MSC PREAMBLE AND PAYMENT SCHEDULE: MIDWIFERY SERVICES
Last Updated: October, 2023

PREAMBLE

The Midwifery Payment Schedule, which confirms the financial arrangement set out in the Midwifery Master Agreement, will identify the terms and conditions of payments to Midwives for Midwifery Services rendered.

This Payment Schedule is based on a payment model that provides payment for all Midwifery Services rendered to an Eligible Client in each of the five phases of a Full Course of Care from conception up to and including six weeks postpartum. Payment is made subject to the terms of the *Medicare Protection Act*. Midwifery is commonly a shared practice so that more than one Midwife can deliver services to an Eligible Client. Only Midwives subject to the Midwifery Master Agreement ("Master Agreement") can be paid under the Master Agreement and the Midwifery Payment Schedule. The Midwifery Payment Schedule is intended to be consistent with all terms and conditions established under the Master Agreement.

Only one Midwife may bill MSP for the service in accordance with the Payment Schedule.

A. TERMS AND DEFINITIONS

1. In this Payment Schedule:

(a) **"Agreement" or "Master Agreement"** means the Midwifery Master Agreement negotiated between the Government and the MABC for the period April 1, 2015 to March 31, 2019.

(b) **"Attending Midwife"** means the Midwife in attendance at the birth and who provides Midwifery Services within their scope of practice.

(c) **"British Columbia College of Nurses and Midwives"** or **"BCCNM"** or **"College"** means the regulatory body for the profession of Midwifery as established under the *Health Professions Act* [RSBC 1996] Chapter 183.

(d) **"Conditional Registrant"** means a Midwife designated as a conditional registrant by the BCCNM and supervised by the Principal Supervisor and other supervisors as approved by the BCCNM.

(e) **"Consultative Care"**, as distinguished from Transfer of Care, means collaboration by referral to a physician in order to request a medical consult, a laboratory procedure or other diagnostic test, or specific surgical/medical treatment. Primary care of the client and responsibility for decision making, with the informed consent of the client, remains with the Midwife within their scope of practice.

(f) **"Dispute"** means a difference over the interpretation, application or operation of this Payment Schedule as described in section 11.

(g) **"Eligible Client"** means a resident of British Columbia who is a beneficiary under the Medical Services Plan (MSP) and enrolled in the MSP in accordance with Section 7 of the *Medicare Protection Act* [RSBC 1996] Ch. 286 [hereinafter *Medicare Protection Act*].

(h) **"Eligible Practitioner"** means a Midwife enrolled in MSP in accordance with Section 13 of the *Medicare Protection Act*.

(i) **"Full Course of Care"** or "**FCC**" means primary care provided by a Midwife for an Eligible Client during pregnancy, labour and delivery, up to and including six (6) weeks post partum and care of the newborn for up to and including six (6) weeks after birth within the scope of practice of the Midwife as established by the College.

(j) **"Hard Opt Out"** refers to the situation in which an Enrolled Midwife elects to collect the MSP fee in full directly from an Eligible Client according to the Midwifery Payment Schedule for services to Eligible Clients. Eligible Clients are entitled to reimbursement from MSP for the MSP Payment. Election for payment is laid out under Section 14 of the *Medicare Protection Act*.

(k) "**Health Insurance BC"** or **"HIBC"** is the agent of Government for processing of claims to the Medical Services Plan and issuing payment for Midwifery Services.

(l) **"Home Birth" For the purposes** of this Payment Schedule and Fee Item 36045, "Home Birth" refers to those situations where an Eligible Cl**i**ent births outside of a hospital setting and a midwife has provided care within their scope of practice, or when an Eligible Client plans to birth at home, has been attended at home by a Registered Midwife who provided care within their scope of practice during the intrapartum period, and births in hospital.

(m) **"Locum"** means an enrolled Midwife to whom care of the Eligible Clients is temporarily transferred by the Midwife who retains the Locum for a specific period of time. The Locum may assign payment to the payee of their choice.

(n) **"Midwife"** means a general, temporary or conditional registrant of the College whose membership is in good standing with the College.

(o) **"Midwifery Liaison Committee"** means a committee established for the purpose of maintaining communication between the Government and the MABC to address Payment Schedule matters under the Midwifery Payment Schedule and dispute resolutions under Sections 22 and 23 of the Master Agreement. The committee may also address other issues which are agreeable to the Parties and which are consistent with the terms of reference for the committee.

(p) **"Midwifery Payment Schedule"** or **"Payment Schedule"** is the Ministry of Health schedule of fees and conditions of payments to Midwives providing services to Eligible Clients.

(q) **"Midwifery Special Committee"** means the Midwifery Special Committee established under the *Medicare Protection Act*.

(r) **"Midwives Association of BC"** or **"MABC"** is the professional organization for Midwives and is recognized by the Government as the sole and exclusive representative for Midwives in the negotiation of the current Midwifery Master Agreement and subsidiary Agreements.

(s) **"Midwives Protection Program"** means the professional liability insurance program available to Midwives through the Ministry of Finance and administered through the MABC.

(t) **"MSP"** means the Medical Services Plan established under the *Medicare Protection Act* and under which payments are made to Midwives for Midwifery Services.

(u) **"Opt In"** means the enrolled Midwife elects to be paid directly by MSP according to the Midwifery Payment Schedule for Midwifery Services to Eligible Clients.

(v) **"Phase"** of a Full Course of Care (FCC) means a specific period of the FCC as described below.

(w) **"Phase 1"** of the FCC (first trimester) is up to and including fourteen (14) weeks gestation.

(x) **"Phase 2"** of the FCC (second trimester) is after fourteen (14) weeks and up to and including twenty-eight (28) weeks gestation.

(y) **"Phase 3"** of the FCC (third trimester) is after twenty-eight (28) weeks gestation up to the onset of labour.

(z) **"Phase 4"** of the FCC (labour and delivery) is from the onset of labour up to and including birth.

(aa) **"Phase 5"** of the FCC (post-partum) includes care of the newborn from birth up to and including six (6) weeks post-partum and care of the mother/individual up to and including six (6) weeks.

(bb) **"Principal Supervisor"** is the one supervisor approved by the BCCNM with overall responsibility for supervision of a given Conditional Registrant for a given period of time. Additional supervisors may be approved by the BCCNM to assist with supervision, but only the Principal Supervisor may submit the claims for payment to MSP.

(cc) "**Principal Midwife"** means a Midwife who, in their practice or as part of their educational program, takes responsibility for and provides Midwifery Services as the primary care provider during the intrapartum period in a hospital or an out-of-hospital setting.

(dd) **"Referral"** means, for the purposes of MSP billing, a request from the Midwife to a physician, usually a specialist, for a specific service with respect to the client. Such services may include a medical consultation, a laboratory procedure or other diagnostic test, or specific surgical/medical treatment.

(ee) **"Scheduled Caesarean Section"** means a caesarean section scheduled greater or equal to 72 hours prior to surgery.

(ff) **"Supervised Course of Care" (SCC)** means the prenatal, intrapartum and postpartum Midwifery Services provided by a Conditional Registrant to an Eligible Client under supervision. Supervision is provided by the Principal Supervisor and additional supervisors approved by the BCCNM. The number of courses of care to be delivered by a given Conditional Registrant is determined by the BCCNM and is set out in the supervision plan of the Conditional Registrant. A Supervised Course of Care for a given Eligible Client typically includes at least 7 visits across the prenatal/postpartum periods and attendance at the labour and delivery of the Eligible Client.

(gg) **"Supportive Care for Scheduled Caesarean Section"** means supportive care, as set out in the *Supportive Care Policy* of the BCCNM that is provided by a Principal Midwife or by their appointed Midwife for a Scheduled Caesarean Section.

(hh) **"Supportive Care for Scheduled Caesarean Section Recovery"** means supportive care, as set out in the *Supportive Care Policy* of the BCCNM that is provided by a Principal Midwife or by their appointed Midwife within the first three hours following a Scheduled Caesarean Section.

(ii) **"Transfer of Care"** as distinguished from Consultative Care, involves the transfer of responsibility for the care of the Eligible Client to another Midwife or physician.

(jj) **"Withdrawal of Service"** or "**Withdraw Midwifery Services**" means a decision by the Midwife to cease the provision of Midwifery Services that are required of their under the Master Agreement for the purpose of requiring or attempting to require changes in the terms of the Agreement.

2. Interpretation

The generic feminine used in this Payment Schedule does not presume to exclude persons of the masculine gender. Words importing the singular only shall include the plural and vice versa. Words importing persons shall include an individual, partnership, association, body corporate, executor, administrator or legal representative and any number or aggregate of such persons. The division of this Agreement into articles and sections and the insertion of headings are for convenience of reference only and should not affect the construction or interpretation hereof. Statutes and regulations referred to in this Agreement include any amendments made thereto. This Midwifery Payment Schedule shall be interpreted consistently with the Master Agreement and in the event of any inconsistency the Master Agreement shall prevail to the extent of the inconsistency.

B. ADMINISTRATION

3. Fees payable by the Medical Services Plan

Pursuant to section 26 of the *Medicare Protection Act,* fees listed in this Payment Schedule are for Phases of an FCC provided by Midwives to pregnant, birthing and postpartum women who are Eligible Clients. A separate payment schedule has been established for SCCs.

4. MSP Billing Number

A billing number consists of two parts:

(a) The practitioner number is a unique number which identifies the Midwife performing and taking responsibility for the service. A Midwife may only have one practitioner number.
(b) The payment number ("payee") identifies the person or party to whom payment will be directed by the Medical Services Plan through HIBC. The same numeric sequence that is given as a practitioner number will also be established as the personal payee number for the Midwife.

If a Midwife is billing under their own practitioner and payment number and elects to have their bimonthly payment deposited into their bank account, they must complete a Direct Bank Deposit form.
Each claim submitted must have both a practitioner and payment number in order to be paid.

5. Assignment of payment forms

A Midwife may apply for more than one payment number. It is the payment number (payee) on the claim that will determine the bank account into which payment is made.

Each Midwife must complete an Application for Direct Bank Payments from MSP to direct HIBC to deposit payment to their payment number (payee) to a specific bank account. A Midwife may complete an Assignment of Payment form if they would like to direct payment to a payment number other than their own. It is possible, for example, for

a Midwife to route payment for their services to a payment number (payee) that is shared among members of a group practice.

The Midwife whose practitioner number appears on the claim form must have or share responsibility for delivery of the Midwifery Services on the claim. Payment for a given claim from a Midwife will be directed to the payment number (payee) on the claim.

6. Application for MSP Billing Number (Midwives)

How to apply

A Midwife who wishes to enroll as a practitioner must apply to the Medical Services Commission in the manner required by the Commission. The "Application for MSP Billing Number (Midwives)", the Assignment of Payment forms and information regarding the application process are available on the MSP website.

Termination

An enrolled Midwife may cancel their enrollment by giving 30 days written notice of the cancellation as outlined under Section 13(7) of the *Medicare Protection Act*.

Independent contractor

Each Midwife is an independent contractor and is required to supply all labour and equipment necessary to provide Midwifery Services at the Midwife's own expense unless those expenses are specifically provided for under a separate contract.

7. Setting of Fees

Fees are set in accordance with the Midwifery Payment Schedule Section 26 of the *Medicare Protection Act* and Midwifery Payment Schedule.

8. Direct Billing

An enrolled Midwife may not issue a bill nor receive payment from an Eligible Client for any Phase of a Full Course of Care unless they has elected to Hard Opt Out of MSP.

9. Limits on Billing and Extra Billing

"Extra billing" means billing an amount over the amount payable for an MSP insured service ("a benefit"). Midwives may not extra bill for a Phase of a Full Course of Care as set out in this Payment Schedule. Billing an Eligible Client is permitted for services that are not benefits under the MSP, e.g. pre-conception advice.

10. Referrals

Midwives can refer an Eligible Client to specialist physicians based on their scope of practice and the needs of an Eligible Client. A Referral is a Consultative Care relationship as defined in Section A of this preamble. A "specialist" is a physician who is

a Fellow of the Royal College of Physicians and Surgeons of Canada and recognized by the College of Physicians and Surgeons of BC in a particular specialty. MSP payments to specialists are based on a list of specialties identified by the BCCNM as appropriate for Midwives for Referral. Specialties identified on this list for Referral from Midwives are paid at the same rate as Referrals received from General Practitioners.

11. Adjudication of claims by HIBC

HIBC manages the MSP on behalf of Government. Remittance statements issued through HIBC should be reviewed carefully to reconcile all claims and payments made. Claims may have been adjusted in adjudication and explanatory codes should designate the reasons for any adjustments. If a Midwife does not agree with an adjustment of an account, the claim should be resubmitted to HIBC within 90 days of receiving the adjustment with the appropriate submission code. If a Midwife believes a decision to adjust a claim is unreasonable, the Midwife may commence a Dispute. The dispute resolution process is outlined in section 12 below.

12. Dispute Resolution

A Dispute referred to in section 11 between a Midwife and the Government or its agents shall be addressed as follows:

(a) A Midwife who has exhausted resolution of an adjudicated claim through consultation with HIBC and who intends to launch a Dispute regarding payment must provide written notice to MABC of their intention within 90 days of receiving the adjustment. The written notice must include the nature of the Dispute and be copied to the Executive Director, Beneficiary Services and Strategic Priorities Branch, Ministry of Health;
(b) Within 30 calendar days of receiving the written notice from a Midwife, MABC may raise the matter at the Midwifery Liaison Committee in an effort to resolve the Dispute; and
(c) In the event the Midwifery Liaison Committee is not able to resolve the Dispute, the matter may be referred by the MABC or by the Ministry of Health to the Midwifery Special Committee, established under Section 4 of the *Medicare Protection Act*, for advice.

13. Services to Family and/or Household Members

Section 29 of the *Medical and Health Care Services Regulation* specifies the nature of personal services which are not benefits. This includes Midwifery Services provided by a Midwife to the members of the family of the Midwife including:

(a) A spouse,
(b) A daughter,
(c) A daughter-in-law,
(d) A step-daughter,
(e) A mother or step-mother,
(f) A mother-in-law,
(g) A sister-in-law,
(h) A grandmother,
(i) A granddaughter, or
(j) A sister.

In addition, services are not benefits if they are provided by a Midwife to a member of the same household as the Midwife.

14. Research

In situations where therapies or procedures are part of a research study, only those reasonable costs customarily related to routine and accepted care of an Eligible Client's problem are considered to be benefits by MSP; additional services carried out specifically for the purposes of the research are not the responsibility of MSP.

TERMS AND CONDITIONS

15. Standards of Service

Every Midwife is expected to provide Midwifery Services in accordance with Standards of Practice and Code of Ethics of the British Columbia College of Nurses and Midwives.

16. Insurance and Indemnity

Every Midwife is required to maintain professional malpractice insurance through the Midwives Protection Program (or an equivalent) as well as appropriate commercial liability insurance. In the event that a Midwife chooses to purchase insurance outside of the MPP, they must provide proof to the satisfaction of the Minister that such insurance is substantially the same as the MPP.

17. Locum Midwife

Midwives can retain the services of an enrolled Locum. No Locum arrangements will relieve the Midwife who retains a Locum from obligations under the Master Agreement, or impose liability or obligation upon the Province to any such Locum.

18. Records and Inspection

Midwives must maintain appropriate medical and accounting records and are subject to audit and inspection under section 36 of the *Medicare Protection Act*. A Midwife must, on the request of an inspector appointed under the Act, produce and permit inspection of the records requested, supply copies or extracts as requested, and answer all questions of the inspector regarding the records. Refer to the *Medicare Protection Act* for further details regarding audit and inspection of practitioners and employers.

19. Good Standing

In order to enroll with MSP, a Midwife must be registered as a general, temporary or Conditional Registrant in good standing as defined by the BCCNM. The Midwife must provide MSP or its agents with evidence as required by MSP.

20. Hospital Privileges

A Midwife must make every reasonable effort to obtain hospital privileges in the geographic area in which they provides Midwifery Services.

21. Quantity of Service

A Midwife must not bill MSP for more than the total equivalent of 60 Full Courses of Care for Eligible Clients in a given fiscal year (April 1 to March 31 annually).

22. Withdrawal of Service

In accordance with the terms of the Master Agreement, a Midwife may not elect to Withdraw Midwifery Services. A Midwife who chooses to Withdraw Midwifery Services will be deemed to have elected to Hard Opt Out and will no longer be paid directly by MSP. Refer to the Master Agreement for further information.

23. Adequate Medical Records

Section 16 of the *Medical and Health Care Services Regulation* sets out the requirements for an adequate clinical record. For the purposes of MSP billing, a Midwifery record will not be considered adequate unless it contains all the information which may be designated or implied in the Midwifery Payment Schedule. Another Midwife, who is unfamiliar with both the client and the Midwife, must be able to readily determine the following from that record and/or the client's medical records from previous encounters:

(a) Date, time and location of the service.
(b) Identification of the Eligible Client and the Midwife who provided the service.
(c) Documentation of clinical care with each Phase of a Full Course of Care including the client and family history.
(d) The relevant results, both negative and positive, of a systematic enquiry pertinent to the client's problem(s).
(e) Identification of the physical examination including pertinent positive and negative findings.
(f) Results of any investigations carried out during the encounter.
(g) Summation of the problem and plan of management.

D. BILLING FORMAT

24. Part 6 of the *Medical and Health Care Services Regulation* establishes the framework for the payment of claims. A Midwife must submit a claim to MSP in order to be paid for a Phase of a Full Course of Care rendered to an Eligible Client. The claim must be submitted in the format approved for electronic submission through Teleplan or by way of a claim card. All claims must include the following information for Eligible Clients unless otherwise stated:

(a) The practitioner number of the Midwife submitting the claim and the payment number for that specific claim.
(b) The last name, first initial, and Personal Health Number of the Eligible Client.
(c) The appropriate fee item(s) for the specific Phase(s) of a Full Course of Care provided and the amount billed for each Eligible Client.
(d) The date of service. For billing purposes, the date of the Midwifery Service is defined as the earlier of:
(i) The end of the Phase of a Full Course of Care; or
(ii) In the case of Transfer of Care from one Midwife to another, the last date on which the client was seen by the Midwife transferring the care.
(e) Actual location of the service.
(f) Diagnostic code 30B.

25. Midwives are responsible for expenses related to managing and carrying out a Phase of a Full Course of Care, including but not limited to:

(a) second attendant services for non-Registered Midwife second attendants, as defined in the Payment Schedule;
(b) liability insurance;
(c) professional fees;
(d) overhead costs; and
(e) other fees.

Claims will be paid in accordance with policies established under MSP and such policies may be amended from time to time.

All claims must be submitted within 90 days following the date of service in order to be paid. Claims submitted more than 90 days following the date of service will require an exemption. Application for an exemption must be made through HIBC prior to submission of the claim.

26. Billing Guidelines: Supervision of Conditional Midwives

The Principal Supervisor is appointed by the BCCNM for supervision of a Conditional Registrant and may bill MSP for the Supervised Courses of Care associated with a Conditional Registrant. Additional supervisors may be approved by the BCCNM to assist with supervision. Only the Principal Supervisor may submit the claims for payment of supervision to MSP. The Principal Supervisor and other supervisors of the Conditional Registrant appointed by the BCCNM will decide amongst themselves on the distribution of payments within the group.

The number of Supervised Courses of Care to be delivered by a Conditional Registrant is determined by the BCCNM and is set out in the supervision plan of the Conditional Registrant. MSP will only pay for the number of Supervised Courses of Care required under the supervision plan for a given Conditional Registrant.

A Supervised Course of Care for an Eligible Client typically includes at least seven (7) visits across the prenatal/postpartum periods and attendance at the labour and delivery of the Eligible Client.

In situations where the Conditional Registrant bills MSP directly for a Phase of a Full Course of Care, the Principal Supervisor and/or any supervising Midwives must not submit a claim for the same Phase.

Claims for supervision may be submitted through Teleplan or using the approved claim card version of the Midwife's statement of account. All claims must include the following information for Eligible Clients unless stated otherwise:

1. Payee – Person/Organization
2. Prac- Principal Supervising Midwife (Primary Midwife)
3. Referred by 1- Conditional Midwife (under supervision)
4. Note Record
    a. Supervising Midwife - the Midwife providing the care/service (if different from #2.)
    b. For Fee Items 36068 and 36069 (Supervision of Competency-based Skills) - must contain one of the competency-based skills as provided by the College - see Appendix A following the MSP Payment Schedule: Midwifery Services.
5. PHN – patient (mother/individual)

Applies only to Fee Items 36066, 36067, 36068 and 36069.

Billing for Midwifery Provincial Language Interpreter Services

This code must be submitted whenever a Provincial Language Services (PLS) over-the-phone interpreting (OPI) service is engaged to facilitate communication during a midwifery patient visit.

Submitting this code indicates an agreement that:

- You or another Midwife within a shared practice subject to the Midwifery Master Agreement are delivering the full course of maternity care; and
- OPI services are being engaged for the purposes of delivering care to Eligible Clients, and is within your scope of practice as established by the British Columbia College of Nurses and Midwives; and
- You or another midwife has determined that the midwifery patient has limited to no English skills, and a professional interpreter is required to improve comprehension and safety/quality of care; and
- This code will be submitted accurately and completely each time an OPI interpreter is engaged, in order to align with practitioner usage data reported through the Provincial Health Services Authority.

Fee Item	Description	Feb 1, 2020 (S)
36090	**Midwifery Provincial Language Interpreter Service** *i) Maximum call duration permitted is 30 minutes.* *ii) A maximum of 13 services per patient, per maternity are payable.* *iii) Any utilization beyond 13 services will be considered only in exceptional circumstances and must be pre-approved. by contacting MSP in advance at* hlth.bsb@gov.bc.ca.	0.00

Billing for Clinical Services

Midwifery is commonly a shared practice. Therefore, more than one Midwife can deliver the services of a given Phase of a Full Course of Care to one Eligible Client. A claim for payment must include the practitioner number of a Midwife who has participated in the clinical care of the Eligible Client during the Phase for which the claim is submitted. Only one Midwife may claim for a given fee item.

Midwives should refer to the Preamble to the Payment Schedule prior to submitting claims for service to ensure they fully understand the terms and conditions of payment.

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36010	**Phase 1** (first trimester) – Total care throughout Phase 1	268.98	277.69	296.43

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36014	**Phase 1** (first trimester) – care transferred to another Midwife or physician prior to the completion of Phase 1 care. *Where services are terminated prior to the end of Phase 1, the Midwife may bill for 40% of the value of that Phase. Termination may be at the request of the client or due to a Transfer of Care to another Midwife or to a physician.*	107.58	111.07	118.57
36016	**Phase 1** (first trimester) – care transferred from another Midwife or a physician prior to completion of Phase 1. *When care is transferred to another Midwife from a Midwife or a physician prior to the completion of Phase 1, the Midwife assuming responsibility for care and completing the Phase may bill for 60% of the value of the Phase.*	161.36	166.59	177.83

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36020	**Phase 2** (second trimester) – total care throughout Phase 2.	268.98	277.69	296.43
36021	**Phase 1** – First trimester care provided in Phase 2. *This may be billed when an Eligible Client's first visit occurs in 2nd trimester (Phase), with no previous care by a Midwife or physician. Receiving care from a physician does not include care by a physician for confirmation of the pregnancy or the one physician visit the Midwife must advise the client to have, as required by Midwifery Regulation.* *The fee item may be billed in addition to 36020 at the completion of Phase 2 of care.*	268.98	277.69	296.43
36024	**Phase 2** (second trimester) – care transferred to another Midwife or physician prior to completion of Phase 2. *Where services are terminated prior to the end of Phase 2, the Midwife may bill 40% of the value of that Phase. Termination may be at the request of the Eligible Client or due to a Transfer of Care to another Midwife or physician.*	107.58	111.07	118.57
36026	**Phase 2** (second trimester) – care transferred from another Midwife or physician prior to completion of Phase 2. *Where care is transferred to a Midwife from another Midwife or a physician prior to the completion of Phase 2, the Midwife who assumes responsibility for the care and completes the Phase may bill for 60% of the value of the Phase.*	161.36	166.59	177.83

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36030	**Phase 3** (third trimester) – Total care throughout Phase 3.	538.05	555.38	592.97
36034	**Phase 3** (third trimester) – care transferred to a Midwife or physician prior to completion of Phase 3. *Where services are terminated prior to the end of Phase 3, the Midwife may bill for 40% of the value of that Phase. Termination may be at the request of the Eligible Client or due to a Transfer of Care to another Midwife or to a physician.*	215.22	222.19	237.19
36036	**Phase 3** (third trimester) – care transferred from a Midwife or physician prior to completion of Phase 3. *Where care is transferred to a Midwife from a Midwife or a physician prior to the completion of Phase 3, the Midwife who assumes responsibility for the care and completes the Phase may bill for 60% of the value of the Phase.*	322.82	333.28	355.78
36031	**Phase 3** (third trimester) – Phase 3 services for second trimester delivery. *This fee may be billed in situations where an Eligible Client:* • *has not transferred from another Midwife; and* • *had their first antenatal visit with the Midwife during the first or second trimester; and* • *delivered during the second trimester; and* • *received care for Phases 1, 2, 4 and 5 from the Midwife where the postpartum care may be shared among Midwives.* *This fee item may be billed at the same time as billing for Phase 4.*	538.05	555.38	592.97

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36040	**Phase 4** Attendance at labour and delivery by the Midwife *Attendance at labour and delivery by the Principal Midwife. In order to bill this fee item, the Midwife must attend the delivery.*	1075.91	1,110.77	1185.75
36041	**Phase 4** Transferring Midwife: Attendance at labour and delivery by the Midwife – intra-partum care transferred to another Midwife or a physician. *This may be paid when the Eligible Client is physically transferred to another geographic location during labour. The Midwife who transfers care out may bill for 40% of the value of Phase 36040. This fee item may not be paid along with 36040 or 36042.*	430.37	444.31	474.30
36042	**Phase 4** Receiving Midwife: Attendance at labour and delivery by the Midwife – intra-partum care transferred from another Midwife or a physician. *This may be paid when the Eligible Client is physically transferred to another geographic location during labour. The Midwife who receives the transferred client may bill for 60% of the value of Phase 36040. This fee item may not be paid along with 36040 or 36041.or 36045.*	645.56	666.48	711.47

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36045	**Phase 4** Home Birth Additional Attendant fees Additional attendant services rendered by a Midwife must be claimed by the Midwife who performs the service. Services rendered by an additional attendant who is recognized by the BCCNM but is not a Midwife will be claimed by the Principal Midwife. The name of the additional attendant must be included in the note record of the claim. *This fee item must be claimed with location code "R".* *Should this fee item be required more than twice during a birth, the midwife will submit a record of the attendants' names and reason for the additional attendants (cultural, medical, etc.) in the note record for manual adjudication.*	371.35	383.38	409.26
36088	Home Birth Premium *Must be billed with 36040.*	N/A	N/A	296.44
36048	**Phase 4** Supportive Care for Scheduled Caesarean Section in the operating room. A Principal Midwife or an appointed Midwife may bill this fee item while attending a Scheduled Caesarean Section. *This fee will only be paid if a corresponding claim from the same Midwife is paid for fee item 36049. May not be paid with fee item 36040.*	106.10	109.54	116.93
36049	**Phase 4** Supportive Care for Scheduled Caesarean Section Recovery. A Principal Midwife or an appointed Midwife may bill this fee item when providing supportive care within the first three hours following a Scheduled Caesarean Section.	106.10	109.54	116.93

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
	This fee will only be paid if a corresponding claim from the same Midwife is paid for fee item 36048. May not be paid with fee item 36040.			

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36050	**Phase 5** (post-partum care) – total care throughout Phase 5. *If a Transfer of Care occurs after the first 2 weeks of postpartum care, the Midwife who is transferring the care will receive the full value of the postpartum Phase of a course of care, and any payment to the Midwife who takes over care will be the responsibility of the Midwife who transfers the care. This fee item may not be paid with 36056 or 36054.*	1075.91	1,110.77	1185.75
36056	**Phase 5** (post-partum care) – care transferred to another Midwife or physician during first 2 weeks of postpartum care or termination of service by the Eligible Client. *Where care is transferred from a Midwife to another Midwife or physician at any time during the first 2 weeks of postpartum care, the Midwife who transfers the care will receive 60% of the value of the Phase. Where care with the Midwife is terminated, such termination may be at the request of the Eligible Client or due to a Transfer of Care to another Midwife or to a physician.*	645.56	666.48	711.47
36054	**Phase 5** (post-partum care) – care transferred from another Midwife or physician during the first 2 weeks of postpartum care. *Where care is transferred from another Midwife during first 2 weeks of postpartum care, the Midwife who assumes the care and completes the Phase may bill for 40% of the value of the Phase.*	430.37	444.31	474.30

Billing for Supervision of Conditional Registrants

Fee item	Supervised Courses of Care *(As required per the BCCNM plan for the Conditional Registrant)*	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36066	Supervision of Continuity of Care – Conditional Midwives	315.15	325.36	347.32
36067	Supervised Labour and Delivery – Conditional Midwives	131.32	135.57	144.72
36068	Supervision of In-office Competency-based Skills – Conditional Midwives	15.75	16.26	17.36
36069	Supervision of Out-of-office Competency-based Skills – Conditional Midwives	26.26	27.11	28.94

Notes:

i) All services must be provided by a Midwife approved for supervision of a Conditional Midwife as specified by the British Columbia College of Nurses and Midwives (BCCNM).
ii) The service must fulfill a required condition as specified by British Columbia College of Nurses and Midwives within the time limits, if any, specified.
iii) Payments for 36066 or 36067 must be at least 9 months apart for a given patient, and only one of those fee items may be paid for the same patient in that period.
iv) For Fee Items 36068 and 36069, the skill being assessed[1] must be indicated in the Note Record.
v) The total annual amount for payments of these four fee items shall not exceed $65,000 for the current fiscal year – by date-of-service of the claim.

[1] Refer to Appendix A – List of Skills Eligible to Bill Fee Item 36068 and 36069

APPENDIX A – List of Competency-based Skills[2]

Breastfeeding
Communication with Other Health Professionals
Complications experienced by the Fetus or
Newborn Continuing Midwifery Education
Diagnosis and Management of Infectious Diseases
Diagnostic Tests (Tests Standards)
Discussion, Consultation and
Transfer Emergency Skills
Evidenced Based Practice and Informed Choice
History and Physical Assessment
History and Physical Assessment
Home Birth Orientation
Hospital Orientation
Medications (Drugs Standards)
Newborn Assessment
Nutrition
Pelvic Examination
Postpartum Assessment
Practice Administration Procedures
Suturing
Venipuncture and IV Skills
Women Centred Care and Communication

[2] As provided by the College of Midwives of British Columbia – last updated December 2015

Surgical Assistance Fees

Fee Item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36070	**Phase 4** Surgical Assistance – Caesarean section – **scheduled** *i) Can be paid with 36048 and 36049.* *ii) Cannot be paid with 36040 or 36041, 36042 or 36045.* *iii) Must have associated 04050 or 04025 paid to physician.*	192.08	198.30	211.69
36071	**Phase 4** Surgical Assistance – Caesarean section – **emergency** *i) Can be paid with 36040 and 36042.* *ii) Cannot be paid with 36041, 36045, 36048 or 36049.* *iii) Must have associated 04052, 04025 or 04106 paid to physician.*	260.35	268.79	286.93
36072	**Phase 4** Attendance at caesarean section as MRP for the baby (if specifically requested by surgeon for care of the baby only) *i) Can be paid with 36040, 36042, 36048 and 36049.* *ii) Cannot be paid with 36041, 36070, or 36071.* *iii) Must have associated 04050, 04052, or 04025 paid to the physician who made the request (only applicable if the physician is paid through fee-for-service, and not applicable if the physician is paid through an alternative payment model).* *iv) Not payable if a physician is present at the caesarean section to care for the baby.* v) *Name of the physician who performed the caesarean section, and who specifically requested midwifery services for care of the baby, must be included in the chart and the Note Record.*	91.44	94.40	100.77

36073	**Phase 4** Surgical Assistance – First Surgical Assist of the Day *i) Can be paid with any of the other surgical assistance fees.* *ii) Payable only for the first surgical assist of the day.*	88.16	91.02	97.16
36074	**Phase 4** Surgical Assistance – Full Service Delivery Incentive *Attendance at delivery and post-natal care associated with emergency caesarean section* *i) Must be associated with 14109 paid to a physician.* *ii) Cannot be paid with 36040 or 36041.* *iii) Maximum of 25 incentives may be billed per Midwife per calendar year.*	244.14	252.05	269.06

Continuing Care Surcharges and Emergency Call-out Fee

Fee Item	Description	April 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36075	**Phase 4** Evening – Caesarean Section (call placed between 1800 hours and 2300 hours and services rendered between 1800 hours and 0800 hours)	115.83	119.58	127.65
36076	**Phase 4** Night – Caesarean Section (call placed between 2300 hours and 0800 hours)	185.94	191.96	204.92
36077	**Phase 4** Saturday, Sunday or Statutory Holiday – Caesarean Section (call placed between 0800 hours and 2300 hours) **36075-36077:** *i)* Payable only with 36070, 36071, or 36074. *ii)* Claim must state time service is rendered.	115.83	119.58	127.65
36078	**Phase 4** Call-out – Emergency Caesarean Section *Payable only with 36071 (Phase 4 Surgical Assistance – Caesarean section – Emergency).*	115.98	119.74	127.82

Consultative Care and Assessment between Practitioners

Consultative Care and Assessment fees are intended for the short-term care of a patient when the patient's primary healthcare provider is not available, or when the primary healthcare provider requests a consult. Unavailability should be unanticipated/emergent. In case of anticipated absences, locum or transfer in/out fees should be used as appropriate.

The patient must be referred by a physician or other healthcare professional (see Notes on individual fees). For these fees to be applicable the referring healthcare professional must be external to the Midwife's roster/caseload; these fee items will not be paid with midwifery fees for any Phase/course of care for a patient where the billing midwife is part of a shared care group practice in which the client is on the roster/caseload.

Fee item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36081	Consultative Care and Assessment – Pre-partum Care *i) Start and End time of the care must be recorded on the claim.* *ii) A maximum of nine services or three hours per patient per maternity will be paid under normal circumstances.* *iii) A Note Record explaining the medical necessity is required for more than nine services to be paid per patient.* *iv) Not payable with 36040 if both services are provided on the same day, unless billed by a different practitioner.* *v) These fee items will not be paid with midwifery fees for any Phase/course of care for a patient where the billing midwife is part of a shared care group practice in which the client is on the roster/caseload.* *vi) Call-out premiums, 36085 or 36086, may apply.* *vii) Referring health care professionals include: Physician, Registered Midwife, and Nurse Practitioner.* *viii) In order for the claim to be paid, the referring*	41.37	42.71	45.59

	practitioner's MSP number must be entered in the 'Referred by' field. *ix) May be billed for services provided through video conferencing when a Note Record is provided.* *x) Cannot be billed by a midwife who also bills all of 36010, 36020, and 36030 for the same patient. Cannot be billed for any of the three phases of prenatal care in which the midwife bills for total care throughout the same phase for the same patient.*			
36082	Consultative Care and Assessment – Attendance at Labour and Delivery by the Midwife *i) Start and End time of the care must be recorded on the claim.* *ii) A maximum of three services or one hour per patient per maternity will be paid under normal circumstances.* *iii) A Note Record explaining the medical necessity is required for more than three services to be paid per patient.* *iv) Not payable with 36040 if both services are provided on the same day, unless billed by a different practitioner.* *v) These fee items will not be paid with midwifery fees for any Phase/course of care for a patient where the billing midwife is part of a shared care group practice in which the client is on the roster/caseload.* *vi) Call-out premiums, 36085 or 36086, may apply.* *vii) Referring health care professionals include: Physician, Registered Midwife, and Nurse Practitioner.*	41.37	42.71	45.59

	viii) In order for the claim to be paid, the referring practitioner's MSP number must be entered in the 'Referred by' field. *ix) Cannot be billed by a midwife who also bills 36040 for the same patient.*			
36083	Consultative Care and Assessment – Post-partum Care *i) Start and End time of the care must be recorded on the claim.* *ii) A maximum of 12 services or four hours per patient per maternity will be paid under normal circumstances.* *iii) A Note Record explaining the medical necessity is required for more than 12 services to be paid per patient.* *iv) Not payable with 36040 if both services are provided on the same day, unless billed by a different practitioner.* *v) These fee items will not be paid with midwifery fees for any Phase/course of care for a patient where the billing midwife is part of a shared care group practice in which the client is on the roster/caseload.* *vi) Call-out premiums, 36085 or 36086, may apply.* *vii) Referring health care professionals include: Nurse Practitioner, Physician, Registered Midwife, Registered Nurse and Social Worker (for referrals by Registered Nurses and Social Workers, enter generic # 99987 in the 'Referred by' field.).* *viii) In order for the claim to be paid, the referring practitioner's MSP number must be entered in the 'Referred by' field.*	41.37	42.71	45.59

	ix) May be billed for services provided through video conferencing when a Note Record is provided. *x) Cannot be billed by a midwife who also bills 36050 for the same patient.*			
36087	Consultive Care and Assessment – First Week Post-Partum Care *i) To be used when client is outside of referring midwife's regular location of practice.* *ii) Start and End time of the care must be recorded on the claim.* *iii) Can only be billed for services provided within the first seven days post-partum.* *iv) A maximum of 12 services or four hours per patient per maternity will be paid under normal circumstances.* *v) A Note Record explaining the medical necessity is required for more than 12 services to be paid per patient.* *vi) Not payable with 36040 if both services are provided on the same day, unless billed by a different practitioner.* *vii) These fee items will not be paid with midwifery fees for any Phase/course of care for a patient where the billing midwife is part of a shared care group practice in which the client is on the roster/caseload.* *viii) Call-out premiums, 36085 or 36086, may apply.* *ix) Referring health care professionals limited to a referral from a registered midwife to a registered midwife.* *x) In order for the claim to be paid, the referring practitioner's MSP number must be entered in the 'Referred by' field.*	N/A	N/A	45.59

	xi) May be billed for services provided through video conferencing when a Note Record is provided. *xii) Cannot be billed by a midwife who also bills 36050 for the same patient.*			

Fee item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36084	Consultative Care and Assessment by Telephone *i) Consultative Care and Assessment by Telephone must be a conversation with another health care professional - Physician, Registered Midwife, and Nurse Practitioner.* *ii) This fee is payable to the Midwife for two-way communication between the Midwife and other healthcare professional.* *iii) It includes discussion of pertinent family/patient history, history of presenting complaint and discussion of the patient's condition and management.* *iv) Not payable for situations where the purpose of the call is to:* *a. book an appointment* *b. arrange for a transfer of care that occurs within 24 hours* *c. arrange for an expedited consultation or procedure within 24 hours* *d. arrange for laboratory or diagnostic investigations* *e. arrange a hospital bed for the patient* *v) A chart entry, including advice given and to whom, is required.* *vi) Limited to one claim per patient per Midwife per day.* *vii) Not payable in addition to another service on the same day for the same patient by same practitioner.*	41.37	42.71	45.59

Consultative Care and Assessment – Call-out

Fee item	Description	Apr 1, 2019($)	Apr 1, 2022($)	Apr 1, 2023($)
36085	Consultative Care and Assessment Call-out – Day *Service rendered between 0800 hours and 1800 hours; includes weekend and Statutory Holidays.*	72.41	74.76	79.81
36086	Consultative Care and Assessment Call-out – Night *Service rendered between 1800 hours and 0800 hours; includes weekend and Statutory Holidays.*	116.89	120.68	128.83

Notes:

i) Claim must state Start Time service is rendered.
ii) Payable only in association with Fee Items 36081 to 36083 – Consultative Care and Assessment.
iii) Midwives must be called out to a different location e.g. from home, or to another hospital or clinic.
iv) Not paid if performed in the Midwife's office or clinic (location codes B, K, J, L, N, T, U, V, W).

Induction of Labour Fees

Fee Item	Description	Apr 1, 2021($)	Apr 1, 2022($)	Apr 1, 2023($)
36094	Induction or stimulation of labour by oxytocin intravenous drip, where attendance by the midwife is readily available – first hour	41.98	43.34	46.27
36095	Subsequent hours	28.93	29.87	31.89

Notes:

i) Midwife must be readily available – response time by telephone is immediate and response time on the unit is within minutes.
ii) Maximum charge for above service to be 10 hours per pregnancy.
iii) Start and end times must be entered in both the billing claims and the patient's chart
iv) Specialized Practice Certification for Induction and Augmentation of Labour required
v) Service must be performed in hospital