

**BIRTH CENTER SERVICES FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	MAX FEE	MAX UNITS
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	59.87	1
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	69.68	1
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	106.50	1
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	90.26	1
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	108.02	1
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	145.21	1
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	65.90	1
57130	EXCISION OF VAGINAL SEPTUM	88.75	1
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	29.84	1
57400	DILATION OF VAGINA UNDER ANESTHESIA	66.28	1
57410	PELVIC EXAMINATION UNDER ANESTHESIA	53.82	1
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	149.18	1
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	60.99	1
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	124.82	1
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	33.05	1
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	46.45	1
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	178.08	1
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	345.38	1
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP	179.02	1
59025	FETAL NON-STRESS TEST	24.74	1
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	800.00	1
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
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	66.28	1
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	76.66	1
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	101.97	1
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E	47.02	1
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP	61.94	1
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	6.50	1

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99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0
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	12.00	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	22.10	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	66.19	1
99384 FP	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	66.19	1
99385 FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	66.19	1
99386 FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	58.35	1
99393 FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	66.19	1
99394 FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	66.19	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	66.19	1
99396 FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	35.31	1
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	16.05	1
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	27.76	1
99403 FP	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	39.28	1
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	44.00	1
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	38.14	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
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	3.73	14
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	8.12	2
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	9.96	14
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	47.47	1
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	22.83	1
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.38	2

<b>CODE</b>	<b>DESCRIPTION</b>	<b>MAX FEE</b>	<b>MAX UNITS</b>
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	1.00	6
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	4.73	1
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	3.97	2
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	112.10	1
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	3.05	3
J3490	UNCLASSIFIED DRUGS	0.00	0
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.83	12
J7070	INFUSION, D5W, 1000 CC	9.15	1
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	6.58	1
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	401.85	1
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	435.94	1
S4005	LABOR MANAGEMENT FEE	200.00	1
S4989	PROGESTASERT INTRAUTERINE DEVICE	108.14	1