12VAC30-80-160. Fees for pediatric and obstetric CPT procedures. **REPEALED.**

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PEDIATRIC SERVICES

--- (fee changes are subject to new federal

--- Conversion Factors and Relative Value

--- Units as shown in VR 460-03-4.1924)

<table>
<thead>
<tr>
<th>CPT-4 Code</th>
<th>Description</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Problem focused history, examination, and straightforward medical decision making</td>
<td>$23.58</td>
</tr>
<tr>
<td>99202</td>
<td>Expanded problem focused history, examination, and straightforward medical decision making</td>
<td>30.66</td>
</tr>
</tbody>
</table>

--- 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 decision making of moderate complexity 38.50

99204  Comprehensive history, examination, and medical decision making of moderate complexity 55.82

99205  Comprehensive history, examination, and medical decision making of high complexity 64.22

ESTABLISHED PATIENT

99211  Minimal presenting problems $10.31

99212  Problem focused history, or examination, and straightforward medical decision making 19.19

99213  Expanded problem focused history or examination, and medical decision making 26.87
— 99214  Detailed history, or examination, and —— 37.53
——— medical decision making of moderate
——— 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 —— $23.20
——— straightforward medical decision making

— 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 decision making of moderate complexity

- 99285      Comprehensive history, comprehensive examination, and medical decision making of high complexity

- 99295      Initial NICU care, per day, for the evaluation and management of a critically ill neonate or infant

- 99296      Subsequent NICU care, per day, for the evaluation and management of a critically ill and unstable neonate or infant

- 99297      Subsequent NICU care, per day, for the evaluation and management of a critically ill and stable neonate or infant
infant

99431 History and examination of the normal infant, initiation of diagnostic and treatment programs and preparation of hospital records

99432 Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)

99433 Subsequent hospital care, for the evaluation and management of a normal newborn, per day

99440 Newborn resuscitation; care of the high risk newborn at delivery, including, for example, inhalation therapy, aspiration, administration of medication for initial stabilization

3. Immunization Injections* (no change)
90700  Immunization, active; diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)

90701  Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)

90702  Diphtheria and tetanus toxoids (DT)

90703  Tetanus toxoid

90704**  Mumps virus vaccine, live

90705**  Measles virus vaccine, live, attenuated

90706**  Rubella virus vaccine, live

90707**  Measles, mumps, and rubella virus vaccine, live
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

90712  Poliovirus vaccine, live, oral (any type(s))  $ drug cost

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 change to an administration fee 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 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) $47.31

99382 Early childhood (age 1 through 4 years) 53.43

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 healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk 43.95
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

- 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  46.44

59030  Fetal scalp blood sampling;  83.31

59050  Initiation and/or supervision of internal  52.57
        fetal monitoring during labor by consultant

59100  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 511.24

59135 Interstitial, uterine pregnancy requiring 982.93
total hysterectomy

59136 Interstitial, uterine pregnancy with 903.39
partial resection of uterus

59140 Cervical, with evacuation 372.88

59150 Laparoscopic treatment of ectopic 677.31
pregnancy; without salpingectomy and/or
oophorectomy

59151 Laparoscopic treatment of ectopic 738.17
pregnancy; with salpingectomy and/or
oophorectomy

59160 Curettage, postpartum (separate procedure) 333.55
59200 Insertion of cervical dilator (eg, laminaria, prostaglandin)

REPAIR

59300 Episiotomy or vaginal repair, by other than attending physician

59320 Cerclage of cervix, during pregnancy; vaginal

59325 Cerclage of cervix, during pregnancy; abdominal

DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

59400 Total obstetrical care (all-inclusive global care) includes antepartum care, vaginal delivery (with or without episiotomy, and/or forceps or breech delivery) and postpartum care
59409 Vaginal delivery only (with or without episiotomy and/or forceps) 811.57

59410 Vaginal delivery only (with or without episiotomy, forceps or breech delivery) 858.24

59412 External cephalic version, with or without tocolysis 200.16

59414 Delivery of placenta 193.52

59425 Antepartum care only; 4-6 visits 164.54

59426 7 or more visits 335.09

59430 Postpartum care only (separate procedure) 49.58

59510 Routine obstetric care including $1,423.30

CAESAREAN SECTION
antepartum care, caesarean delivery, and postpartum care

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>59514</td>
<td>Caesarean delivery only</td>
<td>1,032.90</td>
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<tr>
<td>59515</td>
<td>Caesarean delivery only including postpartum care</td>
<td>1,079.40</td>
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<tr>
<td>59525</td>
<td>Subtotal or total hysterectomy after caesarean delivery</td>
<td>392.92</td>
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</table>

**ABORTION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
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</thead>
<tbody>
<tr>
<td>59812</td>
<td>Treatment of spontaneous abortion, any</td>
<td>394.46</td>
</tr>
<tr>
<td></td>
<td>trimester, completed surgically</td>
<td></td>
</tr>
<tr>
<td>59820</td>
<td>Treatment of missed abortion, completed</td>
<td>380.47</td>
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<tr>
<td></td>
<td>surgically; first trimester</td>
<td></td>
</tr>
<tr>
<td>59821</td>
<td>Treatment of missed abortion, completed</td>
<td>452.38</td>
</tr>
<tr>
<td></td>
<td>surgically; second trimester</td>
<td></td>
</tr>
</tbody>
</table>
— 59830 Treatment of septic abortion, completed —— 267.26

—— surgically

——— 2. Diagnostic Ultrasound

— ———— PELVIS

— 74710 Pelvimetry, with or without placental —— 42.51

—— localization

— 74775 Perineogram (e.g., vaginogram, for sex —— 42.17

—— determination or extent of anomalies

— 76805 Echography, pregnant uterus, B-scan and/or —— 93.22

—— real time with image documentation;

—— complete (complete fetal and maternal

—— evaluation)

— 76810 Complete (complete fetal and maternal —— 185.98

—— 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 study $48.25$

- 76818 Fetal biophysical profile $75.64$

- 76825 Echocardiography, fetal, real time with image documentation (2D) with or without M-mode recording $90.85$

- 76826 Follow-up or repeat study $50.81$

- 76827 Doppler echocardiography, fetal cardiovascular system, pulsed wave and/or continuous wave with special display; complete $66.36$

- 76828 Follow-up or repeat study $37.32$