

Birth Center Fee Schedule
Effective January 1, 2011

Note: Fees are rounded to the nearest hundredth.

***See Physician Injectable Fee Schedule for J code pricing

| Code | Mod | Description | Fee | Units | FUD |
|-------|-----|---|--------|-------|-----|
| 11975 | | INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES | 65.13 | 1 | |
| 11976 | | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | 71.71 | 1 | |
| 11977 | | REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES | 115.00 | 1 | |
| 56440 | | MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST | 90.15 | 1 | 10 |
| 56515 | | DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE | 108.79 | 1 | 10 |
| 56740 | | EXCISION OF BARTHOLIN'S GLAND OR CYST | 146.25 | 1 | 10 |
| 57105 | | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS) | 66.07 | 1 | 10 |
| 57130 | | EXCISION OF VAGINAL SEPTUM | 88.84 | 1 | 10 |
| 57170 | | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | 30.12 | 1 | |
| 57400 | | DILATION OF VAGINA UNDER ANESTHESIA | 67.38 | 1 | |
| 57410 | | PELVIC EXAMINATION UNDER ANESTHESIA | 53.08 | 1 | |
| 57520 | | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION | 149.63 | 1 | 90 |
| 57558 | | DILATION AND CURETTAGE OF CERVICAL STUMP | 61.36 | 1 | 10 |
| 58120 | | DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL) | 125.36 | 1 | 10 |
| 58300 | | INSERTION OF INTRAUTERINE DEVICE (IUD) | 35.95 | 1 | |
| 58301 | | REMOVAL OF INTRAUTERINE DEVICE (IUD) | 46.49 | 1 | |
| 59025 | | FETAL NON-STRESS TEST | 24.65 | 1 | |
| 59410 | | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN | 800.00 | 1 | 45 |
| 59412 | | EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C | 83.00 | 1 | |
| 59430 | | POSTPARTUM CARE ONLY (SEPARATE PROCEDURE) | 50.00 | 1 | |
| 59430 | TH | POSTPARTUM CARE ONLY (SEPARATE PROCEDURE) | 444.26 | 1 | |
| 59614 | | VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EP | 800.00 | 1 | 45 |
| 76801 | | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 67.95 | 1 | |
| 76805 | | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 78.30 | 1 | |

| Code | Mod | Description | Fee | Units | FUD |
|-------|-----|--|--------|-------|-----|
| 76811 | | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 102.58 | 1 | |
| 76815 | | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E | 48.00 | 1 | |
| 76816 | | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP | 61.92 | 1 | |
| 81025 | | URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS | 6.50 | 1 | |
| 99201 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 30.00 | 1 | |
| 99202 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 31.45 | 1 | |
| 99203 | | OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED | 46.81 | 1 | |
| 99211 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 12.00 | 1 | |
| 99211 | FP | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 9.44 | 1 | |
| 99212 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 21.00 | 1 | |
| 99213 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 25.59 | 1 | |
| 99347 | | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI | 27.67 | 1 | |
| 99381 | | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I | 66.19 | 1 | |
| 99383 | FP | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN | 45.89 | 1 | |
| 99384 | FP | INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR | 50.04 | 1 | |
| 99385 | FP | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN | 50.04 | 1 | |
| 99386 | FP | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN | 58.35 | 1 | |
| 99394 | FP | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A | 44.19 | 1 | |
| 99395 | | PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO | 66.19 | 1 | |
| 99395 | FP | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A | 44.19 | 1 | |
| 99396 | FP | PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A | 48.34 | 1 | |
| 99401 | | PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) | 17.50 | 1 | |
| 99402 | | COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT | 30.12 | 1 | |
| 99403 | FP | COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT | 39.28 | 1 | |
| 99460 | | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INI | 29.17 | 1 | |
| 99463 | | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INI | 38.77 | 1 | |
| A4261 | | CERVICAL CAP FOR CONTRACEPTIVE USE | 55.00 | 1 | |
| H1000 | | PRENATAL CARE, AT RISK ASSESSMENT | 50.00 | 1 | |
| H1001 | | PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT | 100.00 | 1 | |
| H1001 | TG | PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT | 150.00 | 1 | |

| Code | Mod | Description | Fee | Units | FUD |
|-------|-----|---|--------|-------|-----|
| J0290 | | INJECTION, AMPICILLIN SODIUM, 500 MG | | | |
| J0295 | | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM | | | |
| J1055 | | INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG | | | |
| J1364 | | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG | | | |
| J1642 | | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS | | | |
| J2210 | | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG | | | |
| J2590 | | INJECTION, OXYTOCIN, UP TO 10 UNITS | | | |
| J2790 | | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG | | | |
| J3430 | | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG | | | |
| J3490 | | UNCLASSIFIED DRUGS | | | |
| J7050 | | INFUSION, NORMAL SALINE SOLUTION , 250 CC | | | |
| J7070 | | INFUSION, D5W, 1000 CC | | | |
| J7120 | | RINGERS LACTATE INFUSION, UP TO 1000 CC | | | |
| J7300 | | INTRAUTERINE COPPER CONTRACEPTIVE | | | |
| J7302 | | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG | | | |
| J7307 | | ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES | | | |
| S4005 | | LABOR MANAGEMENT FEE | 200.00 | 1 | |
| S4989 | | PROGESTASERT INTRAUTERINE DEVICE | 106.86 | 1 | |