

**Regional Perinatal Intensive Care Center (RPICC) Neonatal Services Fee Schedule  
Effective January 1, 2010**

Code	Mod 1	Mod 2	Diag 1	Diag 2	Old NCG	Neonatal Care Group Description	Base Fee	LOS	Outlier #1	Per Day	Outlier #2	Per Day
99499	TG		779.9		385A	DIED 0 TO 5 DAYS	1,445.00					
99499	TG		779.9		385B	DIED 6 TO 10 DAYS	3,407.00					
99499	TG		779.9		385C	DIED 11 TO 15 DAYS	5,721.00					
99499	TG		779.9		385D	DIED 16 PLUS DAYS	16,072.00	96	97	106.00	193	54.00
99499	TG		765.01		386A	EXTREME PREMATURETY <750 g	24,366.00	124	125	116.00	249	58.00
99499	TG		765.02									
99499	TG		765.03		386B	PREM. 750-999 W/OUT VENTILATION	11,187.00	74	75	104.00	149	54.00
99499	TG		765.03	770.84	386V	PREM. 750-999 W/ VENTILATION	16,683.00	93	94	114.00	187	57.00
99499	TG		765.14	770.84	387L	PREM. 1000-1499 W/ VENTILATION	7,265.00	55	56	104.00	111	54.00
99499	TG		765.15	770.84								
99499	TG		765.14		388L	PREM. 1000-1499 W/OUT VENTILATION	4,275.00	48	49	76.00	97	54.00
99499	TG		765.15									
99499	TG		765.16	770.84	387H	PREM. 1500-2499 W/ VENTILATION	3,729.00	37	38	109.00	75	55.00
99499	TG		765.17	770.84								
99499	TG		765.18	770.84								
99499	TG		765.16		388H	PREM. 1500-2499 W/OUT VENTILATION	2,024.00	31	32	91.00	63	54.00
99499	TG		765.17									
99499	TG		765.18									
99499	TG		765.29	770.84	389	FULL TERM > 2500 G WITH VENTILATION	3,214.00	32	33	134.00	65	66.00
99499	TG		765.29		390	FULL TERM >2500 W/OUT VENTILATION	1,414.00	26	27	117.00	53	58.00
99499	TG	57			389S	COMPLEX SURGERY >1500 G	4,596.00	51	52	74.00	103	54.00
99499	TG	SC			389E	EXTRACORPOREAL MEMBRANE OXYGENATION	6,760.00	9	---	---	---	---