

OBSTETRICS AND GYNECOLOGY

These listings cannot be correctly interpreted without reference to the Preamble.

		\$	Anes. Level
Referred Cases			
04010	Consultation: To include complete history and gynecological examination, review of X-ray and laboratory findings, if required, and a written report or consultation during labour	136.46	
04012	Repeat or limited consultation: To apply where a consultation is repeated for same condition within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee.....	69.33	
<u>Continuing care by consultant:</u>			
04007	Subsequent office visit (for gynecology visits only, all pregnant patients and routine pre-natal patients billed under fee item 14091)	46.38	
04008	Subsequent hospital visit.....	25.40	
04009	Subsequent home visit	105.38	
04005	Emergency visit when specially called (not paid in addition to out-of-office-hours premiums)	115.68	
<i>Note: Claim must state time service rendered.</i>			
<u>Telehealth Service with Direct Interactive Video Link with the Patient:</u>			
04070	Telehealth Consultation: To include complete history and gynecological examination, review of X-ray and laboratory findings, if required, and a written report or consultation during labour	136.46	
04072	Telehealth repeat or limited consultation: To apply where a consultation is repeated for same condition within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee.....	69.33	
04077	Telehealth subsequent office visit (for gynecology visits only).....	46.38	
04078	Telehealth subsequent hospital visit	25.40	

Obstetrical Procedures

T04038	Repeat intrapartum assessment by consultant at request of primary care physician.....	202.22	
Notes:			
i) Payable only subsequent to obstetrician's consultation. If consultation rendered same day, must be at least 30 minutes between consultation and repeat evaluation and must be a separate event (i.e.: time/situation)			
ii) Charges for delivery payable in addition			
iii) Call-out charges (1200 series) and emergency visits (04005) are not payable in addition.			
iv) Not payable with 04039.			

T04039	Management of complicated labour by obstetrician	608.19	
	Notes:		
	i) Requires completion of written record.		
	ii) Payable only after at least one hour of attendance at bedside.		
	iii) Not payable with 04038, 04050, 14104, 14109, or 14199.		
	iv) Payable x 1 only, regardless of multiple gestation.		
	v) Payable only for the following conditions:		
	<u>Fetal conditions:</u>		
	a) Abnormal FH tracing requiring scalp pH monitoring, (or attendance at bedside by obstetrician for no less than 60 minutes)		
	b) Prematurity <37 completed weeks gestation		
	c) Severe IUGR (< 2500 g)		
	d) Face or breech presentation		
	e) Multiple gestation		
	f) Congenital anomaly where neonatal morbidity/mortality is an issue and may be affected by labour/delivery process (e.g.: open neural tube defect, body wall defect such as omphalocele, or gastroschisis, congenital; fetal arrhythmia, hydrocephalus)		
	g) Hydrops fetalis		
	h) Iso-immunization		
	<u>Placental or amniotic fluid conditions:</u>		
	(a) Placental abruption		
	(b) Severe oligohydramnios (AFI<6)		
	(c) Severe polyhydramnios (AFI>25)		
	<u>Maternal Conditions:</u>		
	(a) Cardiovascular disease where the management of labour must take into account avoidance of rapid changes in volume (e.g.: aortic stenosis or regurgitation, mitral valve stenosis, mitral valve regurgitation with LV dysfunction, severe pulmonary stenosis, coarctation of the aorta, cardiomyopathy, arrhythmia requiring pharmacological treatment, any lesion with pulmonary hypertension or ventricular dilatation).		
	(b) Renal disease (e.g.: renal failure, renal transplant)		
	(c) Pulmonary disease (e.g.: pulmonary fibrosis, severe asthma, cystic fibrosis)		
	(d) Endocrine disease (e.g.: Addison's disease, clinical hyperthyroidism, Type 1 Diabetes Mellitus)		
	(e) Neurological disease (e.g.: cerebral aneurysm, brain tumour, paraplegia)		
	(f) Infectious disease (AIDS, severe pneumonia, systemic sepsis)		
	(g) Severe pre-eclampsia (attempt made to deliver vaginally)		
	(h) Maternal obesity – BMI >40.		
04014	Complicated delivery - midcavity surgical delivery (operation only)	389.19	4
04017	Midcavity rotation from OP or OT to OA - surgical delivery (operation only)	460.42	4
04018	Breech vaginal birth (operation only)	460.42	4
	Note: Fee items 04014, 04017 or 04018 will be paid at 100% for multiple deliveries plus any add on fees (e.g.: 04092) will be paid at 100%.		
04000	Complicated vaginal delivery - includes shoulder dystocia, premature delivery less than 37 weeks or less than 2500 grams (operation only)	310.75	4
	Notes:		
	i) Complicated delivery fees will be paid at 50% when 14104 is payable to the same physician.		
	ii) Only one of fee items 04014, 04017, 04018 or 04000 is payable at any one time (for single births).		

	\$	Anes. Level	
04022	Repair of complete separation of external sphincter (operation only).....	195.66	3
	<i>Note: Not paid in addition to 04024.</i>		
04023	Repair of extensive cervical and/or vaginal lacerations (operation only)	195.66	3
	<i>Note: Not paid in addition to 04022 and 04024.</i>		
04024	Repair of 4th degree laceration (operation only)	234.34	3
04026	Manual removal of retained placenta (operation only)	195.66	3
14091	Prenatal visit - subsequent examination.....	30.15	
	Notes:		
	i) <i>Uncomplicated pre-natal care usually includes a complete examination followed by monthly visits to 32 weeks, then visits every second week to 36 weeks, and weekly visits thereafter to delivery. In complicated pregnancies, charges for additional visits will be given independent consideration upon explanation.</i>		
	ii) <i>Where a patient transfers her total on-going un-complicated pre-natal care to another physician, the second physician also may charge a complete examination (item 14090) and subsequent examinations, as rendered. To facilitate payment the reason for transfer should be stated with the claim . Temporary substitution of one physician for another during days off, annual vacation, etcetera, should not be considered as a patient transfer.</i>		
	iii) <i>Other than during pre-natal or post-natal visits, it is proper to charge separately for all visits (including counselling) for conditions unrelated to the pregnancy, under appropriate fee items listed elsewhere. The reason for the charges should be clearly spelled out when submitting claim.</i>		
	iv) <i>Other than procedures, services for the care of unrelated conditions during a pre-natal or post-natal visit are included in the pre-natal (14091) or post-natal visit fee (P14094), and are not to be billed under fee item 04007. Procedures rendered for unrelated conditions are chargeable as set out in Preamble D. 8. d.</i>		
P14094	Post-natal office visit.....	30.15	
	Notes:		
	i) <i>P14094 may be billed in the six weeks following delivery (vaginal or Caesarean Section).</i>		
	ii) <i>Not payable to physician performing Caesarean Section.</i>		
14199	Management of prolonged second stage of labour, per 30 minutes or major portion thereof.	80.92	
	Notes:		
	i) <i>This item is billable in addition to fee item 14104 only when the second stage of labour exceeds two hours in length.</i>		
	ii) <i>Not payable with 04000, 04014, 04017, or 04018.</i>		
	iii) <i>Timing ends when constant personal attendance ends, or at the time of delivery.</i>		
T04049	External cephalic version.....	112.49	
	Note: <i>Administration of IV tocolytic agent and fetal heart monitoring included.</i>		
14104	Delivery and post-natal care(1-14 days in-hospital)	557.16	
	Notes:		
	i) <i>Care of newborn in hospital (see item 00119).</i>		
	ii) <i>Repair of cervix is not included in fee item 14104. Charge 50% of listed fee when done on same day as delivery.</i>		
	iii) <i>When medically necessary additional post-partum office visit(s) are payable under fee item P14094.</i>		

		\$	Anes. Level
04050	Caesarean section - elective	440.71	5
04052	Caesarean section - emergency.....	492.34	6
04025	Caesarean section- high risk - fetus < 1500g.....	569.80	6
04106	Caesarean hysterectomy.....	673.02	8
14108	Post-natal care after elective caesarean section (1-14 days in-hospital).....	114.62	
	<i>Note: When medically necessary additional post-partum office visit(s) are payable under fee item P14094.</i>		
14109	Primary management of labour and attendance at delivery and post-natal care associated with emergency caesarean section (1 - 14 days in-hospital)	464.09	
	Notes:		
	i) Surgical assistant is extra to fee items 14108 and 14109.		
	ii) When medically necessary additional post-partum office visit(s) are payable under fee item P14094.		
04092	Multiple births , each additional child - natural birth	146.65	
04093	Multiple births , each additional child - caesarean section	74.42	
	Note: Fee item 04093 is paid in full in addition to fee items 04025, 04050, or 04052.		
04107	Supervision of labour and vaginal delivery in a case of previous caesarean section (operation only)	120.83	5
	Note: 04107 is a stand-by fee and is not payable in addition to delivery fees (14104, 04000, 04014, 04017, 04018, 04050, 04052, 04025) when done by the same physician		
	Therapeutic abortion (vaginal), by whatever means:		
04111	- less than 14 weeks gestation (operation only)	131.18	2
04110	- 14 to 18 weeks (operation only)	182.77	2
PS04080	Insertion of Multiple Osmotic Dilators with Paracervical Block, prior to second trimester pregnancy termination	128.44	
	Notes:		
	i) Paid for gestations over 14 weeks.		
	ii) Not paid with 04111 or 01022.		
	iii) Paid when performed within 48 hours prior to 04110 or 04114.		
	iv) Maximum of two per patient, within 48 hours prior to 04110 and 04114.		
	v) When performed within 24 hours prior to 04114, transabdominal amniocentesis (00787) is paid at 100%.		
	vi) Amniocentesis (00787) is not paid with 04110.		
T04114	Therapeutic abortion by D&E, 18 weeks and over (operation only).....	255.00	3
04116	Curettage for post-partum haemorrhage (>20 weeks).....	161.14	3
04118	Induction or stimulation of labour by oxytocin intravenous drip, where attendance by the physician is readily available - first hour	37.77	
04119	- subsequent hours	25.87	
	Notes:		
	i) Physician 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.		

Abdominal Operations

04228	Hysterectomy - total.....	569.80	5
	Note: Includes salpingectomy/oophorectomy (04003), ovarian cystectomy (04201) and abdominal enterocele repair.		

	\$	Anes. Level
04229	Removal of complicated pelvic disease569.80	6
04203	Myomectomy389.19	5
04204	Abdominal hysterotomy - with or without sterilization311.76	5
04206	Suspension of uterus.....208.56	4
04208	Ectopic pregnancy removal by salpingotomy or salpingectomy (open procedure)387.90	5
04003	Oophorectomy and/or salpingectomy (unilateral or bilateral).....311.76	5
04201	Ovarian cystectomy (to include ovary repair)389.19	5
04216	Presacral neurectomy.....363.39	5
04217	Post-operative haemorrhage - intra-abdominal management.....311.76	6
04230	Sterilization, abdominal - open260.14	4
04605	Vault prolapse - abdominal approach (includes oophorectomy when applicable).513.69	5

Abdominal Operations for Cancer

04011	Debulking operation for cancer of ovary or fallopian tubes776.22	6
	Notes:	
	i) Not applicable to Stage 1 disease	
	ii) Includes omentectomy and hysterectomy if done	
04029	Either omentectomy and/or removal of extrapelvic soft tissue mass - 5 - 10 cm311.76	5
	Note: Not to be billed in addition to 04011	
04628	Removal of extrapelvic soft tissue mass > 10 cm414.97	5
04218	Radical abdominal hysterectomy for carcinoma, including partial vaginectomy.....853.62	6
04212	Pelvic lymphadenectomy.....518.17	6
04219	Para-aortic lymphadenectomy - total.....518.17	6
04220	- partial.....229.20	5

Hysteroscopy – Surgical

	Hysteroscopic Division of Intrauterine Adhesions (IUA):	
	Note: Payable only for patients with menstrual disturbance, infertility or recurrent pregnancy loss.	
04221	Hysteroscopic division of intrauterine adhesions - simple.....170.93	2
	Note: Intended for procedures performed under direct vision, but less than ½ of uterine cavity involved with IUA.	
04222	Hysteroscopic division of intrauterine adhesions - complicated.....285.49	2
	Note: Intended for procedures performed under direct vision using either operative hysteroscope and hysteroscopic scissors or rectoscope, and more than ½ of uterine cavity involved with IUA.	
04223	Resection of myoma - includes diagnostic hysteroscopy.....395.70	2
	Note: Payable only when done under direct vision.	
04224	Endometrial ablation - includes diagnostic hysteroscopy.....395.70	2
04225	Hysteroscopic division of uterine septum285.49	2
P04226	Hysteroscopic tubal occlusion (bilateral)169.49	

Laparoscopic Operations

Note: The following fee items for individual laparoscopic procedures are billable in addition to fee item 04001.

S04001	Laparoscopy (operation only)	182.77	4
04660	Tubal interruption (sterilization) (operation only)	79.57	4
04662	Removal of foreign body (operation only)	79.57	4
04664	Ectopic pregnancy, removal via scope	297.66	4
	Salpingolysis via laparoscope:		
04034	- unilateral (operation only)	61.49	4
04035	- bilateral (operation only)	120.83	4
04036	Salpingostomy via laparoscope - unilateral (operation only)	131.18	4
04037	Salpingostomy via laparoscope - bilateral	260.15	4
T04040	Cautery of endometriosis (operation only)	53.73	4
T04041	Oophorectomy and/or salpingectomy – unilateral (operation only)	131.17	5
T04042	Oophorectomy and/or salpingectomy – bilateral	260.15	5
T04043	Ovarian cystectomy – unilateral	208.59	5
T04044	Ovarian cystectomy – bilateral	389.21	5
T04045	Ventral suspension of uterus (operation only)	131.18	4
T04046	Presacral neurectomy	182.78	4
T04047	Excision of extensive peritoneal endometriosis including pelvic sidewall dissection and unilateral ureterolysis	285.97	6
T04048	Removal of complicated pelvic disease	389.20	6

Notes:

- i) Fee items T04047 and T04048 are composite fees.
- ii) When performed together, the fee items for laparoscopic procedures are billable at 100%, except for composite fees, and subject to iii) and iv) below.
- iii) When more than one laparoscopic procedures is performed, fee item 04001 is payable once only at 100%.
- iv) Maximum billable for multiple laparoscopic operations (listed above) is up to the rate payable for 04229.

Micro-Surgical Operations

04602	Salpingolysis and removal of adhesions – loupes or microscope (unilateral or bilateral)	389.19	5
	Micro salpingostomy:		
04616	- unilateral	536.26	5
04617	- bilateral	696.49	5
04626	Tubo-cornual anastomosis - unilateral (micro-surgical)	776.21	5
04627	Tubo-cornual anastomosis – bilateral (micro-surgical)	1,008.41	5

Notes:

- i) Tuboplasty listings are not payable following a previous surgical sterilization and should not be billed to the Plan when a previous sterilization has been performed.
- ii) Operative report may be required.

Operations on the Vulva

04300	Incision of hymen - operation only	38.30	2
04301	Excision or marsupialization of a Bartholin's cyst (operation only)	105.38	2
04303	Excision of hydrocele or canal of Nuck	156.96	2
04304	Urethral caruncle - cautery or excision in hospital (operation only)	53.74	2

	\$	Anes. Level	
04305	Venereal warts, cautery or excision - operation only	33.09	
04306	Excision of venereal warts under general anesthesia in hospital (operation only).....	105.38	2
04307	Vulvectomy - simple	337.58	3
04309	Varicocele of labium (operation only)	115.68	2
04311	Operation for atresia of vulva or enlargement of vaginal introitus for stenosis (operation only)	115.68	2
04312	Resection of labia minora (operation only).....	105.38	2
04317	Biopsy of vulva, excisional lesion < 2 cm	16.23	2
04032	Biopsy of vulva, excisional lesion >= 2 cm	79.57	2
04316	Vulvovaginoplasty.....	208.55	2
	<i>Note: This item is payable for genetic females only.</i>		
04318	Radical vulvectomy.....	736.74	3
	Inguinal and femoral lymphadenectomy:		
04320	- unilateral	322.71	4
04322	- bilateral	536.39	4

Operations on the Vagina

04202	Hysterectomy - vaginal	569.80	4
T04232	Oophorectomy/ovarian cystectomy and/or adnexectomy (vaginal route), extra to vaginal hysterectomy – unilateral (operation only).....	77.15	
T04233	Oophorectomy/ovarian cystectomy and/or adnexectomy (vaginal route), extra to vaginal hysterectomy – bilateral	152.16	
04401	Repair of recto-vaginal fistula	466.59	3
04402	- with drainage pelvic abscesss (operation only).....	131.19	2
04404	Removal of vaginal inclusion cyst (operation only)	33.09	2
04405	Removal of other vaginal cyst (operation only)	136.33	2
04406	Operation for removal of vaginal septum (operation only)	105.38	2
04408	Vault prolapse following hysterectomy	466.59	4
04410	Post-operative haemorrhage, vaginal management requiring general anesthesiology (operation only)	136.33	5
04033	Vaginectomy for VAIN (partial).....	311.76	4
04411	Vaginectomy - Total.....	466.59	4

Plastic Operations for Genital Prolapse

04227	Cystocele and/or urethrocele repair	329.16	2
04421	Repair of rectocele	329.16	2
04422	Repair of enterocele	401.20	2
04424	Complete repair of prolapse (Manchester or Fothergill types)	513.70	3
04427	LeFort's operation.....	287.16	
04429	Repair of old 3rd degree perineal laceration	342.76	2
04432	Repeat vaginal plastic procedure, extra	115.42	2

Vaginal Operations on the Cervix and Uterus

S04500	Cervix dilation and curettage (pelvic examination not billable in addition when done as an isolated procedure) (operation only).....	105.38	2
04502	Repair of cervix (operation only)	105.38	2

	\$	Anes. Level	
04503	Cryosurgery of cervix (operation only)	64.09	2
04509	Cervical polypectomy (operation only)	16.24	2
04508	Biopsy of cervix under general anesthesiology	58.93	2
04510	Biopsy of cervix, with dilation and curettage (operation only)	105.38	2
04512	Vaginal myomectomy (operation only)	131.18	4
04516	Cervical incompetence - emergency repair	260.15	2
04517	Cervical incompetence - elective repair	208.55	2
04515	Removal of buried cervical ligature under anesthesiology (operation only)	53.74	2
04530	Cauterization of cervix - under general anesthesia (operation only)	53.74	2
S04531	- with dilation and curettage (operation only)	105.38	2
04533	Electric cauterization of cervix in office (operation only)	33.09	
04536	Cone biopsy of cervix with endocervical curettage (dilation and curettage included in the fee)	229.19	2
14540	Insertion of intrauterine contraceptive device (operation only)	41.10	2
	<i>Note: Includes Pap smear if required.</i>		
04545	Artificial insemination - operation only	27.95	
04551	Cervical stump removal	229.19	3
S00770	Pelvic examination under anesthesia when done as an independent procedure – procedural fee	106.81	2

Laser Vaporization

04620	Cervical neoplasia (operation only)	134.41	2
04621	Vaginal neoplasia with or without general anesthetic (operation only)	134.41	2
04622	Vulvar condylomata (operation only)	134.41	2
04623	Extensive vulvar or vaginal condylomata under general anesthetic	200.53	2
04624	Vulvar intraepithelial lesion, diffuse with perianal extension	332.77	2
04625	Vulvar intraepithelial lesion, diffuse or multifocal	266.65	2

Surgical Assistance

Total operative fee(s) for procedures(s):		
00195	- less than \$317.00 inclusive	131.64
00196	- \$317.01 to 529.00 inclusive	185.59
00197	- over \$529.00	243.04
00198	Time, after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof	27.80

Notes:

- i) *In those rare situations where an assistant is required for minor surgery a detailed explanation of need must accompany the account to the Plan.*
- ii) *Where an assistant at surgery assists at two operations in different areas performed by the same or different surgeon(s) under one anesthetic, s/he may charge a separate assistant fee for each operation, except for bilateral procedures, procedures within the same body cavity or procedures on the same limb.*
- iii) *Visit fees are not payable with surgical assistance listings on the same day, unless each service is performed at a distinct/separate time. In these instances, each claim must state time service was rendered.*

T70019	Certified surgical assistant (where it is necessary for one certified surgeon to assist another certified surgeon, an explanation of the need is required except for procedures prefixed by the letter "C") - for up to one hour	251.70
	<i>Note: Time is calculated at the earliest, from the time of physician/patient contact in the operating suite.</i>	

	\$	Anes. Level	
T70020	Time after one hour of continuous certified surgical assistance for one patient, up to and including 3 hours of continuous surgical assistance for one patient - each 15 minutes or fraction thereof.....	26.28	
	Notes:		
	i) After 3 hours of continual surgical assistance for one patient, bill under fee item 00198 (time after 3 hours of continuous surgical assistance for one patient, each 15 minutes or fraction thereof).		
	ii) Please indicate start and end time of service on claim.		

Laboratory Procedures

15136	Funguss, direct examination, KOH preparation	8.23
04699	Fern Test	8.14
15137	Hemoglobin cyanmethemoglobin :method and/or haematocrit.....	3.07
	Note: See Laboratory Medicine Preamble for hematology protocol.	
15000	- other methods	1.57
15139	Seminal examination for presence or absence of sperm	14.40
15141	Trichomonas and/or candida (direct examination)	5.49
15142	Urinalysis, complete diagnostic, semi-quant and microscopic	5.37
15120	Pregnancy test, immunologic - urine	11.07

Diagnostic Ultrasound

	Preamble: Real-time Ultrasound Fees may only be claimed for studies performed when a physician is on site in the laboratory for the purpose of diagnostic ultrasound supervision.	
08651	Obstetrical B scan (14 weeks gestation or over)(for singles)	105.60
	Note: Where an obstetrical B scan (08651, 08655 or 86055) has been done within the two weeks immediately prior to an amniocentesis, a repeat obstetrical scan done in conjunction with amniocentesis is not chargeable.	
P86051	Obstetrical B scan (14 weeks gestation or over) (for multiples – each additional fetus)	78.59
08655	Obstetrical B scan (under 14 weeks gestation).....	79.24
08652	B scan I.U.D. localization	53.06
08653	Pelvic B-scan (male or female) to include uterus, ovaries, testes and ovarian/scrotal doppler	105.60
	Notes:	
	i) 08653 payable in conjunction with 08658 when specifically requested by the referring physician.	
	ii) 08651 and 08655 not billable in conjunction with 08653.	
08657	Ultrasonic guidance for chorionic villus sampling.....	106.17
04680	Ultrasonic guidance for amniocentesis.....	119.46