

BEST PRACTICE – PRENATAL CARE

P003 – General Assessment (major prenatal visit) – 77.20

A general assessment is a service, rendered at a place other than in a patient's home that requires a full history (the elements of which must include a history of the presenting complaint, family medical history, past medical history, social history, and a functional inquiry into all body parts and systems), and, except for breast, genital or rectal examination where not medically indicated or refused, an examination of all body parts and systems, and may include a detailed examination of one or more parts or systems.

Payment rules:

General assessments are limited to one per patient per physician per 12-month period unless either of the following circumstances is met in which case the limit is increased to two per 12-month period:

1. The patient presents a second time with a complaint for which the diagnosis is clearly different and unrelated to the diagnosis made at the time of the first general assessment;
or
2. At least 90 days have elapsed since the date of the last general assessment and the second assessment is a hospital admission assessment.

The amount payable for general assessments in excess of these limits will be adjusted to a lesser assessment fee.

P005 – Antenatal preventative health assessment- 45.15

The service rendered by the most responsible physician for conducting the initial review of antenatal risk. The review must examine all current psychosocial, genetic and medical issues affecting antenatal risk and must be documented in writing in the patient's permanent medical record. Max. once per pregnancy. P005 rendered same patient same day same physician as any other consultation or visit except P003 and P004 is an insured service payable at nil.

P004 – Minor prenatal assessment - 33.70

Commentary:

Most doctors are not billing the P005 and P003 on the initial visit even though they are providing the integrated prenatal screening discussion/education service. The best practice for prenatal visits is billing both P005 + P003 and then billing P004 for all subsequent visits within 12 months of the P005 + P003 service date.