

# Economic Advisory

## After Hours Obstetric Procedures

### Guidelines

When an anaesthetist is called in to provide epidural analgesia for a woman in labour, the pre-epidural consultation will usually be covered by Medicare Benefits Schedule (MBS) item 17680 or MBS items 598/600 (some after-hours consultations). The epidural insertion will be covered by either MBS items 18216/18219 (in-hours) or 18226/18227 (after-hours).

The ASA/AMA RVG has a slightly different arrangement of items and services. The following items may apply: pre-epidural consult - CA002 (up to 15 mins); epidural insertion – CV120 (in-hours) or CV123 (after-hours).

Additional ASA/AMA items may apply as well: CA070 – call-back from home or distant location; CA051 – pre-epidural consult/attendance after-hours (to be used in place of CA002). **It should be noted that there is no MBS equivalent item for CA070.**

### Call-in where Epidural does not proceed

When an anaesthetist is called in to provide epidural analgesia for a woman in labour but is ultimately not required, this can be a difficult situation from a billing perspective. However, the MBS regulations are quite clear. To attract Medicare benefits, a service must not only be actually provided to the patient (of course), but it must also be clinically relevant. Medicare benefits may be payable in this situation, but this will depend on the exact circumstances. If the anaesthetist does not actually consult with the patient (e.g. the anaesthetist is still on the way into hospital when 'called off') then no Medicare claim should be lodged. If the anaesthetist does actually consult with the patient but decides that the epidural injection will not proceed (e.g. because delivery is imminent) then the appropriate MBS consultation item can be claimed (usually 17640) as a clinically relevant service has been provided.

It is important to note that if the anaesthetist 'consults' with the patient after the delivery (the anaesthetist was 'too late') then no MBS item is applicable as this is not a clinically relevant service. Clearly under all of these circumstances no claim should be made for the actual epidural injection as it did not proceed.

The correct application of ASA/AMA RVG codes is a little different. While the same advice as above applies to the use of ASA/AMA consultation items, the use of CA070 is unique and has no equivalent in the MBS. **The ASA would advise that where an anaesthetist has been called in for the purposes of providing epidural analgesia it is both legitimate and reasonable to bill the patient for services under CA070 even where the epidural injection did not proceed.** However each anaesthetist should take into account the particular circumstances of the case when deciding whether to bill a patient for this service.

The following factors may be considered by individual anaesthetists in this situation:

- Whether a consultation actually occurs.
- Whether the hospital provides an on-call or call-back payment.
- Whether any anaesthesia fee information has been provided to the patient (or IFC obtained) antenatally or at some other time.
- The time of day, time taken, and inconvenience to the anaesthetist involved in the call-in.
- Whether time is lost from normal duties the next day, to allow for being on-call overnight.

## Other information relating to ASA/AMA obstetric analgesia item codes

The following points regarding ASA/AMA consultation items should be noted:

- Item CA051 **does not** attract the M4 after-hours loading
- Consult items CA002-CA008 **do not** attract the M4 after-hours loading
- Attendance item CA051 should **not** be used together with consultation items in the range CA002-CA008 (i.e. use one or the other) ;
- The M4 after-hours loading **does not** apply to item CA070

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