

**PHYSICIAN REGIONAL PERINATAL INTENSIVE CARE CENTERS NEONATAL SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2008**

CPT*	Modifier	Diag 1	Diag 2	OLD NCG	NCG DESCRIPTION	PAYMENT	LOS	OL #1	PER DAY	OL #2	PER DAY
99499	TG	779.9		385A	DIED 0 TO 5 DAYS	\$1,445					
99499	TG	779.9		385B	DIED 6 TO 10 DAYS	\$3,407					
99499	TG	779.9		385C	DIED 11 TO 15 DAYS	\$5,721					
99499	TG	779.9		385D	DIED 16 PLUS DAYS	\$16,072	96	97	\$106	193	\$54
99499	TG	765.01		386A	EXTREME PREMATURITY <750 g	\$24,366	124	125	\$116	249	\$58
99499	TG	765.02									
99499	TG	765.03		386B	PREM. 750-999 W/OUT VENTILATION	\$11,187	74	75	\$104	149	\$54
99499	TG	765.03	770.84	386V	PREM. 750-999 W/ VENTILATION	\$16,683	93	94	\$114	187	\$57
99499	TG	765.14	770.84	387L	PREM. 1000-1499 W/ VENTILATION	\$7,265	55	56	\$104	111	\$54
99499	TG	765.15	770.84								
99499	TG	765.14		388L	PREM. 1000-1499 W/OUT VENTILATION	\$4,275	48	49	\$76	97	\$54
99499	TG	765.15									
99499	TG	765.16	770.84	387H	PREM. 1500-2499 W/ VENTILATION	\$3,729	37	38	\$109	75	\$55
99499	TG	765.17	770.84								
99499	TG	765.18	770.84								
99499	TG	765.16		388H	PREM. 1500-2499 W/OUT VENTILATION	\$2,024	31	32	\$91	63	\$54
99499	TG	765.17									
99499	TG	765.18									
99499	TG	765.29	770.84	389	FULL TERM > 2500 G WITH VENTILATION	\$3,214	32	33	\$134	65	\$66
99499	TG	765.29		390	FULL TERM >2500 W/OUT VENTILATION	\$1,414	26	27	\$117	53	\$58
99499	TG 57			389S	COMPLEX SURGERY >1500 G	\$4,596	51	52	\$74	103	\$54
99499	TG SC			389E	EXTRACORPOREAL MEMBRANE OXYGENATION	\$6,760	9	--		--	