

Obstetrical Billings for Dr. _____

Pt last name _____ First _____

PHN _____ Prov if not BC _____

Patient Label Space

Address if not BC _____ DOB _____

Referred by (OB ONLY) _____ Referred to _____

Call in from outside the facility

- 1200** 1800 – 2300
- 1201** 2300 – 0800
- 1202** 0800 – 1800 Sat/Sun/Stat
- 112** 0800 – 1800 **GP ONLY**

Calls from within the facility

- 113** 1800 – 2300 **GP ONLY**
- 105** 2300 – 0800 **GP ONLY**
- 123** 0800 – 1800 Sat/Sun/Stat **GP ONLY**

4005 OB ONLY any time unless cont care is payable or a 4010 OB consult is being billed unless times are distinctly different and noted

	DOS	Call in fee	Time called	Time arrived	Visit fee if appl.	Dx
Initial call in						
2 nd Call back						
2nd call in/back requires note explaining medical necessity						
3 rd Call back						
3 rd call in/back requires note explaining medical necessity						

MSP will pay one call in/Pt/delivery – multiple call backs even if different doctors must be supported with note records

Start of 2 nd stage	Dr arrived at:	Baby born at	Placenta: time	CSection?- time	End of delivery incl. proc.

Second stage fee items: **1205** Evening 1800 – 2300 M - F **1206** Night 2300 – 0800 **1207** Sat/Sun/Stat 0800 – 2300

Circle applicable codes	Start time	End time	ccfpp?	# services
1205 / 1206 / 1207				
1205 / 1206 / 1207				

Prolonged Second stage is payable after 2 hours in continuous attendance from start of second stage and is payable concurrently with continuing care until the delivery of the baby, while cont care is payable until delivery of placenta

14199				
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OXY (not applicable for gel insertion) Payable per hour or any portion when in attendance:

Circle applicable codes	Time start	Time end	# services
4118 (maximum 1) initial			
4119 (maximum 9) top ups			

Delivery Fees – PLEASE CHECK THE APPLICABLE FEE ITEM(S). Bonus items are max 25 per year, any combination of codes.

14104 NVD/SVD	14108 elective CS	14109 Emergency CS	14105 transfer of care
14004 GP Bonus	14008 GP bonus	14009 GP bonus	14005 GP bonus

CSections : PLEASE CHECK THE APPLICABLE FEE ITEM(S)*

	OR Start time	OR End time	Assist Fees
1210 (1800-2300)*			196
1211 (2300-0800)*			13194 GP ONLY
1212 (0800-1800 w/e)*			

Please refer to the Fee Guide to ensure you meet the criteria for any additional codes selected from the list below:

- | | | |
|------------------------------------|---------------------------------------|----------------------------------|
| ___ 4000 complicated Delivery | ___ 4023 extensive lac repair* | ___ 4052 CS ER delivery* |
| ___ 4014 complicated Del surgical* | ___ 4024 4 th degree tear* | ___ 4107 VBAC stand by |
| ___ 4017 mid cavity rotation* | ___ 4025 CS < 1500 gms* | ___ 4039 complicated Labor by OB |
| ___ 4018 breech delivery | ___ 4026 manual placenta removal* | ___ Other specify _____ |
| ___ 4022 ext sphincter repair* | ___ 4050 CS elective delivery* | ___ Other specify _____ |

NB care – Hosp issued PHN (if mom has no BC coverage or for future reference: _____ M or F

118 if care rendered at time of CS-check if applicable	119 bill only 1 in first 10 hosp days – check if applicable
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For additional hospital visits, post natal care etc please use separate day sheet.