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# OBSTETRIC BILLING

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# Maternity Care In Office

All visits prior to 1<sup>st</sup> Prenatal and unrelated presenting complaints use office Visit fee

**14090** – First Prenatal CPX – also billable when patient transfers care (with note)

**14091** – Office Prenatal Visits – up to 14 per pregnancy, if complications cause more, bill with appropriate diagnostic code and electronic note

**14094** – Post Partum Visit – as of November 1, 2010, no limit on post-partum visits in the first 6 weeks and billed with 14094

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# Maternity Care – Phone Advice

- **13005** – Phone Advice about newborn when contacted by Public Health Nurse for advice about newborn care in the home – eg weight gain, feeding issues, jaundice
  - **14018** – Urgent (< 2 hours) advice from Obstetrician – to keep patient stable in community and avoid unnecessary admissions/transfer to other hospital (specialist to bill **10001**)
  - **14016** – Community GP conferencing fee – complicated maternity patient (eg. PIH, Diabetes, other chronic medical condition) – conferencing with “allied health professional” including specialist to create/modify a care plan for management of patient with co-morbidities (pregnancy is a “co-morbidity”) per 15 min or greater portion – If not urgent (up to 1 week reply – Specialist to bill **10002**).
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# Obstetric Care – Delivery Fees

- **14104** – Vaginal Delivery and Post Partum Care\*
- **14105** – Management of Labour and Transfer to higher level of care facility\*
- **14108** – Attendance at Elective C/S and Post Partum Care\*
- **14109** – Attendance at Emergency C/S and Post Partum Care\*
- Call out fees applicable for all forms of deliveries – with weekday, daytime call out – **00112** – payable only if delivery/C-section start time not same time as call out.
- Call Backs if medically necessary billable with electronic note detailing circumstances of second call out on same calendar day

\*GPSC Delivery Bonus applicable to all forms of delivery to max of 25 total per calendar year

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# Obstetric Care – Delivery Fees

- C-Sections bill surgical assist fee(s) plus 14108 (+/- 14008) or 14109(+/- 14009), call out fees and out of office hours surgical surcharges billed in addition when appropriate.
    - **00196** – when operative fee \$316.01 – \$527.00
    - **00197** – when operative fee > \$527.00 (additional procedures such as Tubal ligation, Ovarian cystectomy, etc. – check with operating physician for value of his/her fee)
    - **13194** – First surgical assist of the day billed in addition to assist fee – any time of day, elective or emergency C/S.
    - **01210** – Evenings 1800 hr – 2300 hr surgical surcharge
    - **01211** – Nights 2300 hr – 0800 hr surgical surcharge
    - **01212** – Weekends/Stat Holidays – 0800 hr – 1800 hr surgical surcharge
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# GP Delivery Bonuses

- **14004** – Bonus: 50% of 14104; payable in conjunction with **14104**
  - **14005** – Bonus: 50% of 14105; payable in conjunction with **14105**
  - **14008** – Bonus: 50% of 14108; payable in conjunction with **14108 & assist fee**
  - **14009** – Bonus: 50% of 14109; payable in conjunction with **14109 & assist fee**
  - Available to all GPs in BC who in addition to being paid the delivery fee codes for the patient are also responsible or share responsibility for providing the patient's general practice medical care.
  - Maximum total of 25 bonuses claimed per calendar year – 14004, 14005, 14008 or 14009 (any combination).
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# Obstetric Surcharges

- Vaginal and Emergency C/S deliveries are subject to additional call in and out of office hours surcharges (***note: changes in time ranges for evening and Sat/Sun/Stat effective April 1, 2011***).
- **Call Out fees:**
  - **00112** Weekday 0800 hr – 1800 hr (only if call out time and actual delivery time are different)
  - **01200** Weekday Evening 1800 hr – 2300 hr
  - **01201** Nights 2300 hr – 0800 hr
  - **01202** Sat/Sun/Stat Holidays 0800 hr – 2300 hr
- **14199 – Prolonged Second Stage of Labour** – regardless of time of day, for every 30 minutes (or greater portion) after 2 hours
- **Prolonged 2<sup>nd</sup> and 3<sup>rd</sup> Stage of Labour** out of office hours – for every 30 min (or greater portion) after first 30 min
  - **01205** Weekday Evening 1800 hr – 2300 hr
  - **01206** Nights 2300 hr – 0800 hr (when crossing days, use start date and full time eg. 01/02/09 start time 2310 hr end time 0200 hr and full number of units on one bill)
  - **01207** Sat/Sun/Stat Holidays 0800 hr – 2300 hr

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# Obstetric Complication Fees

- If the delivering physician manages complications of vaginal delivery, then these fees are billable at 50% in addition to 14104
    - ❑ **04000 – complicated delivery** (< 37 weeks or < 2500 gm)
    - ❑ **04014 – forceps delivery**
    - ❑ **04018 – vaginal breech delivery**
    - ❑ **04022 – repair of 3rd degree tear**
    - ❑ **04023 – repair extensive cerv./vag. laceration**
    - ❑ **04024 – repair of 4th degree tear**
    - ❑ **04026 – man. removal of retained placenta**
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# Miscellaneous Obstetric Fees

- **00199 – Misc. Fee Code** – Billed when something out of the ordinary occurs, such as attendance during weekday hours with post-partum hemorrhage, or fetal compromise prior to beginning of second stage requiring constant attendance of attending physician. This must be billed with a detailed note as to circumstances requiring physician attendance.
  - **00790 – Reading of NST when not associated with Labour**
  - **04699 – Microscopic Examination for Ferning**
  - **90785 – Microscopic Examination for Trichomonas/Candida**
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# Maternity Network Initiative

- **14010** – Quarterly payment to cover the costs of group/network activities for their shared care of obstetric patients.
    - Payment of **\$2100** per quarter.
  - To Bill, Eligible GPs must complete a network registration form for the group (minimum 4 GPs – exceptions with written request if small community and not 4 eligible docs).
  - Must still submit a bill through Teleplan with date of service March 31, June 30, September 30 and December 31 each time.
  - Billing and Eligibility Details on information sheet.
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# Newborn In-Hospital Care

## Normal Newborn Care

- **00119** Normal Newborn Care
- **00118** Attendance at C/S if requested for care of newborn.

**Newborn with congenital defects or complications during hospital stay (eg. pre-maturity, jaundice, RDS, etc.) daily care visits are applicable instead of Normal Newborn Care fee**

- **12201** Examination if Abnormal Newborn
- **13008** **Newborn Daily Care by Community GP** if complicated course of care – if in Neonatal ICU, both GP and specialist can bill daily care – need e-note “baby in NICU”
- **13028** **Supportive Care by Community GP** – Daily for 1st 10 days, then weekly when Newborn under daily care of pediatrician.
- **13338** When Newborn is **first inpatient of day** and complicated course of care – billed in addition to 13008 or 13028

\*Do not use PHN provided by hospital – use mothers PHN with -66 for month of birth plus 2 additional months.

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# OBSTETRIC BILLING

## ■ QUESTIONS

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