

Birthing Center Fee Schedule
Effective July 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		74.37	1	0	Removal, Implantable Contraceptive Capsules
56440		94.34	1	10	Marsupialization Of Bartholin'S Gland Cyst
56515		115.69	1	10	Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurge
56740		153.74	1	10	Excision Of Bartholin'S Gland Or Cyst
57105		70.07	1	10	Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts)
57130		91.76	1	10	Excision Of Vaginal Septum
57170		31.16	1		Diaphragm Or Cervical Cap Fitting With Instructions
57400		68.35	1		Dilation Of Vagina Under Anesthesia
57410		55.26	1		Pelvic Examination Under Anesthesia
57520		157.70	1	90	Conization Of Cervix, With Or Without Fulguration, With Or Without Dilation
57558		64.73	1	10	Dilation And Curettage Of Cervical Stump
58120		133.42	1	10	Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical)
58300		35.46	1		Insertion Of Intrauterine Device (IUD)
58301		49.41	1		Removal Of Intrauterine Device (IUD)
59025		24.96	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		50.00	1		Postpartum Care Only (Separate Procedure)
59430	TH	444.26	1		Postpartum Care Only (Separate Procedure)
59614		800.00	1	45	Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Ep
76801		65.25	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76805		76.27	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76811		95.89	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And
76815		46.48	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (E
76816		61.12	1		Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Follow-Up
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

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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		12.00	1		Office Or Other Outpatient Visit For The Evaluation And Management Of An Es
99211	FP	9.44	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		27.55	1		Home Visit For The Evaluation And Management Of An Established Patient, Whi
99381		66.09	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		18.25	1		Preventive Medicine Counseling And/Or Risk Factor Reduction Intervention(S)
99402		30.99	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		35.30	1		Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant
99463		46.92	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
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

Code	Mod	Fee	Units	FUD	Description
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