

Licensed Midwife Fee Schedule Effective January 1, 2011

Note: Fees are rounded to the nearest hundredth.***See Physician Injectable Fee Schedule for J code

Code	Mod	Description	Fee	Units
59410		VAGINAL D	640	1
59412		EXTERNAL	66.4	1
59430		POSTPARTI	40	1
59430	TH	POSTPARTI	444.26	1
81025		URINE PREI	5.2	1
99070		SUPPLIES A By Report		0
99201		OFFICE OR	24	1
99202		OFFICE OR	25.16	1
99203		OFFICE ANI	37.45	1
99211		OFFICE OR	9.6	1
99212		OFFICE OR	16.8	1
99213		OFFICE OR	20.47	1
99347		HOME VISI	22.14	1
99381		INITIAL COI	52.95	1
99460		INITIAL HO	23.34	1
99461		INITIAL CAI	38.25	1
99463		INITIAL HO	31.02	1
H1000		PRENATAL	50	1
H1001		PRENATAL	100	1
H1001	TG	PRENATAL	150	1
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG		
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM		
J0550		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,40		
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		
S4005		LABOR MA	200	1
S8415		SUPPLIES F	45	1

pricing

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