



OHIP Billing Q&A: Answers to Member Queries Regarding the Interpretation of the OHIP Schedule of Benefits

The OMA Economics, Policy & Research department is available to answer **member billing questions** (including primary care model billing questions), provide OHIP Schedule interpretation and assist in resolving OHIP payment challenges. Below are answers to questions forwarded by members in recent months. If you have a billing-related inquiry, please send it to economics@oma.org.

For more helpful information on how to bill OHIP, visit the OMA Economics, Policy & Research [OHIP Billing Resources \(oma.org\)](#) page.

Access the current **OHIP Schedule of Benefits** on the Ministry of Health and Long-Term Care website: <http://www.health.gov.on.ca/en/pro/programs/ohip/sob/>

FAQ: P009 Attendance at Labour and Delivery

P009 is payable for attending labour and delivery when the physician either assists at vaginal delivery or surgery, gives anaesthetic at a caesarean section or operative delivery, or resuscitates the newborn.

It is important to note that in order to bill P009, the component services of attendance at labour must be met. Obstetric Preamble, paragraph “e” describes attendance at labour as *“a service of being in constant or periodic attendance on a patient, during stages one and two of labour but without completion of the delivery, to provide all aspects of care. This includes the initial assessment, and such subsequent assessments as may be indicated, including ongoing monitoring of the patient’s conditions, intervening except where intervention is a separately billable service.”*

This code is for use by a physician who has been providing obstetrical care to a patient during labour but who has required the services of an obstetrician for delivery. It cannot be billed by an obstetrician or other specialist. It may only be billed once per patient.

[I’m an anaesthesiologist and provided anaesthesia for a caesarean section, can I bill P009 in place of the anaesthesia units?](#)

No. This fee code is not intended for anaesthesiologists providing anaesthetic services for delivery or surgery. The appropriate claim for surgical delivery would be P018C Caesarean section (basic plus time units) plus any applicable anaesthesia extra units and premiums regardless of whether you attended the patient during labour to provide epidural analgesia or for any other reason. Anaesthetic services during labour do not meet the required components of attendance at labour for which this fee code is meant.

[I'm an anaesthesiologist and was asked to attend at a delivery but did not provide anaesthetic or resuscitation services, can I bill P009 in place of the anaesthesia units?](#)

No. This fee code is not intended for anaesthesiologists. The appropriate claim would be E100C Attendance at Delivery (4 basic plus 1 time unit per ¼ hour) plus any applicable anaesthesia extra units and premiums regardless of whether you attended the patient during labour to provide epidural analgesia or for any other reason. Note that anaesthesia extra units listed on GP95 are not eligible for payment with E100C. Anaesthetic services during labour do not meet the required components of attendance at labour for which this fee code is meant.

[I'm a surgical assistant and assisted a caesarean section, can I bill P009 in place of the assistant units?](#)

No. The appropriate claim would be P018B Caesarean section (base plus time units) plus any applicable premiums.

[I'm an obstetrician and have been asked by my obstetrician colleague to assist at a caesarean section, can I bill P009 in place of the assistant units?](#)

No. The appropriate claim would be P018B Caesarean section (base plus time units) plus any applicable premiums.

[I'm an obstetrician who has managed all stages of a patient's labour but I have asked by my obstetrician colleague to perform the patient's caesarean section. I participated in the caesarean section as a surgical assistant. Can I bill P009?](#)

This would be an unusual circumstance as normally the obstetrician who has managed all stages of a patient's labour would perform the caesarean section, should the patient require surgical delivery, or transfer the care to another obstetrician if they were going off shift. In the circumstance where an obstetrician transfers the care to another obstetrician for a caesarian section, but also remains as a surgical assistant, and claims P009, the claim should be submitted for manual review with explanation of the need to transfer the patient to a second surgeon.

I'm a family physician that followed the patient and managed all stages of labour until a point when the care was transferred as the patient required a caesarean section. If I don't attend the delivery, can I still bill P009?

No, this service would not be eligible for P009.

I was asked to attend a high-risk delivery in case it was necessary to resuscitate the newborn, can I bill P009?

No. The appropriate claim is going to be dependent upon the service rendered, which could include billing the appropriate assessment fee (e.g., H007 Attendance at maternal delivery for care of high risk baby(ies)) and/or resuscitation (G521, G522, G523). The Obstetrics preamble provides additional guidance on how to appropriately bill for immediate care of the newborn.

This document contains the views and opinions of the Ontario Medical Association (OMA) regarding the interpretation of the Ontario Health Insurance Plan (OHIP) Schedule of Benefits (Schedule). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government via the General Manager of OHIP. The OMA assumes no responsibility for any discrepancies or differences of interpretation of the Schedule, any applicable law, or regulation with the Government of Ontario including but not limited to the Ministry of Health, and the College of Physicians and Surgeons of Ontario. Members are advised to contact their regional OHIP office to request written interpretations and any billing related information.