

Family Medicine OB Billing Quick List
Alberta Health & Wellness (AH & W) Billing Codes
Updated May 19, 2011

Complete listing available at http://www.health.gov.ab.ca/professionals/SOMB/Price_List.pdf

Code	Description	Fee
Outpatient Callbacks	Call back from home or office (these codes are for the callback only, a visit code must also be billed for the callback patient and then each subsequent patient. Use 03.03A, 03.03B or 03.04A) Can bill 03.01AA in addition	
03.03KA	0700-1700 weekdays (max 5)	\$71.03
03.03LA	1700-2200 weekdays, 07-22 Sat/Sun/Stat (max 5 on weekday, 15 on weekend)	\$93.58
03.03MC	2200-2400 anyday (max 2)	\$181.43
03.03MD	2400-0700 anyday (max 7)	\$181.43
Office Outpatient Visits	(Note: there no longer are different codes for outpatient visits, aside from callback fee and fee for second assessment as below. Use 03.01AA code for extra after-hours payment)	
03.03A	Office/outpatient visit, non-routine prenatal	\$35.91
03.03B	Prenatal/outpatient visit	\$35.26
03.03C	Routine post-partum visit	\$35.26
03.07A	(Note: Whether the baby is ill or well the first office visit of a newborn, within 14 days of the date of birth, cannot exceed the "limited" evaluation rate if the physician has received payment for care of healthy newborn in hospital (03.05G) or inpatient care. Maternal visits may only be billed if unrelated to the delivery within 1 week from the date of delivery) Minor consultation, need referring MD Prac-ID Use complexity modifier CMGPxx: (for time spent over 15 minutes, in 10 minute intervals to max of 6 units)	\$63.45
CMGP01	> 15 minutes	\$15.60/unit
CMGP02	> 25 min...etc	\$15.60/unit
to maximum of CMGP06	> 65 min	\$15.60/unit
03.04A	Comprehensive visit	\$88.90
03.04B	Prenatal comprehensive visit	\$91.70
03.08A	(Note: Cannot be billed within 90 days of consult or another comprehensive visit. Can only be billed once per pregnancy per physician.) Major consultation, Provide Prac-ID or referring MD Use complexity modifier CMXC30 (for 03.04A, 03.04B and 03.08A):	\$104.55
CMXC30	.70 any comprehensive visit > 30 mins	add \$29.99
Second Outpatient Assessment by Different MD	(New code designed for patients needing ongoing care which spans handover between two MD's)	
03.05FF	0700-1700 weekdays	\$36.75
03.05FG	1700-2200 weekdays, 07-22 Sat/Sun/Stat	\$36.75
03.05FH	2400-0700 anyday	\$36.75
Outpatient Telephone Advice	Communication initiated by RN to MD (obstetrical patients only, when physician is outside the hospital. Max 2 per patient per MD per day)	
03.01LM	0700-1700 weekdays	\$17.71
03.01LN	1700-2200 weekdays, 07-22 Sat/Sun/Stat	\$26.16
03.01LO	2400-0700 anyday	\$30.87
After hours time premium	Bill for ANY after hours care provided, even is no visit code is applicable (these codes have substantially increased in payment amount to make up for loss of other codes)	
03.01AA	After-hours time premium per 15 minute block:	
TEV	1700-2200 weekdays	\$21.42/15 min
TNTP	2200-2400 anyday	\$42.84/15 min
TNTA	2400-0700 anyday	\$42.84/15 min
TWK	0700-2200 weekend	\$21.42/15 min
TST	0700-2200 Stat holidays	\$42.84/15 min
Hospital Admissior	The modifier(s) must include a two-digit numeric suffix to indicate the number of 15 minute time blocks (Can bill 03.01AA in addition) (base fee) Bill admission of all patients NOTE: cannot bill admission if delivery occurs within 24 hours)	
03.04C		\$123.78
CMXC30	.70 any admission requiring > 30 minutes	add \$29.99
HAVE	1700-2200 weekday	\$40.93
HAEVWK	0700-2200 weekend	\$40.93

Code	Description	Fee
HANTAM	2400-0700 anyday	\$140.22
HANTPM	2200-2400 anyday	\$140.22
Inpatient Codes		
	(Can bill 03.01AA in addition)	
	daily visits for AP patients (unless delivery within 24 hrs) and post-partum stays > 3 days	\$33.82
03.03D		
COMX	for complex patient visits > 20 min (must have > 1 diagnosis code)	add \$38.56
	supportive care visits, max 4 claims per patient (ie. Visiting mom post c-section or baby in NICU)	\$17.74
03.05M		
Labour Inpatient Call Back Fees		
	Call back from home or office - bill 03.03DF in addition to call back (Can bill 03.01AA in addition)	
03.05N	0700-1700 weekdays	\$71.03
03.05P	1700 - 2200 weekdays	\$93.58
03.05QA	2200 - 2400 anyday	\$181.43
03.05QB	2400-0700 anyday	\$181.43
03.05R	0700-2200 Sat/Sun/Holidays	\$93.58
03.03DF	visit to a hospital inpatient in association with a callback	\$51.25
	urgent attendance of inpatient by request of RN when already in hospital. Cannot be claimed with any procedure code during same encounter	\$38.78
03.03AR		
Inpatient Telephone Advice		
	RN/therapist to MD phone advice (must be RN initiated and record made in chart)	
03.01NG	0700-1700 weekdays	\$16.95
03.01NH	1700-2200 weekdays, 0700-2200 weekends	\$25.03
03.01NI	2200-0700 anyday	\$29.54
MD to MD Telephone Advice		
03.01LG	referring physician 07-17 weekdays	\$35.50
03.01LH	referring physician 17-22 weekdays, 07-22 weekends	\$52.54
03.01LI	referring physician 22-07 any day	\$62.01
03.01LJ	consultant physician 07-17 weekdays	\$74.18
03.01LK	consultant physician 17-22 weekdays, 07-22 weekends	\$109.80
03.01LL	consultant physician 22-07 any day	\$129.58
Obstetrical Codes		
	(Can bill 03.01AA in addition)	
	family conference for inpatient/outpatient for family discussion of issue or case of language barrier	\$42.60/15 min
03.05JC		
87.54A	NST (bill with any visit, except if patient admitted in labour)	\$13.79
*85.5A	Induction of labour (2/24hr, 4/pregnancy)(does not include augmentation or ARM)	\$120.21
*13.99JA	Management of complex labour (maximum 8 units) see SOMB. Note: Must supply supporting text. Can only bill with 87.98A, no other procedure codes during same encounter.	\$49.63/15 min
*87.54B	(656.3) Continuous fetal monitoring (only one per pregnancy)	\$63.41
*87.98A	(650) Normal vaginal delivery	\$431.74
*87.98B	(669.8) Management of labour and attempted delivery	\$431.74
*87.98C	VBAC	\$660.68
*84.21B	(669.5) Mid cavity assisted delivery (in addition to delivery fee)	\$146.89
*84.21C	(669.5) Low cavity (>+2) assisted delivery (in addition to delivery fee)	\$73.45
*85.69B	(660.4) Management of shoulder dystocia	\$133.54
*87.6	(667) Manual removal of retained placenta	\$105.78
*87.82	(664.2) Repair of 3rd degree tear	\$105.78
	(665.4) repair of extensive vaginal laceration, may claim x2 if tear involved 2 non-contiguous sites	\$96.17
*87.89B		
*87.92	(665.7) Evacuation of vulvar or vaginal hematoma	\$105.78
*87.99A	(666) PPH (IV synto, cytotec, hemabate)	\$96.17
*86.9C	(669.7, role SA) C-section - surgical assist, elective procedure	\$141.27
*86.9D	(669.7, role SA) C-section - surgical assist, emergency procedure	\$141.27
Modifiers		
	use with codes marked "*" after-hours time premiums	
EV	1700-2200 weekdays	\$46.70
NTPM	2200-2400 any day	\$112.04
NTAM	2400-0700 any day	\$112.04
WK	0700-2200 weekends/stat holidays	\$46.70
*BMISRG	if BMI > 35 at time of procedure. May add in addition to other modifiers	add 25%
Newborn		
	(can bill 03.01AA in addition)	

Code	Description	Fee
03.05G	(V30.0) Healthy newborn exam in hospital (V30.0 - singleton born in hospital, V30.1 singleton born before arriving in hospital, V33.0 twin)	\$78.14
*13.99F	Neonatal resuscitation	\$40.45
	may only bill for unwell newborns beginning the day following delivery and stays > 3 days	
03.03D	days	\$33.82
COMX	for complex patient visits > 20 minutes, requires more than one diagnostic code	add \$38.56
*37.91A	(529) frenotomy (tongue-tie)	\$49.75
03.7A	(V27.1) examination of stillborn	\$87.58
*87.98E	attendance at delivery (when another MD does delivery)	\$88.99

Common Diagnostic Codes

641 antepartum hemorrhage
642 Htn complicating preg.
643 excessive vomiting
644 early/threatened labour
645 prolonged pregnancy
646.6 Urinary infect. Preg & Postpart.
648 other complications of pregnancy
650 delivery in a completely normal case
652 malpresentation of fetus
653 disproportion
653.5 LGA fetus causing disproportion
654.5 Cervical incompetence
655 Known or suspected detal abnormality affecting management of mother
655.1 Chromosomal abnormality in fetus
656 Fetal-maternal haemorrhage
656.3 fetal distress
656.4 Intrauterine death
656.5 IUGR
656.6 Excessive fetal growth
657 Polyhydramnios
658 oligohydramnios
658.1 premature rupture of membrane
658.4 Chorioamnionitis
Other indications for care or intervention related to labour and delivery and not elsewhere classified
659 elsewhere classified
659.2 Maternal pyrexia during labour
659.4 Grand multiparity
660 Obstructed labour
660.4 Shoulder dystocia
661 abnormality of forces of labour
661.3 Precipitate labour
661.4 Hypertonic, incoordinate, or prolonged uterine contractions
662 long labour
663 Prolapse of cord
663.1 Cord around neck, with comp
664 First-degree perineal laceration
664.1 Second-degree perineal laceration
664.2 Third-degree perineal laceration
664.3 Fourth-degree perineal laceration
664.5 Vulval and perineal haematoma
665.3 Laceration of cervix
665.4 High vaginal laceration
666 Postpartum haemorrhage
667 retained placenta or membranes, without haemorrhage
669 maternal distress
669.2 Maternal hypotension syndrome
669.5 Forceps or ventouse delivery
669.7 Caesarean delivery
669.8 other complications or labour and delivery
670 Major puerperal infection
671 venous complication in pregnancy and the puerperium
672 pyrexia of unknown origin during the puerperium
673 Obstetrical pulmonary embolism
674 other and unspecified complications of the puerperium, not elsewhere classified
675 infections of the breast and nipple associated with childbirth
676.4 Failure of lactation