

**LICENSED MIDWIFE SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	MAX MAX FEE	MAX UNITS
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	640.00	1
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C	66.40	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
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	24.00	1
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	25.16	1
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	37.45	1
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	9.60	1
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	16.80	1
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	20.47	1
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	17.68	1
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	52.95	1
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	35.20	1
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	30.51	1
H1000	PRENATAL CARE, AT RISK ASSESSMENT	40.00	1
H1001	PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	80.00	1
H1001 TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	120.00	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
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.38	2
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

CODE	DESCRIPTION	MAX FEE	MAX UNITS
J7070	INFUSION, D5W, 1000 CC	9.15	1
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	6.58	1
S4005	LABOR MANAGEMENT FEE	160.00	1
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	45.00	1