

SECTION P:

OBSTETRICS/GYNAECOLOGY

		Fee	Class	Anae
Visits				
5P	Initial Assessment -- of a specific condition includes: pertinent family history, patient history, history of presenting complaint, functional enquiry, examination of affected part(s) or system(s), diagnosis, assessment, necessary treatment, advice to the patient and record of service provided	\$112.00		
7P	Follow-up Assessment -- includes: history review, functional enquiry, examination, reassessment, necessary treatment, advice to the patient and record of service provided	\$63.50 *		
9P	Consultation -- includes all visits necessary, history and examination, review of laboratory and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor	\$172.00		
11P	-- repeat A formal consultation for the same or related condition repeated within 90 days by the same physician. It should not be used for routine follow-up of the patient for which either service code '5' "partial assessment or subsequent review" or service code '7' "follow-up assessment" are appropriate.	\$83.80		
Hospital Care (Payable on day of admission)				
25P	-- first 10 days, per day	\$60.00 *		
26P	-- 11 -20 days, per day	\$60.00 *		
27P	-- 21-30 days, per day	\$60.00 *		
28P	-- thereafter, per day	\$60.00 *		
Note: for hospital discharge by physician, see code 725A, page A28				
8P	Pre-natal visit subsequent to a first visit under 5P for maternity care or post-natal office visit	\$63.50		
13P	Interpretation of telephonic foetal monitoring by consultant with immediate response, per patient	\$72.80		

Obstetrics

1. Payment for prenatal and postnatal office visits is made on a "fee-for-service" basis.
2. If during the course of labour, the attending physician calls a consultant to deliver his/her patient because complications have arisen, payment may be made:
 - (a) to the consultant for the **consultation and** delivery, and
 - (b) to the referring physician for the pre-natal care he/she has provided plus 42P.

Note: A 42P is not paid when one general practitioner refers a patient to another general practitioner in the same clinic or vaginal delivery. However in the situation where no consultant obstetrician is available and the general practitioner is acknowledged to have special training and/or skills in obstetrics, it can be paid on report.

Also if during the course of labour the attending physician has to call another physician who may be a general practitioner in the same clinic to deliver his patient by caesarian section because the referring physician does not have surgical privileges, then he may bill under code 42P. He will also be paid for surgical assistant services at caesarian section if provided.

3. When the patient is referred for a caesarian section the surgeon is responsible for post-operative care.
4. Payment for "vaginal delivery" includes the following services by the same physician, a general practitioner in the same clinic, or a specialist in the same speciality and clinic:
 - (a) medical and surgical induction except for code 47P;
 - (b) the treatment of false labour and primary uterine inertia during the two days prior to delivery;
 - (c) the management of labour; no visit service or hospital care is payable for a patient in normal labour. This is included in the composite vaginal delivery fee.
 - (d) hypnotherapy;
 - (e) vaginal delivery (including version--internal or external, use of forceps repair of lacerated cervix, repair of vaginal and first and second degree perineal lacerations and /or pudendal block or other infiltration or regional anaesthesia, repair of episiotomy);
 - (f) services for the control of haemorrhage within 24 hours of delivery;
 - (g) visit (including hospital care) or consultation services during the patient's stay in hospital following delivery.
5. Out of hours service premiums in Section A.
6. To support and encourage family physicians to remain or become involved in obstetrics, a bonus of 25% will be paid in each fiscal (beginning April 1 of each year) on the first 25 Vaginal Delivery (41P) or Continuing Care at Delivery (42P) services provided by a family physician. The bonus will be paid automatically in a claim run following the end of each quarter as an adjustment to 41P or 42P. Physicians are encouraged to submit claims for 41P and 42P in a timely manner to ensure that they receive the bonus payment to which they are entitled.

42P	Continuing care provided by the attending physician during the course of labour prior to calling a consultant to deliver the patient and including post-natal care in hospital when provided. This service code is applicable only if during the course of labour and after a substantial amount of time has lapsed because of complications, e.g., foetal distress, failure to progress, the attending physician	\$1,183.00 *
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		Fee	Class	Anae
	finds it necessary to call a consultant to deliver the patient; please indicate on the claim the name of the consultant to whom the case was referred			
	Vaginal delivery and post-natal care in hospital			
40P	-- specialist	\$1,219.00		
41P	-- general practitioner	\$1,219.00		
241P	Delivery of stillborn (claim only where a foetus was a minimum of 500 grams and/or had reached 20 weeks gestation)	\$1,230.00 *		
44P	Multiple pregnancy -- each additional child	\$296.00 *		
45P	Intrauterine manual separation and removal of retained placenta	\$236.00 *	0	M
	Caesarian section^			
46P	-- any type and post-operative care	\$1,270.00 *		M
246P	-- intrapartum, add	\$189.00 *		
47P	Chemical induction or augmentation of labour -- payable once per delivery, add	\$75.80 *		
48P	Ectopic gestation -- removal	\$1,020.00 *	42	M
248P	Ectopic gestation salpingotomy, embryectomy and salpingorrhaphy	\$1,100.00	42	M
49P	Occlusive suture of cervix in pregnancy	\$416.00	10	M
	Removal of occlusive suture of cervix			
269P	-- office procedure	\$49.60 *	0	
279P	-- hospital procedure under anaesthesia	\$208.00 *	0	L
	^ Tubal resection and/or ligation performed for sterilization at the time of Caesarian Section is payable under Code 135P at 75%			
	Complications of Pregnancy			
	Two of these codes may be paid per patient per pregnancy to one or two physicians. If a third or subsequent code is requested, there should be an accompanying explanation.			
200P	Breech presentation -- delivered vaginally, add	\$250.00		
201P	Face or brow presentation -- delivered vaginally, add	\$165.90		
202P	Transverse or occiput posterior -- forceps extraction or vacuum extraction (excludes outlet or elective forceps), add	\$178.70		
203P	Prolonged rupture of membranes for over 24 hours, add	\$178.70		
204P	Abruptio placenta, add	\$178.70		
205P	Placenta previa, add	\$178.70		
206P	Vaginal delivery following previous caesarian section, add	\$220.00		
207P	Pregnancy - severe hypertension requiring pharmacological therapy and monitoring, add	\$221.50		
208P	Pharmacological suppression of premature labour, add	\$178.70		
209P	Repair of significant cervical laceration, add	\$203.30		
210P	Previous stillbirth after 20 weeks, add	\$178.70		

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211P	Cephalic version under ultrasound control with or without tocolysis add	\$178.70		
212P	Cephalic version under ultrasound control with tocolysis, add	\$203.30		
213P	Diabetes requiring insulin antepartum, add	\$178.70		
214P	IUGR (birth weight < 5th percentile), add	\$178.70		
215P	Pregnancy and heart disease (New York Heart Association Class 3 or 4), add	\$178.70		
216P	Pregnancy and pre-existing hypertension (on antihypertensive therapy before pregnancy), add	\$178.70		
217P	Pregnancy and antiphospholipid antibody syndrome, add	\$178.70		
218P	Pregnancy and significant medical disease (Not listed above) requiring active concurrent management	\$178.70		
Therapeutic abortion (includes incomplete and missed abortion)				
50P	-- first trimester -surgical	\$387.30 *	42	L
250P	-- second trimester -surgical	\$528.60	42	L
350P	-- D&C for incomplete or missed abortion	\$387.30 *	42	L
Note: 50P and 250P cannot be billed for administering or prescribing pharmaceutical abortion agents such as Mifegymiso.				
Administering or prescribing pharmaceutical abortion agents are an inclusion in the visit service.				
51P	Intrauterine foetal transfusion	\$608.80	10	
52P	Repair of fourth degree tear following delivery	\$386.00	42	L
54P	Repair of 3rd degree tear following delivery or secondary repair of episiotomy	\$191.00	10	L
Note: Repair of episiotomy is included in the delivery fee.				
53P	Replacement of inverted uterus	\$380.90	42	L
55P	Insertion of intrauterine pressure catheter	\$60.50 *	D	
56P	Application of scalp electrodes for internal foetal EKG monitoring	\$59.30		
258P	Transvaginal fetal scalp blood sampling (payable twice per pregnancy)	\$126.00 *	D	
Amniotic tap -- trans-abdominal				
57P	-- second trimester	\$173.00 *	D	
58P	-- third trimester	\$126.00 *	D	
59P	Fetoscopy -- including fetal blood sample, cell harvest or amniocentesis	\$327.00	D	
Non stress test -- in office (if equipment owned by physician)				
260P	-- First foetus	\$75.20	D	
261P	-- Second and subsequent, per foetus add	\$56.00	D	

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Fee Class Anae

Procedures

Additional payments for diagnostic service excluding ECGs, 0, 10 or 42 day operative procedures performed on patients under one (1) year of age are automatically calculated and paid as explained in Section A, pages A34 and A35.

Gynaecology

30P	Vaginal sperm examination	\$79.20 *	D	
338P	Sperm washing prior to insemination (performed in physician's own office)	\$79.20 *	0	
31P	Tubal insufflation or hysterosalpingogram or sonohysterogram -- Rubins (bilateral)	\$106.00 *	D	L
32P	Pelvic examination under anaesthesia (when only procedure done)	\$137.00 *	D	L
34P	Culdoscopy or laparoscopy (laparoscopy not paid with laparoscopic surgery unless it precedes the surgery as a diagnostic procedure) -- with or without biopsy	\$387.30	D	M
35P	-- with division of adhesions or cautery for endometriosis with or without peritoneal lavage	\$506.00	10	M
334P	Hysteroscopy, with or without D & C, with or without other intrauterine procedures	\$246.10	D	L
335P	Endometrial ablation, to include excision of endometrial polyps and/or fibroids	\$707.00	42	M
336P	Excision of endometrial polyps and/or fibroids -- add to 334P or 335P only	\$142.00 *	42	L
232P	Hysteroscopic division of uterine septum	\$590.00	42	L
233P	Fallopian tube cannulation by hysteroscopy, unilateral or bilateral	\$505.00	42	L
36P	Hydrotubation	\$93.10 *	0	L
37P	Colposcopy -- not in office	\$119.80 *	D	L
38P	-- with biopsy -- not in office	\$154.10 *	D	L
438P	Colposcopy - in office	\$79.20 *	D	
439P	-- with biopsy - in office	\$93.20 *	D	
39P	Endometrial tissue biopsy by aspiration	\$105.90 *	D	L
	Menopausal gonadotropin therapy -- add to appropriate visit fee			
314P	-- initial set-up per treatment cycle	\$158.00		
315P	-- subsequent injections, add to appropriate visit fee .	\$52.80		
	Vulva			
	Venereal warts -- see 420R, 421R, 422R			
60P	Hymenectomy (in hospital -- general anaesthetic)	\$227.90 *	0	L
	Bartholin cyst			
61P	-- incision	\$82.00 *	10	L
78P	-- marsupialization	\$237.00 *	42	L
62P	-- excision	\$301.70 *	42	L
63P	Skene's glands -- cautery or excision	\$109.00 *	10	L
	Urethra -- caruncle			
65P	-- cautery	\$233.30 *	0	L
66P	-- excision	\$237.00 *	10	L
67P	-- diverticulum -- repair	\$476.00	42	L
68P	-- prolapse -- repair	\$259.00	42	L
69P	Correction of atresia of vulva	\$268.00	42	L
70P	Vulvectomy	\$923.00	42	M

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71P	-- with bilateral inguinal node excision	\$1,667.10	42	M
72P	-- with bilateral inguinal and pelvic node excision	\$2,134.70	42	M
73P	Surgical denervation of vulva for pruritus vulvae	\$313.50	42	L
Vagina				
80P	Dilatation of vagina under general anaesthesia or IV sedation (includes post op recovery)	\$117.70 *	0	L
81P	Colpotomy	\$301.70 *	42	L
Fistula				
82P	-- recto-vaginal -- repair	\$687.00	42	M
83P	-- urethro-vaginal -- repair	\$762.90	42	M
84P	-- vesico-vaginal -- repair	\$2,133.00	42	M
Vaginal cysts				
85P	-- inclusion -- removal	\$164.00 *	10	L
86P	-- congenital -- removal	\$387.30	42	L
87P	Vaginal atresia -- plastic reconstruction	\$910.60	42	L
88P	Vaginectomy	\$1,327.00	42	M
89P	Vaginal septum -- excision of	\$301.70	10	L
Genital Prolapse				
Colporrhaphy				
90P	anterior or posterior	\$549.00 *	42	L
91P	-- repeat	\$590.00	42	L
105P	Paravaginal repair (alternative to anterior repair)	\$643.10	42	L
92P	-- anterior and posterior .	\$722.00 *	42	L
93P	-- repeat	\$767.00	42	L
193P	Mesh augmented prolapse repair	\$555.00	42	L
Complete repair				
96P	Vaginal vault prolapse -- repair	\$762.90	42	L
97P	Enterocoele repair	\$633.00	42	L
98P	Le Fort operation	\$762.90	42	L
99P	Manchester operation	\$608.80	42	L
100P	Third degree laceration (old) repair	\$910.60	42	L
101P	Urethra -- suspension procedure	\$995.10	42	L
103P	-- repeat after 42 days	\$1,046.50	42	L
102P	Urethra -- pubo vaginal sling	\$1,071.10	42	L
104P	Abdominosacrocolpopexy	\$1,070.00	42	M
Cervix and Uterus				
108P	Artificial insemination, per insemination	\$79.20 *	0	
109P	Cryoconization or loop diathermy of cervix	\$178.70	0	L
Cervix				
110P	-- biopsy with or without electro-cauterization	\$64.20 *	D	L
111P	-- electro-cauterization	\$27.20 *	0	L
112P	-- polyp -- removal -- with or without electro-cauterization	\$64.20 *	0	L
113P	-- conization with D and C, with or without deep cautery, with or without polyp removal	\$461.20	10	L
114P	-- biopsy -- excision	\$74.10 *	10	L
115P	-- repair or amputation	\$387.30	42	L

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		Fee	Class	Anae
Removal of cervical stump				
116P	-- abdominal	\$608.80	42	M
117P	-- vaginal	\$680.00	42	L
118P	Dilatation and curettage	\$196.90 *	0	L
228P	Insertion of brachytherapy stent/sleeve	#N/A		
120P	Hysterotomy	\$732.00	42	M
Hysterectomy				
122P	not billed in addition to adnexal surgery -- subtotal	\$1,080.00	42	M
123P	-- Total	\$1,080.00	42	M
124P	-- abdominal	\$1,080.00	42	M
125P	-- vaginal -- Wertheim	\$2,129.30	42	H
<u>Hysterectomy -- laparoscopic or laparoscopic assisted (not paid in addition to adnexal surgery)</u>				
126P		\$1,344.00	42	M
<u>Hysterectomy -- subtotal or total -- includes 34P and 134P</u>				
130P		\$910.60	42	M
131P	Conservative surgery for endometriosis includes presacral neurectomy Myomectomy by laparotomy, laparoscopy or hysterectomy-- single or multiple -- not billed in addition to adnexal surgery -if done by hysteroscopy then hysteroscopy and other intrauterine procedure are included	\$762.00	42	M
132P		\$1,070.00	42	M
133P	Uteroplasty	\$563.00	42	M
134P	Uterus -- suspension Salpingectomy and/or oophorectomy and/or ovarian cystectomy -- unilateral or bilateral -- (when second ovary requires cystectomy, the surgery and the contra lateral side may be paid at 75% by report)	\$819.00 *	42	M
135P	Tubal resection and/or ligation for sterilization -- unilateral or bilateral -- (payable at 75%, by report when performed as a second and unrelated procedure at the time of other gynaecological surgery in which fertility would otherwise be preserved)	\$500.00 *	42	M
Salpingostomy -- not billed in addition to				
236P	other adnexal surgery	\$820.00	42	M
237P	-- unilateral	\$971.00	42	M
238P	-- bilateral	\$812.00	42	M
138P	Tubo-uterine implantation -- not billed in addition to other adnexal surgery	\$762.90	42	M
139P	Broad ligament cyst -- enucleation -- not billed in addition to other adnexal surgery	\$762.90 *	42	M
140P	Ovarian suspension or neurectomy -- not billed in addition to other adnexal surgery	\$500.00 *	42	M
141P	Tubal ligation through laparoscope -- unilateral or bilateral	\$495.00	42	M
142P	Hysteroscopic sterilization by tubal occlusion (Essure)	\$233.30 *	42	M
143P	Omentectomy - when done in addition to 123P or 134P in cases of malignancy, add Reconstruction of fallopian tubes following pathological occlusion -- unilateral (second	\$1,009.00	42	M

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144P	tube is payable at 75%) Reanastamosis of fallopian tubes	\$945.00	42	M
150P	Laser Vaporization	\$461.20	10	L
151P	-- cervix -- full circumference	\$516.80	0	L
251P	-- intraepithelial neoplasia of vulva, vagina or cervical segment -- extensive -- vulva and/or vagina and/or cervix	\$725.50	10	L

For laser therapy of venereal warts (time 30 minutes or less) use 422R. Claim 150P and 422R for circumferential laser ablation of cervix for CIN plus removal of genital warts -- claims for 251P for CIN and/or venereal warts (over 30 minutes) are payable at \$6.00 per minute.

BMI Supplement

BMI supplements are not payable to the surgical assistant who is billing "J" section codes.

580P	Obstetrics and Gynecology supplement for patients with a body mass index (weight[kg]/height[m] 2) -- greater than 40 or -- greater than 45 if pregnant and in the third trimester	\$120.00 *		
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581P	Obstetrics and Gynaecology supplement for patients with a Body Mass Index, (Weight[kg]/Height[m] ²) greater than 50	\$177.00 *		
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Obstetrics and Gynaecology supplement (580P and 581P) may be billed with service codes 31P to 40P, 41P, 44P to 46P, 48P to 140P, 141P, 143P, 150P, 151P, 211P, 212P, 232P to 241P, 248P to 279P, 334P, 335P, 350P, 438P and 439P.

Maximum of one 580P or 581P supplement per patient per day.
Codes 580P and 581P cannot be billed together.

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