

## BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2025-09-15      TARGET TYPE: SP  
CANCEL DATE (CCYYMMDD): 2025-09-30      TARGET KEY: 00, 05  
COPY MESSAGE FROM

BROADCAST TITLE (50 char): Restrict surgical assistance on select OBGYN fees

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective October 1, 2025, the following fee items will be amended to clarify that they are not eligible for billing in conjunction with surgical assist services, except under exceptional circumstances. The following notes will be added to each listed gynecological procedure:

### Operations on the Vulva

Note: Surgical assists are not billable in conjunction with fee items 04300, 04301, 04305, 04306, 04312, 04317 or 04330 except in exceptional circumstances (e.g., needing concurrent bedside ultrasound assistance or patient's BMI is >40, etc.). In such cases, the medical necessity for the surgical assist must be provided in the note record.

- 04300 Incision of hymen - operation only
- 04301 Marsupialization of a Bartholin's cyst – under general anesthesia or procedural sedation (operation only)
- 04305 Venereal warts, cautery or excision - operation only
- 04306 Excision of venereal warts under general or local anesthesia in hospital
- 04312 Resection of labia minora (operation only)
- 04317 Biopsy of vulva, excisional lesion < 2 cm
- P04330 I&D of Bartholin's cyst with insertion of Word catheter (operation only)

## Vaginal Operations on the Cervix and Uterus

Note: Surgical assists are not billable in conjunction with fee items 04503, 04508, 04509, 04510, 04515, 04530, 04533, 04536, 04545 or 14540 except in exceptional circumstances (e.g., needing concurrent bedside ultrasound assistance or patient's BMI is >40, etc.). In such cases, the medical necessity for the surgical assist must be provided in the note record.

- 04503 Cryosurgery of cervix (operation only)
- 04508 Biopsy of cervix under general anesthesiology
- 04509 Cervical polypectomy (operation only)
- 04510 Biopsy of cervix, with dilation and curettage (operation only)
- 04515 Removal of buried cervical ligature under anesthesiology (operation only)
- 04530 Cauterization of cervix - under general anesthesia (operation only)
- 04533 Electric cauterization of cervix in office (operation only)
- 04536 Cone biopsy of cervix with endocervical curettage (dilation and curettage included in the fee)
- 04545 Artificial insemination - operation only
- 14540 Insertion of intrauterine contraceptive device (operation only)

## Laser Vaporization

Note: Surgical assists are not billable in conjunction with fee items listed under Laser Vaporization except in exceptional circumstances (e.g., needing concurrent bedside ultrasound assistance or patient's BMI is >40, etc.). In such cases, the medical necessity for the surgical assist must be provided in the note record.

- 04620 Cervical neoplasia (operation only)
- 04621 Vaginal neoplasia with or without general anesthetic (operation only)
- 04622 Vulvar condylomata (operation only)
- 04623 Extensive vulvar or vaginal condylomata under general anesthetic
- 04624 Vulvar intraepithelial diffuse, multifocal and/or perianal Lesions

**Copy to DoBC:     Yes**

**INITIATED BY:       MoH**

**AUTHORIZED BY:    Donna Bell**

**IF TARGET TYPE IS**

**THEN TARGET KEY IS**

<b>PY-PAYEES -----</b>	<b>PAYEE NO.</b>
<b>PR- PRACTITIONER -----</b>	<b>PRACTITIONER NO.</b>
<b>SP-SPECIALTY -----</b>	<b>SPECIALTY CODE</b>
<b>AI-ASSOCIATION IDENTIFIER-----</b>	<b>MD – BC MEDICAL ASSOCIATION</b>
<b>A -ALL -----</b>	<b>LEAVE TARGET KEY BLANK</b>
<b>PS-PAYEE STATUS -----</b>	<b>C - VESTED INTEREST LAB</b>
	<b>F - PRIMARY CARE</b>
	<b>H - HOSPITAL</b>
	<b>I - INACTIVE PAYEE</b>
	<b>L - LABORATORY</b>
	<b>M - ACTIVE PAYEE</b>
	<b>V - 3<sup>RD</sup> PARTY- OUT OF PROVINCE</b>
	<b>Y – ALTERNATIVE PAYMENTS PROGRAM</b>