

**Licensed Midwife Fee Schedule
Effective January 1, 2010**

Note: Fees are rounded to the nearest hundredth.

Code	Mod	Description	Fee	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	6.50	1
99070		SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	By Report	
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	22.13	1
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	52.95	1
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	23.34	1
99461		INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER	38.25	1
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE	31.02	1
H1000		PRENATAL CARE, AT RISK ASSESSMENT	40.00	1

Code	Mod	Description	Fee	Units
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	3.69	14
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	7.52	2
J0550		INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0	9.84	14
J1364		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	8.85	2
J1642		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	0.65	6
J2210		INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	5.63	1
J2590		INJECTION, OXYTOCIN, UP TO 10 UNITS	3.82	2
J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG	98.61	1
J3430		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	3.56	3
J3490		UNCLASSIFIED DRUGS	By Report	
J7050		INFUSION, NORMAL SALINE SOLUTION , 250 CC	5.76	12
J7070		INFUSION, D5W, 1000 CC	9.04	1
J7120		RINGERS LACTATE INFUSION, UP TO 1000 CC	6.50	1
S4005		LABOR MANAGEMENT FEE	200.00	1
S8415		SUPPLIES FOR HOME DELIVERY OF INFANT	45.00	1