

Licensed Midwife Fee Schedule  
Effective January 21, 2015

Note: Fees are rounded to the nearest hundredth.

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

Code	Mod	Description	Fee
59410		Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Includin	640.00
59430		Postpartum Care Only (Separate Procedure)	40.00
59430	TH	Postpartum Care Only (Separate Procedure)	444.26
81025		Urine Pregnancy Test, By Visual Color Comparison Methods	5.20
99354		Prolonged Service Office	39.39
99355		Prolonged Service Office	38.56
99406		Tobacco Use Cessation Intermediate 3-10 Minutes (PREGNANT WOMEN ONLY)	5.65
99407		Tobacco Use Cessation Intensive >10 Minutes (PREGNANT WOMEN ONLY)	10.88
99460		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant	28.24
99461		Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center	40.35
99463		Initial Hospital Or Birthing Ctr Care, Per Day, For Evaluation & Management Of Normal Newborn Infant Admitted & Discharged On The Same	37.53
H1000		Prenatal Care, At Risk Assessment	50.00
H1001		Prenatal Care,At-Risk Enhanced Services; Antepartum Management	100.00
H1001	TG	Prenatal Care,At-Risk Enhanced Services; Antepartum Management	150.00
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