

Licensed Midwife Fee Schedule
Effective May 21, 2014

Note: Fees are rounded to the nearest hundredth.

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

Code	Mod	Description	Fee	Units
59410		Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Includin	640.00	1
59430		Postpartum Care Only (Separate Procedure)	40.00	1
59430	TH	Postpartum Care Only (Separate Procedure)	444.26	1
81025		Urine Pregnancy Test, By Visual Color Comparison Methods	5.20	1
99354		Prolonged Service Office	39.39	1
99355		Prolonged Service Office	38.56	4
99406		Tobacco Use Cessation Intermediate 3-10 Minutes (PREGNANT WOMEN ONLY)	5.65	1
99407		Tobacco Use Cessation Intensive >10 Minutes (PREGNANT WOMEN ONLY)	10.88	1
99460		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	28.24	1
99461		Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center	40.35	1
99463		Initial Hospital Or Birthing Ctr Care, Per Day, For Evaluation & Management Of Normal Newborn Infant Admitted & Discharged On The Same Date	37.53	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 Services; Antepartum Management	150.00	1
J0290		Injection, Ampicillin Sodium, 500 Mg		
J0295		Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm		
J1364		Injection, Erythromycin Lactobionate, Per 500 Mg		
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		
J7050		Infusion, Normal Saline Solution , 250 Cc		
J7070		Infusion, D5W, 1000 Cc		
J7120		Ringers Lactate Infusion, Up To 1000 Cc		
S8415		Supplies For Home Delivery Of Infant	45.00	1