

**BIRTH CENTER SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2008**

Note: Codes with an asterisk () next to them have an effective date of 1/18/08*

Last Update October 2008

CODE	DESCRIPTION	MAX FEE	MAX UNITS	FUD
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	60.22	1	0
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	70.23	1	0
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	106.66	1	0
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	89.86	1	10
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	108.74	1	10
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	145.74	1	10
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	66.08	1	10
57130	EXCISION OF VAGINAL SEPTUM	88.54	1	10
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	30.02	1	0
57400	DILATION OF VAGINA UNDER ANESTHESIA	66.64	1	0
57410	PELVIC EXAMINATION UNDER ANESTHESIA	53.62	1	0
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	149.70	1	90
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	61.16	1	10
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	125.16	1	10
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	33.22	1	0
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	46.63	1	0
59025	FETAL NON-STRESS TEST	24.73	1	0
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN	800.00	1	45
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C	83.00	1	0
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	50.00	1	0
59430	TH POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	444.26	1	0
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EP	800.00	1	45
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	70.88	1	0
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	25.30	1	0
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	103.26	1	0
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E	48.33	1	0
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP	62.87	1	0
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	6.50	1	0
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	30.00	1	0
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	31.45	1	0
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	46.81	1	0
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.00	1	0

99211	FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	9.44	1	0
99212		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.00	1	0
99213		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	25.59	1	0
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	27.56	1	0
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	66.19	1	0
99383		INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	66.19	1	0
99383	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	45.89	1	0
99384	FP	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	50.04	1	0
99385	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	50.04	1	0
99386	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	58.35	1	0
99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	40.22	1	0
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	44.19	1	0
99395		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	66.19	1	0
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	44.19	1	0
99396	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	48.34	1	0
99401		PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	16.05	1	0
99402		COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	27.94	1	0
99403	FP	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	39.28	1	0
99432		NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	44.17	1	0
99435		HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	38.88	1	0
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	55.00	1	0
H1000		PRENATAL CARE, AT RISK ASSESSMENT	50.00	1	0
H1001		PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	100.00	1	0
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	150.00	1	0
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG	3.73	14	0
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	8.53	2	0
J0550		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	9.96	14	0
J1055		INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	47.47	1	0
J1056		INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	22.83	1	0
J1364		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.96	2	0
J1642		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	1.00	6	0
J2210		INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	5.19	1	0
J2590		INJECTION, OXYTOCIN, UP TO 10 UNITS	3.97	2	0
J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	112.10	1	0
J3430		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	3.60	3	0
J3490		UNCLASSIFIED DRUGS	0.00	0	0
J7050		INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.83	12	0
J7070		INFUSION, D5W, 1000 CC	9.15	1	0
J7120		RINGERS LACTATE INFUSION, UP TO 1000 CC	6.58	1	0
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	414.54	1	0

J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	495.66	1	0
J7307*	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	599.53	1	0
S4005	LABOR MANAGEMENT FEE	200.00	1	0
S4989	PROGESTASERT INTRAUTERINE DEVICE	108.14	1	0