12VAC30-80-160. Fees for pediatric and obstetric CPT procedures. <u>REPEALED</u>
PEDIATRIC SERVICES
(fee changes are subject to new federal
Conversion Factors and Relative Value
Units as shown in VR 460-03-4.1924)
CPT-4 Code Description Payment
1. Evaluation and Management Services -
Physician services performed in a
physican's office or in an outpatient
facility
NEW PATIENT
99201 Problem focused history, examination, and \$23.58
straightforward medical decision making
99202 Expanded problem focused history, 30.66
examination, and straightforward medical
decision making

99203	Detailed history, examination and medical	38.50
	decision making of moderate complexity	
99204	Comprehensive history, examination, and	55.82
	medical decision making of moderate	
-	- complexity	
99205	Comprehensive history, examination, and	64.22
	medical decision making of high	
	- complexity	
	ESTABLISHED PATIENT	
99211	Minimal presenting problems	\$10.31
99212	Problem focused history, or examination,	19.19
	and straightforward medical decision	
	- making	
99213	Expanded problem focused history or	26.87
	examination, and medical decision making	

	of low complexity	
	Detailed history, or examination, and medical decision making of moderate	-37.53
	-complexity	
- 99215	Comprehensive history, or examination and	52.44
	medical decision making of high complexity	
	2. Emergency Department Services - for emergency care	
	NEW OR ESTABLISHED PATIENT	
99281	Problem focused history, examination, and straightforward medical decision making	\$23.20
99282	Expanded problem focused history,	39.51
	examination, and medical decision making of low complexity	
 99283 -	Expanded problem focused history,	48.41

	examination, and medical decision making	
	of low to moderate complexity	
99284	Detailed history, examination, and medical	61.60
	decision making of moderate complexity	
99285	Comprehensive history, comprehensive	91.10
	examination, and medical decision making	
	of high complexity	
99295	Initial NICU care, per day, for the	-587.00
	evaluation and management of a	
	-critically ill neonate or infant	
	·	
99296 -	Subsequent NICU care, per day, for the	285.25
	evaluation and management of a	
	-critically ill and unstable neonate or	
	infant	
	Subsequent NICU care, per day, for the	143.28
	evaluation and management of a	
	critically ill and stable neonate or	

99431	History and examination of the normal 72.45
	newborn infant, initiation of diagnostic
	and treatment programs and preparation
	of hospital records
99432	Normal newborn care in other than hospital 46.18
	or birthing room setting, including
	physical examination of baby and
	conference(s) with parent(s)
99433	Subsequent hospital care, for the 29.36
	evaluation and management of a normal
	newborn, per day
99440	Newborn resuscitation; care of the high 122.88
	risk newborn at delivery, including, for
	example, inhalation therapy, aspiration,
	administration of medication for initial
	-stabilization
	3. Immunization Injections* (no change)

infant

90700 Immunization, active; diphtheria, tetanus \$ drug cost
toxoids, and acellular pertussis vaccine
(DTaP)
— 90701 — Immunization, active; diphtheria and \$ drug cost
tetanus toxoids and pertussis vaccine
(DTP)
— 90702 — Diphtheria and tetanus toxoids (DT) — \$ drug cost
90703 Tetanus toxoid \$ drug cost
90704*** Mumps virus vaccine, live \$ drug cost
90705*** Measles virus vaccine, live, attenuated \$ drug cost
90706*** Rubella virus vaccine, live \$ drug cost
90707*** Measles, mumps, and rubella virus vaccine, \$ drug cost
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90708 Measles and rubella virus vaccine, live \$ drug cost
— 90709 Rubella and mumps virus vaccine, live \$\\$\\$\$ drug cost
— 90710 — Measles, mumps, rubella, and varicella — \$ drug cost — vaccine
— 90711 — Diphtheria, tetanus, and pertussis (DTP) — \$ drug cost and injectable poliomyelitis vaccine
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90713 Poliomyelitis vaccine \$ drug cost
— 90720 — Diphtheria, tetanus, and pertussis (DTP) — \$ drug cost and Hemophilus influenza B (HIB) vaccine
90731 Hepatitis B vaccine \$ drug cost
90737 Hemophilus influenza B \$ drug cost
— (Note: Appropriate office visit may be Upon implementation

billed in addition to the above of the Vaccines
immunization injections. Payment for for Children
immunizations shall not exceed the Program,
Medicaid fee on file for the drug at reimbursement for
time of service. vaccines will
for each vaccine
administered.
Providers will be
supplied with
vaccines free of
charge.
** Vaccine supplied under contract with
— manufacturer.
*** Medical justification will be required
to demonstrate that use of a
single-antigen vaccine is medically
appropriate.

4. Preventive Medicine

NEW PATIENT

 99381	Initial evaluation and management of a	\$47.31
	healthy individual requiring a	
	comprehensive history, a comprehensive	
	examination, the identification of risk	
	factors, and the ordering of appropriate	
	laboratory/diagnostic procedures; infant	
	(age under 1 year)	
99382	Early childhood (age 1 through 4 years)	53.43
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 99383	Late childhood (age 5 through 11 years)	53.43
- 99384	Adolescent (age 12 through 17 years)	54.22
	ESTABLISHED PATIENT	
 99391 -	Periodic evaluation and management of a	43.95
	healthy individual requiring a	
	-comprehensive history, a comprehensive	
	examination, the identification of risk	

factors, and the ordering of appropriate
laboratory/diagnostic procedures; infant
(age under 1 year)
99392 Early childhood (age 1 through 4 years) 47.98
99393 Late childhood (age 5 through 11 years) 47.98
99394 Adolescent (age 12 through 17 years) 48.10
OBSTETRICAL SERVICES
-CPT-4 Code Description Payment
1. Maternity Care and Delivery
59000 Amniocentesis, any method \$105.48
— 59012 Cordocentesis (intrauterine), any method 139.68

- 59015	Chorionic villus sampling, any method	112.08
 59020 -	Fetal oxytocin street test	-63.92
- 59025	Fetal nonstress test	4 6.44
- 59030	Fetal scalp blood sampling;	83.31
59050	Initiation and/or supervision of internal fetal monitoring during labor by	52.57
	-consultant	
	Hysterotomy, abdominal (eg. for	325.02
	hidatidiform mole, abortion)	
	EXCISION	
- 59120	Surgical treatment of ectopic pregnancy,	\$835.30
	tubal or ovarian, requiring	
	salpingectomy and/or oophorectomy,	
	abdominal or vaginal approach	
 59121	Surgical treatment of ectopic pregnancy;	361.10

tubal or ovarian, without salpingectomy
and/or oophorectomy
— 59130 Abdominal pregnancy 511.21
— 59135 — Interstitial, uterine pregnancy requiring — 982.93
total hysterectomy
— 59140 — Cervical, with evacuation 372.88
- 59150 Laparoscopic treatment of ectopic 677.31
pregnancy; without salpingectomy and/or
—59160 — Curettage, postpartum (separate procedure) ——333.55

- 59200	Insertion of cervical dilator (eg,	61.54
	laminaria, prostaglandin	
	REPAIR	
- 59300	Episiotomy or vaginal repair, by other than attending physician	\$ 203.07
	— Cerclage of cervix, during pregnancy; vaginal	258.57
	Cerclage of cervix, during pregnancy, abdominal	425.41
	DELIVERY, ANTEPARTUM AND POSTP.	ARTUM CARE
 59400 -	Total obstetrical care (all-inclusive,	61,210.30
care) incl	global udes antepartum care,	
	vaginal delivery (with or without	
	episiotomy, and/or forceps or breech	
	delivery) and postpartum care	

- 59409	Vaginal delivery only (with or without	811.57
	episiotomy and/or forceps)	
- 59410	Vaginal delivery only (with or without	858.24
	episiotomy, forceps or breech delivery)	
	including in-hospital postpartum care	
	(separate procedure)	
 59412	External cephalic version, with or withou	t 200.16
	tocolysis	
- 59414	Delivery of placenta	193.52
- 59425 -	Antepartum care only; 4-6 visits	164.54
50.426	7	15.00
- 59426 -	7 or more visits 33	35.09
50420	Postpartum care only (separate procedure	2) 49.58
- 3/430	- 1 ostpartum care only (separate procedure	
	CAESAREAN SECTION	
	C. E.S. R.E. II., SECTION	
- 59510 -	Routine obstetric care including	\$1,423.30

antepartum care, caesarean delivery, and
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—59514 Caesarean delivery only 1,032.90
— 59515 — Caesarean delivery only including 1,079.40
— postpartum care
—59525 Subtotal or total hysterectomy after 392.92
ABORTION
— 59812 Treatment of spontaneous abortion, any 394.46
trimester, completed surgically
— 59820 — Treatment of missed abortion, completed — 380.47
surgically; first trimester
— 59821 — Treatment of missed abortion, completed — 452.38

- 59830	Treatment of septic abortion, completed	267.26
	-surgically	
	2. Diagnostic Ultrasound	
	PELVIS	
- 74710	Pelvimetry, with or without placental localization	42.51
- 74775 -	Perineogram (eg, vaginogram, for sex determination or extent of anomalies	42.17
	Echography, pregnant uterus, B-scan and/or-real time with image documentation; complete (complete fetal and maternal evaluation)	93.22
- 76810 	Complete (complete fetal and maternal evaluation), multiple gestation, after the first trimester	
- 76815	Limited gestational age, heart beat,	-62.18

	placental location, fetal position, or	
	emergency in the delivery room)	
- 76816	Follow-up or repeat	-48.25
- 76818	Fetal biophysical profile	-75.64
- 76825	Echocardiography, fetal, real time with	90.85
	image documentation (2D) with or without M-mode recording	
- 76826	Follow up or repeat study	50.81
- 76827	Doppler echocardiography, fetal,	66.36
	- cardiovascular system, pulsed wave	
	and/or continuous wave with special	
	display; complete	
- 76828	Follow-up or repeat study	37.32