cataract 割除白內障	327	1.6	29,930	20,000	15,300
<b>Retina or Choroid 視網膜或脈絡膜</b>					
Repair 修復	155	1.9	60,000	18,000	10,000
Destruction 破除	75	1.9	20,000	10,000	8,700
<b>FEMALE GENITAL SYSTEM 女性生殖系統</b>					
<b>Cervix Uteri 子宮頸</b>					
Excision 切除	82	1.7	19,000	10,000	6,000
<b>Corpus Uteri 子宮體</b>					
Excision 切除	956	3.9	40,000	25,000	18,695
Repair 修復	453	2.4	27,720	12,620	10,000
<b>Ovary 卵巢</b>					
Excision 切除	246	3.8	44,000	30,000	20,800
<b>Oviduct 輸卵管</b>					
Incision 切割	300	3.4	40,000	21,600	20,000
<b>Vagina 陰道</b>					
Endoscopy 內窺鏡檢法	257	1.5	21,000	14,000	6,500
<b>Vulva, Perineu and Introitus 外陰、會陰和陰道</b>					
Incision 切開術	72	1.4	11,850	6,160	5,300
<b>INTEGUMENTARY SYSTEM 皮膚系統</b>					
<b>Breast 乳房</b>					
Excision 切除	951	3.2	42,000	26,500	12,000
<b>Repair (Closure) 修復 (縫合)</b>					
Repair - Simple 修復 - 簡單	99	2.1	12,000	7,500	6,600
<b>Skin, Subcutaneous and Accessory Structures 皮膚、皮下組織及皮膚副體</b>					
Excision - Benign Lesions 切除 - 良性病變	860	1.7	13,280	7,375	5,400
Incision and Drainage 切割及排水	131	2.8	12,000	7,834	5,000
<b>MALE GENITAL SYSTEM 男性生殖系統</b>					
<b>Penis 陰莖</b>					
Excision 切除	336	1.7	20,000	12,000	6,500
<b>Prostate 前列腺</b>					
Excision 切除	75	3.5	20,000	15,000	6,000
<b>MEDIASTINUM AND DIAPHRAGM 縱隔及橫膈</b>					
<b>Diaphragm 橫膈</b>					
Repair 修復	304	2.3	27,600	8,500	6,000

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-private 二等房	Ward 三等房
<b>MUSCULOSKELETAL SYSTEM 肌肉骨骼系統</b>					
<b>Femur (Thigh Region) and Knee Joint 股骨(股)及膝關節</b>					
Excision 切除	87	3.0	36,250	28,000	18,950
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	81	4.9	41,030	38,013	33,000
<b>Forearm and Wrist 前臂及手腕</b>					
Excision 切除	267	2.0	10,000	8,500	5,600
Fracture and/or Dislocation 骨折及/或脫位	81	2.3	35,280	20,000	17,150
<b>General 全身</b>					
Introduction or Removal 導藥法或割除	74	1.8	10,812	9,895	6,641
<b>Lower Extremity 下肢</b>					
Endoscopy/Arthroscopy 內窺鏡/關節鏡檢查	456	2.8	45,457	32,000	22,000
<b>NERVOUS SYSTEM 神經系統</b>					
<b>Spine and Spinal Cord 脊椎及脊髓</b>					
Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks 後硬膜外椎板切開或椎板切除術探索/神經系元素壓迫症或椎間盤凸出切除	91	4.5	53,200	36,500	33,000
<b>RESPIRATORY SYSTEM 呼吸系統</b>					
<b>Larynx 喉</b>					
Endoscopy 內窺鏡檢法	273	2.3	17,525	9,595	7,000
<b>Nose 鼻</b>					
Endoscopy 內窺鏡檢法	278	2.6	30,000	23,000	6,000
Repair 修復	153	3.1	41,000	21,050	15,000
<b>Trachea and Bronchi 氣管及支氣管</b>					
Endoscopy 內窺鏡檢法	176	4.9	11,900	7,000	6,000
<b>URINARY SYSTEM 泌尿系統</b>					
<b>Kidney 腎臟</b>					
Endoscopy 內窺鏡檢法	378	2.1	33,200	10,350	9,000
<b>Ureter 尿管</b>					
Repair 修復	256	1.6	12,000	7,300	5,200
Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy 內窺鏡檢法 - 膀胱鏡檢法、尿道鏡檢法、膀胱尿道檢法	159	2.1	21,500	12,400	5,500
<b>Ureter and Pelvis 尿管及股盆</b>					
Introduction 導藥法	89	2.2	36,049	12,000	13,500
<b>Urethra and Bladder 尿道及膀胱</b>					
Transurethral Surgery 經由尿道進行之手術	125	2.6	36,500	18,000	10,600
<b>Vesical Neck and Prostate 膀胱頸及前列腺</b>					
Urodynamics 尿流動力學檢查	96	4.6	80,000	21,375	18,000
<b>OTHERS 其他</b>					
Laparoscopy/Hysteroscopy 腹腔鏡檢查/子宮鏡檢法	793	2.6	36,492	20,000	10,000

