

Birthing Center Fee Schedule  
Effective January 1, 2013

Note: Fees are rounded to the nearest hundredth.

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

Code	Mod	Fee	Units	FUD	Description
11976		73.63	1		Removal, Implantable Contraceptive Capsules
56440		94.49	1	10	Marsupialization Of Bartholin's Gland Cyst
56515		115.35	1	10	Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurge
56740		154.15	1	10	Excision Of Bartholin's Gland Or Cyst
57105		69.32	1	10	Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts)
57130		91.39	1	10	Excision Of Vaginal Septum
57170		31.21	1		Diaphragm Or Cervical Cap Fitting With Instructions
57400		68.63	1		Dilation Of Vagina Under Anesthesia
57410		55.35	1		Pelvic Examination Under Anesthesia
57520		157.08	1	90	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation
57558		64.31	1	10	Dilation And Curettage Of Cervical Stump
58120		132.60	1	10	Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical)
58300		34.83	1		Insertion Of Intrauterine Device (IUD)
58301		48.97	1		Removal Of Intrauterine Device (IUD)
59025		24.83	1		Fetal Non-Stress Test
59410		800.00	1	45	Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Includin
59412		83.00	1		External Cephalic Version, With Or Without Tocolysis (List In Addition To C
59430	TH	444.26	1		Postpartum Care Only (Separate Procedure)
59430		50.00	1		Postpartum Care Only (Separate Procedure)
59614		800.00	1	45	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Ep
76801		65.35	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76805		76.73	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76811		95.70	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76815		46.73	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (E
76816		62.07	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Follow-Up

Code	Mod	Fee	Units	FUD	Description
81025		6.50	1		Urine Pregnancy Test, By Visual Color Comparison Methods
99201		30.00	1		Office Or Other Outpatient Visit For The Evaluation And Management Of A New
99202		31.45	1		Office Or Other Outpatient Visit For The Evaluation And Management Of A New
99203		46.81	1		Office And Outpatient Visit For A New Patient Must Include A Detailed
99211	FP	9.44	1		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99211		12.00	1		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99212		21.00	1		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99213		25.59	1		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99347		27.59	1		Home Visit For The Evaluation And Management Of An Established Patient, Whi
99381		66.19	1		Initial Comprehensive Preventive Medicine Evaluation And Management Of An I
99383	FP	45.89	1		Initial Comprehensive Preventive Medicine Evaluation And Management Of An
99384	FP	50.04	1		Initial Evaluation And Management Of A Healthy Individual Requiring A Compr
99385	FP	50.04	1		Initial Comprehensive Preventive Medicine Evaluation And Management Of An
99386	FP	58.35	1		Initial Comprehensive Preventive Medicine Evaluation And Management Of An
99394	FP	44.19	1		Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A
99395		66.19	1		Periodic Reevaluation And Management Of A Healthy Individual Requiring A Co
99395	FP	44.19	1		Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A
99396	FP	48.34	1		Periodic Comprehensive Preventive Medicine Reevaluation And Management Of A
99401		17.93	1		Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(S)
99402		30.69	1		Counseling And/Or Risk Factor Reduction Intervention(S) Provided To A Healt
99403	FP	39.28	1		Counseling And/Or Risk Factor Reduction Intervention(S) Provided To A Healt
99460		32.09	1		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant
99463		42.65	1		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date
A4261		55.00	1		Cervical Cap For Contraceptive Use
H1000		50.00	1		Prenatal Care, At Risk Assessment
H1001		100.00	1		Prenatal Care,At-Risk Enhanced Services; Antepartum Management
H1001	TG	150.00	1		Prenatal Care,At-Risk Enhanced Service,Antepartum Management
J0290					Injection, Ampicillin Sodium, 500 Mg

Code	Mod	Fee	Units	FUD	Description
J0295					Injection, Ampicillin Sodium/Sulbactam Sodium, Per 1.5 Gm
J1364					Injection, Erythromycin Lactobionate, Per 500 Mg
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
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		200.00	1		Labor Management Fee