

**Birth Center Fee Schedule**  
**Effective January 1, 2012**

Note: Fees are rounded to the nearest hundredth.

\*\*\*See Physician Injectable Fee Schedule for J code pricing

Code	Mod	Description	Fee	Units	FUD
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	71.71	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	
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	

Code	Mod	Description	Fee	Units	FUD
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	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	
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	
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG			
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM			
J1055		INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG			
J1364		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG			
J1642		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS			
J2210		INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG			
J2590		INJECTION, OXYTOCIN, UP TO 10 UNITS			
J2790		INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG			
J3430		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG			
J3490		UNCLASSIFIED DRUGS			
J7050		INFUSION, NORMAL SALINE SOLUTION , 250 CC			

Code	Mod	Description	Fee	Units	FUD
J7070		INFUSION, D5W, 1000 CC			
J7120		RINGERS LACTATE INFUSION, UP TO 1000 CC			
J7300		INTRAUTERINE COPPER CONTRACEPTIVE			
J7302		LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG			
J7307		ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES			
S4005		LABOR MANAGEMENT FEE	200.00	1	
S4989		PROGESTASERT INTRAUTERINE DEVICE	106.86	1	