

Patient Information		Date:
Patient Name:		
PHN:		Date of Birth:
Doctor:		Consultant:
Notes:		

Call from Outside Hospital			
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 called from another part of the hospital, these fees (inclusive of assessment) may be billable.	
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		OB Delivery incentive fees are billed in addition to the delivery fee. Maximum of 25 bonuses in any combination per calendar year – no limit on number per day.	
14104 Vaginal Delivery	Date:	Time Delivered:	Diagnostic Code:
14105 Management of Labour and Transfer to an alternate facility for delivery			Diagnostic 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:

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 emergency C/S; or elective + additional procedure (e.g. Salpingectomy)		
	13194	First Surgical Assist of day (FP only)		

Surgical Surcharges				
Date:	Start Time:	End Time:	Diagnostic Code:	
	01210	(Weekday 1800 – 2259) – 44.68% of Surgical Assist fee (Min \$64.32; Max \$443.67)		
	01211	(2300 – 0759) – 71.73% of Surgical Assist fee (Min \$90.32; Max \$623.05)		
	01212	(Sat, Sun, Stat 0800-2259) – 44.68% of Surgical Assist fee (Min \$64.32; Max \$443.67)		
	13003	Body Mass Index Surgical Assist Surcharge – 25.00% of Surgical Assist fee (BMI greater than 35)		

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:	Diagnostic Code:
	01205 (Weekday 1800-2259)	X	½ hour units	
	01206 (2300-0759)	X	½ hour units	
	01207 (Sat, Sun, Stat 0800-2259)	X	½ hour units	

Oxytocin Billed when continuous physician attendance required.				
Date:	Start Time:	End Time:	Diagnostic Code:	
	04118 First Hour			
	04119 X	Subsequent hours to a maximum 10 hours	Start Time: End Time:	Diagnostic Code:

Induction with insertion Prostaglandin gel or Cervidil A call out charge may be billed in addition if appropriate (e.g. called for SR0M). A call out is not billable if the induction is pre-booked and you are called when pt arrives.				
Date:	Start Time:	End Time:	Diagnostic Code:	
	13200 (Outpatient) OR	13008 (Inpatient)		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 manual removal of retained placenta (50%)	Date:	Time:	Diagnostic Code:

Miscellaneous Fees

14088 Unassigned Inpatient fee when unassigned patient is admitted under FP as MRP who is part of maternity network.		
00790 Reading of NST not associated with labour		Diagnostic Code:
00199 Misc. Fee Code	Billed when something out of the ordinary occurs. This must be billed with a detailed note as to circumstances requiring physician attendance.	Diagnostic Code:
Reason for attendance:		

Quick reference ICD-9 Codes:

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