

Obstetrical Hospital Billing Record

Patient Name: _____

PHN: _____ **Date of Birth:** _____

Date: _____ **Doctor:** _____

Consultant: _____

Notes: _____

Call from Outside Hospital: Multiple call backs not usually paid – MSP will pay only 1 out of office hours premium on any calendar day. Extra visits apart from true emergency call backs, such as fetal distress, are included in the delivery fee. If true emergency involved, must have full note submitted to justify claim and “D” as submission code to indicate duplicate.

_____ 00112 (includes assessment, Weekday 0800-1759) Date: _____ Time: _____ Diagnostic Code: _____

_____ 01200 (Weekday 1800-2259) Date: _____ Time: _____ Diagnostic Code: _____

_____ 01201 (2300-0759) Date: _____ Time: _____ Diagnostic Code: _____

_____ 01202 (Sat, Sun, Stat 0800-2259) Date: _____ Time: _____ Diagnostic Code: _____

Assessment Fee: Billed in addition to call out fee (except 00112) if no delivery fee billed on same calendar day.

_____ 13200 Out of Office Visit Fee Date: _____ Time: _____ Diagnostic Code: _____

Call from inside hospital: When already at hospital, and called from another part of the hospital, these fees (include assessment) may be billable. Multiple call backs not usually paid – MSP will pay only 1 out of office hours premium on any calendar day. Extra visits apart from true emergency call backs, such as fetal distress, are bundled in the confinement fee. If true emergency involved, must have full note submitted to justify claim and “D” as submission code to indicate duplicate.

_____ 00113 (1800-2259) Date: _____ Time: _____ Diagnostic Code: _____

_____ 00105 (2300-0759) Date: _____ Time: _____ Diagnostic Code: _____

_____ 00123 (W/E-Stat 0800-1759) Date: _____ Time: _____ Diagnostic Code: _____

Delivery Fees:

____ 14104 Vaginal Delivery Date: _____ Time Delivered: _____ Diagnostic Code: _____

____ 14105 Management of Labour and Transfer to Higher Level of Care Facility for Delivery Dx Code: _____

____ 14108 Elective C-Section plus surgical assist fee (below) Diagnostic Code: _____

____ 14109 Emergency C-Section plus surgical assist fee (below) Diagnostic Code: _____

____ 14004 50% Bonus on 14104 Date: _____ Time: _____ Diagnostic Code: _____

____ 14005 50% Bonus on 14105 Date: _____ Time: _____ Diagnostic Code: _____

____ 14008 50% Bonus on 14108 Date: _____ Time: _____ Diagnostic Code: _____

____ 14009 50% Bonus on 14109 Date: _____ Time: _____ Diagnostic Code: _____

(GPSC Delivery incentive fees are billed in addition to the MSP delivery fee. Maximum of 25 bonuses in any combination per calendar year – no limit on number per day).

Surgical Assist Fees:

Date: _____ Start Time: _____ End Time: _____ Diagnostic Code: _____

____ 00196 Surgical Assist – Operative fee \$317 – \$529 (elective C/S)

____ 00197 Surgical Assist – Operative fee over \$529
 emerg C/S; or elective + additional procedure eg. Salpingectomy)

____ 13194 First Surgical Assist of day (GP only)

Surgical Surcharges:

Date: _____ Start Time: _____ End Time: _____ Diagnostic Code: _____

____ 01210 (Weekday 1800 – 2259) – 38.00% of Surgical Assist fee (Min \$54.52; Max \$376.11)

____ 01211 (2300 – 0759) – 61.00% of Surgical Assist fee (Min \$76.57; Max \$528.18)

____ 01212 (Sat, Sun, Stat 0800-2259) – 38.00% of Surgical Assist fee (Min \$54.52; Max \$376.11)

Prolonged Second Stage: Electronic note “2nd stage prolonged” with times fully & delivered. Enter start/end times in fee submitted.

Date: _____ Time Fully: _____ Delivery Time: _____ Diagnostic Code: _____

____ 14199 X _____ ½ hour units – 2nd Stage exceeds 2hrs, per ½ hour(any time of day)

Continuing Care Charges after hours for prolonged 2nd & 3rd Stage: billable time begins after first 30 minutes.

Electronic note "2nd & 3rd stage prolonged" with times fully/delivered/3rd stage completed. Enter start/end times in fee submitted.

Date: _____ Time fully: _____ Delivery time: _____ Time 3rd stage finished _____
 _____ 01205 (Weekday 1800-2259) X _____ ½ hour units Diagnostic Code: _____
 _____ 01206 (2300-0759) X _____ ½ hour units Diagnostic Code: _____
 _____ 01207 (Sat, Sun, Stat 0800-2259) X _____ ½ hour units Diagnostic Code: _____

Oxytocin: Billed when continuous physician attendance required.

_____ 04118 First Hour Time: _____ to _____ Diagnostic Code: _____
 _____ 04119 X _____ Subsequent hours, to a maximum 10 hours. Time: _____ to _____ Diagnostic Code: _____

Induction with insertion Prostaglandin gel or Cervidil: billable as a visit fee (13008 or 13200). A call out charge may be billed in addition if appropriate (eg. called for SROM). No call out billable if induction is pre-booked and you are called when pt arrives. Visit fee submission must include an electronic note stating time of visit and "prostaglandin gel/cervidil inserted". If pt. delivers same calendar day (with at least 2 hrs between insertion and delivery), use submission code "D" (for duplicate) with the delivery fee and include an e-note with delivery time and reason for 2 different same day services.

_____ 13200 (Out pt) OR _____ 13008 (In pt) Diagnostic Code: _____

Complications of Deliveries: Billed @ 50% in addition to delivery fee 14104

_____ 04000 complicated delivery (50%) Date: _____ Time: _____ Diagnostic Code: _____
 _____ 04014 forceps delivery (50%) Date: _____ Time: _____ Diagnostic Code: _____
 _____ 04018 vaginal breech delivery (50%) Date: _____ Time: _____ Diagnostic Code: _____
 _____ 04022 repair of 3rd degree tear (50%) Date: _____ Time: _____ Diagnostic Code: _____
 _____ 04023 repair extensive cerv./vag. laceration (50%) Date: _____ Time: _____ Diagnostic Code: _____
 _____ 04024 repair of 4th degree tear (50%) Date: _____ Time: _____ Diagnostic Code: _____
 _____ 04026 man. removal of retained placenta (50%) Date: _____ Time: _____ Diagnostic Code: _____

Miscellaneous Fees:

_____ 14088 – Unassigned In-patient fee when unassigned (DOD) patient is admitted under FP as MRP who is part of maternity network. Not for patients assessed and discharged.

_____ 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.

Diagnostic Code: _____ Reason for attendance: _____

_____ 00790 – Reading of NST not associated with labour Diagnostic Code: _____

In Office tests, not billable in hospital:

_____ 04699 Microscopic Examination for Ferning Diagnostic Code: _____

_____ 15141 Trichomonas/Candida/BV direct microscopic examination Diagnostic Code: _____

Quick reference ICD-9 Codes:

- | | | |
|------------------------------|--------------------------|----------------------------|
| 650 Normal delivery | 658 PROM | 657 Polyhydramnios |
| 642 P.I.H. | 662 Prolonged labour | 641 Antepartum Haemorrhage |
| 645 Prolonged pregnancy | 656 Fetal distress | 667 Retained Placenta |
| 652 Malposition/presentation | 660 Obstructed labour | 664 Perineal Trauma |
| 653 Disproportion | 646 Complicated Delivery | 643 Hyper-emesis |
| 651 Multiple Gestation | | |

Newborn Hospital Billing Record

Surname: _____ Sex: Male _____ Female _____

Date of Birth: _____ PHN: _____

Date of Discharge: _____ Doctor: _____

Consultant: _____

_____ 00118 Attendance at C/S if requested for care of newborn. Diagnostic Code: _____

_____ 00119 Normal Newborn Care Diagnostic Code: _____

_____ 12201 Abnormal Baby Examination Diagnostic Code: _____

If newborn experiences complications during hospital stay, such as jaundice or admission to NICU, daily care visits are applicable instead of Normal Newborn Care fee:

_____ 13008 X _____ days Newborn Daily Care (Community GP) Diagnostic Code: _____
 * When in NICU, both Specialist and GP may bill for daily care – requires electronic note “In NICU”

If not continuous care, days seen:

_____ 13028 X _____ days Supportive Care (Community GP) Diagnostic Code: _____
 Daily for 1st 10 days, then weekly when Newborn under daily care of pediatrician.

If not continuous care, days seen:

_____ 13338 X _____ days MRP or Supportive Care Diagnostic Code: _____
 Billed in addition to 13008 or 13028 for first visit of the day

If not continuous care, days seen:

Quick reference ICD-9 Codes:

08A Normal Newborn Care	
769 RDS	767 Birth trauma
774 Jaundice	765 Prematurity/low birth wt.
779 Other perinatal problems	766 Long gestation/high bw
768 Hypoxia	763.4 C/S delivery
767 Birth Trauma	763.3 Vacuum