

Birthing Center Fee Schedule  
Effective July 1, 2013

Note: Fees are rounded to the nearest hundredth.

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

Code	Mod	Fee	Units	FUD	Description
11976		74.37	1	0	Removal, Implantable Contraceptive Capsules
56440		94.34	1	10	Marsupialization Of Bartholin'S Gland Cyst
56515		115.69	1	10	Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurge
56740		153.74	1	10	Excision Of Bartholin'S Gland Or Cyst
57105		70.07	1	10	Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts)
57130		91.76	1	10	Excision Of Vaginal Septum
57170		31.16	1	0	Diaphragm Or Cervical Cap Fitting With Instructions
57400		68.35	1	0	Dilation Of Vagina Under Anesthesia
57410		55.26	1	0	Pelvic Examination Under Anesthesia
57520		157.70	1	90	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation
57558		64.73	1	10	Dilation And Curettage Of Cervical Stump
58120		133.42	1	10	Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical)
58300		35.46	1	0	Insertion Of Intrauterine Device (IUD)
58301		49.41	1	0	Removal Of Intrauterine Device (IUD)
59025		24.96	1	0	Fetal Non-Stress Test
59410		800.00	1	45	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Includin
59412		83.00	1	0	External Cephalic Version, With Or Without Tocolysis (List In Addition To C
59430		50.00	1	0	Postpartum Care Only (Separate Procedure)
59430	TH	444.26	1	0	Postpartum Care Only (Separate Procedure)
59614		800.00	1	45	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Ep
76801		65.25	1	0	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76805		76.27	1	0	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76811		95.89	1	0	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76815		46.48	1	0	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (E
76816		61.12	1	0	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Follow-Up
81025		6.50	1	0	Urine Pregnancy Test, By Visual Color Comparison Methods
99201		30.00	1	0	Office Or Other Outpatient Visit For The Evaluation And Management Of A New

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99202		31.45	1	0	Office Or Other Outpatient Visit For The Evaluation And Management Of A New
99203		46.81	1	0	Office And Outpatient Visit For A New Patient Must Include A Detailed
99211		12.00	1	0	Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99211	FP	9.44	1	0	Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99212		21.00	1	0	Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99213		25.59	1	0	Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99347		27.55	1	0	Home Visit For The Evaluation And Management Of An Established Patient, Whi
99381		66.09	1	0	Initial Comprehensive Preventive Medicine Evaluation And Management Of An I
99383	FP	45.89	1	0	Initial Comprehensive Preventive Medicine Evaluation And Management Of An
99384	FP	50.04	1	0	Initial Evaluation And Management Of A Healthy Individual Requiring A Compr
99385	FP	50.04	1	0	Initial Comprehensive Preventive Medicine Evaluation And Management Of An
99386	FP	58.35	1	0	Initial Comprehensive Preventive Medicine Evaluation And Management Of An
99394	FP	44.19	1	0	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A
99395		66.19	1	0	Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co
99395	FP	44.19	1	0	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A
99396	FP	48.34	1	0	Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A
99401		18.25	1	0	Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(S)
99402		30.99	1	0	Counseling And/Or Risk Factor Reduction Intervention(S) Provided To A Healt
99403	FP	39.28	1	0	Counseling And/Or Risk Factor Reduction Intervention(S) Provided To A Healt
99460		35.30	1	0	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant
99463		46.92	1	0	Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date
A4261		55.00	1	0	Cervical Cap For Contraceptive Use
H1000		50.00	1	0	Prenatal Care, At Risk Assessment
H1001		100.00	1	0	Prenatal Care,At-Risk Enhanced Services; Antepartum Management
H1001	TG	150.00	1	0	Prenatal Care,At-Risk Enhanced Service,Antepartum Management
J0290			0		Injection, Ampicillin Sodium, 500 Mg
J0295			0		Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm
J1364			0		Injection, Erythromycin Lactobionate, Per 500 Mg
J2210			0		Injection, Methylergonovine Maleate, Up To 0.2 Mg
J2590			0		Injection, Oxytocin, Up To 10 Units

Code	Mod	Fee	Units	FUD	Description
J2790				0	Injection, Rho D Immune Globulin, Human, Full Dose, 300 Mcg
J3430				0	Injection, Phytonadione (Vitamin K), Per 1 Mg
J3490				0	Unclassified Drugs
J7050				0	Infusion, Normal Saline Solution , 250 Cc
J7070				0	Infusion, D5W, 1000 Cc
J7120				0	Ringers Lactate Infusion, Up To 1000 Cc
J7300				0	Intrauterine Copper Contraceptive
J7302				0	Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 Mg
J7307				0	Etonogestrel (Contraceptive) Implant System, Including Implant And Supplies
S4005		200.00	1	0	Labor Management Fee