

Birth Center Fee Schedule
Effective March 2, 2009

Code	Mod	Description	Max Fee	Units	FUD
11975		INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	65.13	1	
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	71.71	1	
11977		REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	115.00	1	
56440		MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	90.15	1	10
56515		DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	108.79	1	10
56740		EXCISION OF BARTHOLIN'S GLAND OR CYST	146.25	1	10
57105		BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	66.07	1	10
57130		EXCISION OF VAGINAL SEPTUM	88.84	1	10
57170		DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	30.12	1	
57400		DILATION OF VAGINA UNDER ANESTHESIA	67.38	1	
57410		PELVIC EXAMINATION UNDER ANESTHESIA	53.08	1	
57520		CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	149.63	1	90
57558		DILATION AND CURETTAGE OF CERVICAL STUMP	61.36	1	10
58120		DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	125.36	1	10
58300		INSERTION OF INTRAUTERINE DEVICE (IUD)	35.95	1	
58301		REMOVAL OF INTRAUTERINE DEVICE (IUD)	46.49	1	
59025		FETAL NON-STRESS TEST	24.65	1	
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	
59430		POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	50.00	1	
59430	TH	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	444.26	1	
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	67.95	1	
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	78.30	1	
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	102.58	1	
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E	48.00	1	

Code	Mod	Description	Max Fee	Units	FUD
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP	61.92	1	
81025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	6.50	1	
99201		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	30.00	1	
99202		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	31.45	1	
99203		OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	46.81	1	
99211		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.00	1	
99211	FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	9.44	1	
99212		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.00	1	
99213		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	25.59	1	
99347		HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	27.67	1	
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	66.19	1	
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT	45.89	1	
99383	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	45.89	1	
99384	FP	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	50.04	1	
99385	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	50.04	1	
99386	FP	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	58.35	1	
99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	40.22	1	
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	44.19	1	
99395		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	66.19	1	
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	44.19	1	
99396	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF A	48.34	1	
99401		PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	17.50	1	
99402		COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	30.12	1	
99403	FP	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	39.28	1	
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INF	29.17	1	
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INF	38.77	1	
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	55.00	1	
H1000		PRENATAL CARE, AT RISK ASSESSMENT	50.00	1	
H1001		PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	100.00	1	
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	150.00	1	

Code	Mod	Description	Max Fee	Units	FUD
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	
J1055		INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	40.37	1	
J1056		INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	22.56	1	
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			
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	
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	410.62	1	
J7302		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	489.80	1	
J7307		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	592.44	1	
S4005		LABOR MANAGEMENT FEE	200.00	1	
S4989		PROGESTASERT INTRAUTERINE DEVICE	106.86	1	