

LICENSED MIDWIFE FEE SCHEDULE

Effective January 1, 2018

See Prescribed Drug (Not Reviewed by the Pharmaceutical and Therapeutics Committee) Fee Schedule for J code pricing.

Legend

Procedure: CPT/HCPCS code reimbursed by Florida Medicaid in the fee-for-service delivery system.

Mod: Represents pricing modifiers that have altered the code by some circumstance without significantly changing the base definition.

- TG: Used when Healthy Start Prenatal Risk Screening is completed during the first trimester of the pregnancy.

- TH: Labor management services when labor does not result in birth in the birth center or at home, due to the need for a higher level of service.

- 59410 TH: Professional services for vaginal delivery which includes labor management, immediate post-partum care and recovery services in the home setting.

Base: Fee Schedule Increase at 80%.

Facility: Reimbursement to a practitioner if a procedure is performed in birth center (25), Inpatient hospital (21), Outpatient hospital (22), Emergency room hospital (23), Ambulatory Surgical Center (24).

Procedure	Mod	Base	Facility
59410	TH	921.04	
59410		665.60	
59430		36.61	34.78
81025		5.00	
99211		8.78	4.52
99211	TH	8.78	4.52
99212		15.38	12.66
99212	TH	15.38	12.66
99213		18.74	17.80
99213	TH	18.74	17.80
99214		29.19	27.74
99214	TH	29.19	27.74
99215		42.44	40.32
99215	TH	42.44	40.32
99347	TH	27.65	
99348	TH	42.18	
99349	TH	64.33	
99350	TH	89.14	
99354		38.38	36.46
99354	TH	38.38	36.46
99355		37.30	35.43
99355	TH	37.30	35.43
99406		5.45	5.18
99407		10.62	10.09
99460		28.42	
99461		37.97	31.08
99463		37.79	
H1000		41.60	
H1001	TG	124.80	
H1001		83.20	
J0290			
J0295			
J1364			
J2210			
J2590			
J2790			
J3430			
J7050			
J7070			
J7120			
S8415		245.00	