

**Licensed Midwife 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 |
|-------------|------------|---|------------|--------------|
| 59410 | | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDIN | 640.00 | 1 |
| 59412 | | EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO C | 66.40 | 1 |
| 59430 | | POSTPARTUM CARE ONLY (SEPARATE PROCEDURE) | 40.00 | 1 |
| 59430 | TH | POSTPARTUM CARE ONLY (SEPARATE PROCEDURE) | 444.26 | 1 |
| 81025 | | URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS | 5.20 | 1 |
| | | SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED) | By Report | |
| 99070 | | | | |
| 99201 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 24.00 | 1 |
| 99202 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 25.16 | 1 |
| 99203 | | OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED | 37.45 | 1 |
| 99211 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 9.60 | 1 |
| 99212 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 16.80 | 1 |
| 99213 | | OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES | 20.47 | 1 |
| 99347 | | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI | 22.14 | 1 |
| 99381 | | INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I | 52.95 | 1 |
| 99460 | | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT | 23.34 | 1 |
| 99461 | | INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER | 38.25 | 1 |
| 99463 | | INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE | 31.02 | 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 | | |

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|-------|-----|---|--------|-------|
| J0295 | | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM | | |
| J0550 | | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,0 | | |
| 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 | | |
| J7070 | | INFUSION, D5W, 1000 CC | | |
| J7120 | | RINGERS LACTATE INFUSION, UP TO 1000 CC | | |
| S4005 | | LABOR MANAGEMENT FEE | 200.00 | 1 |
| S8415 | | SUPPLIES FOR HOME DELIVERY OF INFANT | 45.00 | 1 |