

Office of Maternal, Child and Family Health Maternity Services

(Non-Medicaid & Non-CHIP Enrollees)
Fee Schedule

Effective July 1, 2021

(Available at www.wvdhhr.org/rfts - requires user name and password available from OMCFH)

| Procedure | Description | Rate |
|-----------|---|---|
| 01961 | Anesthesia for cesarean delivery only | Base 7 units \$22.70 x 7 = \$158.90 (7 base unit) \$22.70 x units on bill (Max 8 units) = X \$158.90 + X = Total payment |
| 01965 | Anesthesia for missed abortion | Base 4 units \$22.70 x 4 = \$90.80 (4 base unit) \$22.70 x units on bill (Max 8 units) = X \$90.80 + X = Total payment |
| 01967 | Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor) | Base 5 units \$22.70 x 5 = \$113.50 (5 base unit) \$22.70 x units on bill (Max 8 units) = X \$113.50 + X = Total payment |
| 01968 | Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) | Base 2 units (01967) \$22.70 x 5 = \$113.50 (5 base unit) (01968) \$22.70 x 2 = \$45.40 (2 base unit) \$22.70 x units (01967 & 01968) on bill (Max 8 units) = X \$113.50 + \$45.40 + X = Total payment |

| Procedure | Description | Facility ₁ | Non - Facility ₁ |
|-----------|---|-----------------------|-----------------------------|
| 54150 | Circumcision, using clamp or other device; newborn | \$67.24 | 101.46 |
| 54160 | Circumcision, surgical excision other than clamp, device or dorsal slit; newborn | \$98.57 | \$146.77 |
| 59000 | Amniocentesis; diagnostic | \$55.43 | \$79.53 |
| 59020 | Fetal Contract Stress Test | \$46.27 | \$46.27 |
| 59020-TC | Fetal Contract Stress Test | \$20.49 | \$20.49 |
| 59020-26 | Fetal Contract Stress Test | \$25.55 | \$25.55 |
| 59025 | Fetal Non-Stress Test | \$32.78 | \$32.78 |
| 59025-TC | Fetal Non-Stress Test | \$11.81 | \$11.81 |
| 59025-26 | Fetal Non-Stress Test | \$20.97 | \$20.97 |
| 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach | \$569.00 | \$569.00 |
| 59150 | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy | \$552.13 | \$552.13 |
| 59320 | Cerclage of cervix, during pregnancy; vaginal | \$105.56 | \$105.56 |
| 59409 | Vaginal delivery only (with or without episiotomy and/or forceps) | \$749.28 | \$749.28 |
| 59410 | Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care | \$983.87 | 983.87 |
| 59430 | Postpartum care only (separate procedure) | \$167.74 | \$231.40 |
| 59514 | Cesarean delivery only | \$850.82 | \$850.82 |
| 59515 | Cesarean delivery including postpartum care | \$1,214.95 | \$1,214.95 |
| 59812 | Treatment of incomplete abortion; any trimester, completed surgically | \$212.80 | \$244.37 |
| 59820 | Treatment of incomplete abortion; any trimester, completed surgically | \$260.28 | \$290.89 |
| 59821 | Treatment of missed abortion; second trimester, completed surgically | \$257.63 | \$289.44 |

| Procedure | Description | Facility ₁ | Non - Facility ₁ |
|-----------|---|-----------------------|-----------------------------|
| 64450 | Circumcision nerve block | \$28.92 | \$50.61 |
| 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 wks 0 days), transabdominal approach; single or first gestation | \$77.36 | \$77.36 |
| 76801-TC | Technical Component | \$44.59 | \$44.59 |
| 76801-26 | Professional Component | \$32.78 | \$32.78 |
| 76802 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 wks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | \$40.97 | \$40.97 |
| 76802-TC | Technical Component | \$13.50 | \$13.50 |
| 76802-26 | Professional Component | \$27.72 | \$27.72 |
| 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 wks 0 days), transabdominal approach; single or first gestation | \$88.69 | \$88.69 |
| 76805-TC | Technical Component | \$55.91 | \$55.91 |
| 76805-26 | Professional Component | \$32.78 | \$32.78 |
| 76810 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 wks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | \$59.05 | \$59.05 |
| 76810-TC | Technical Component | \$26.51 | \$26.51 |
| 76810-26 | Professional Component | \$32.54 | \$32.54 |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation | \$113.51 | \$113.51 |
| 76811-TC | Technical Component | \$51.09 | \$51.09 |
| 76811-26 | Professional Component | \$62.42 | \$62.42 |
| 76812 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | \$127.01 | \$127.01 |
| 76812-TC | Technical Component | \$68.44 | \$68.44 |
| 76812-26 | Professional Component | \$58.32 | \$58.32 |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses | \$53.74 | \$53.74 |
| 76815-TC | Technical Component | \$31.81 | \$31.81 |
| 76815-26 | Professional Component | \$21.93 | \$21.93 |
| 76816 | Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus | \$72.06 | \$72.06 |
| 76816-TC | Technical Component | \$43.86 | \$43.86 |
| 76816-26 | Professional Component | \$28.20 | \$28.20 |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal | \$61.21 | \$61.21 |
| 76817-TC | Technical Component | \$36.15 | \$36.15 |
| 76817-26 | Professional Component | \$25.06 | \$25.06 |
| 76818 | Fetal biophysical profile; with non-stress testing | \$74.71 | \$74.71 |
| 76818-TC | Technical Component | \$40.01 | \$40.01 |
| 76818-26 | Professional Component | \$34.70 | \$34.70 |
| 76819 | Fetal biophysical profile; without non-stress testing | \$55.43 | \$55.43 |
| 76819-TC | Technical Component | \$29.64 | \$29.64 |
| 76819-26 | Professional Component | \$25.79 | \$25.79 |

| Procedure | Description | Facility ₁ | Non - Facility ₁ |
|-----------|--|-----------------------|-----------------------------|
| 76946 | Ultrasonic guidance for amniocentesis, imaging supervision and interpretation | \$20.97 | \$20.97 |
| 76946-TC | Technical Component | \$8.44 | \$8.44 |
| 76946-26 | Professional Component | \$12.53 | \$12.53 |
| 80053 | Comprehensive metabolic panel. This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84460), Urea nitrogen (BUN) (84520). Do not use 80053 in addition to 80048, 80076 (HepB). | Lab2 \$9.50 | |
| 80055 | Obstetric panel. This panel must include the following: Blood count, complete (CBC) , automated and automated differential WBC count (85025 or 85027 and 85004) or Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, qualitative (e.g. VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO and Blood typing Rh (D) (86901). | Lab2 \$43.03 | |
| 81000 | Urinalysis by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy | Lab2 \$3.62 | |
| 81001 | Urinalysis by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy | Lab2 \$2.85 | |
| 81002 | Urinalysis by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy | Lab2 \$3.13 | |
| 81003 | Urinalysis by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy | Lab2 \$2.03 | |
| 81005 | Urinalysis; qualitative or semiquantitative, except immunoassays | Lab2 \$1.95 | |
| 81015 | Urinalysis; qualitative or semiquantitative, except immunoassays microscopic only | Lab2 \$2.75 | |
| 81025 | Urine pregnancy test, by visual color comparison methods | Lab2 \$7.75 | |
| 82105 | Alpha-fetoprotein; serum | Lab2 \$15.09 | |
| 82570 | Creatinine; other source | Lab2 \$4.66 | |
| 82947 | Glucose; quantitative, blood (except reagent strip) | Lab2 \$3.54 | |
| 82950 | Glucose; post glucose dose (includes glucose) | Lab2 \$4.28 | |
| 82951 | Glucose; tolerance test (GTT), three specimens (includes glucose) | Lab2 \$11.58 | |
| 84156 | Protein, total, except by refractometry, urine | Lab2 \$3.30 | |
| 84702 | Gonadotropin, chorionic (HCG); quantitative | Lab2 \$13.55 | |
| 85014 | Blood count; hematocrit (Hct) | Lab2 \$2.13 | |
| 85018 | Blood count; hemoglobin (Hgb) | Lab2 \$2.13 | |
| 85025 | Blood count; automated differential WBC; complete count (CBC); automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | Lab2 \$6.99 | |
| 85027 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | Lab2 \$5.82 | |
| 86580 | Skin test; tuberculosis, intradermal | \$6.03 | \$6.03 |

| Procedure | Description | Facility ¹ | Non - Facility ¹ |
|-----------|---|-----------------------|-----------------------------|
| 86701 | HIV -1 | Lab2 \$8.00 | |
| 86803 | Hepatitis C antibody | Lab2 \$12.84 | |
| 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates | Lab2 \$7.76 | |
| 87081 | Culture, presumptive, pathogenic organisms, screening only | Lab2 \$5.97 | |
| 87086 | Culture, bacterial; quantitative colony count, urine | Lab2 \$7.26 | |
| 87088 | Culture, bacterial; with isolation and presumptive identification of isolates, urine | Lab2 \$7.28 | |
| 87110 | Culture, Chlamydia, any source | Lab2 \$17.64 | |
| 87149 | Culture, typing; identification by nucleic acid probe | Lab2 \$18.05 | |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps) | Lab2 \$5.24 | |
| 87220 | Tissue examination by KOH slide of samples from skin, hair or nails for fungi or ectoparasite ova or mites (e.g., scabies) | Lab2 \$3.84 | |
| 87252 | Virus isolation; tissue culture inoculation, observation and presumptive identification by cytopathic effect | Lab2 \$23.46 | |
| 87254 | Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus | Lab2 \$17.60 | |
| 87340 | Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Hepatitis B surface antigen (HBsAg) | Lab2 \$9.30 | |
| 87490 | Chlamydia trachomatis, direct probe | Lab2 \$20.48 | |
| 87491 | Chlamydia trachomatis, amplified probe technique | Lab2 \$31.58 | |
| 87590 | Neisseria gonorrhoeae, direct probe technique | Lab2 \$24.19 | |
| 87591 | Neisseria gonorrhoeae, amplified probe technique | Lab2 \$31.58 | |
| 88141 | Cytopathology, cervical or vaginal (any reporting system) requiring interpretation by physician | \$13.98 | \$13.98 |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | Lab2 \$18.23 | |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision | Lab2 \$13.64 | |
| 90384 | 4Rho (D) immune globulin (Rhlg), human, full dose, for intramuscular use | Not Covered | Not Covered |
| 99213-TH | 3Office/Outpatient Visit Prenatal | \$60.16 | \$79.26 |
| 99238 | Hospital discharge day management; 30 minutes or less | \$47.96 | \$47.96 |
| 99460 | History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.) | \$64.35 | \$64.35 |
| 99463 | History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.) | \$73.75 | \$73.75 |
| 99464 | Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn | \$50.13 | \$50.13 |

1 Facility and Non-Facility fees are based on the 2021 RBRVS. A copy of this report can be downloaded at: <https://dhhr.wv.gov/bms/FEES/Pages/WV-Medicaid-Physician's-RBRVS-Fee-Schedules.aspx>

2 Lab fees are based on CLAB2021 schedule. A copy of this schedule can be downloaded at: <https://dhhr.wv.gov/bms/FEES/Pages/Clinical-Diagnostic-Lab-Fee-Schedules.aspx>

3 Limited to 20 visits for a six-month time period.

4 Carrier-priced procedure code: Medicaid will establish the fee for services considered unlisted CPT procedure codes and for services for which CMS has not established "relative value units", typically low-volume services. Invoices are priced on an individual basis and the yearly fees rarely changes.

Office of Maternal, Child and Family Health

Maternity Services

Fee Schedule Legend

| Place of Service | Description | Facility or Non-Facility |
|------------------|--|--------------------------|
| 03 | School | NF |
| 04 | Homeless Shelter | NF |
| 05 | Indian Health Service Free-Standing Facility | NF |
| 06 | Indian Health Service Provider-Based Facility | NF |
| 07 | Tribal 638 Free-Standing Facility | NF |
| 08 | Tribal 638 Provider-Based Facility | NF |
| 09 | Prison - Correctional Facility | NF |
| 11 | Office Visit | NF |
| 12 | Home | NF |
| 13 | Assisted Living Facility | F |
| 14 | Group Home | F |
| 15 | Mobile Unit | NF |
| 20 | Urgent Care Facility | F |
| 21 | Inpatient Hospital | F |
| 22 | Outpatient Hospital | F |
| 23 | Emergency Room | F |
| 24 | Ambulatory Surgical Center | F |
| 25 | Birthing Center | F |
| 26 | Military Treatment Facility | F |
| 31 | Skilled Nursing Facility | F |
| 32 | Nursing Facility | F |
| 33 | Custodial Care Facility | F |
| 34 | Hospice | NF |
| 41 | Ambulance - Land | NF |
| 42 | Ambulance - Air or Water | NF |
| 49 | Independent Clinic | NF |
| 50 | Federally Qualified Health Center | NF |
| 51 | Inpatient Psychiatric Facility | F |
| 52 | Psychiatric Facility Partial Hospitalization | F |
| 53 | Community Mental Health Center | NF |
| 54 | Intermediate Care / Mentally Retarded | F |
| 55 | Residential Substance Abuse Treatment | F |
| 56 | Psychiatric Residential Treatment | F |
| 57 | Non-residential Substance Abuse Treatment Facility | NF |
| 60 | Mass Immunization Center | NF |
| 61 | Comprehensive Inpatient Rehab | F |
| 62 | Comprehensive Outpatient Rehab | F |
| 65 | End Stage Renal Disease | F |
| 71 | State or Local Public Health Clinic | NF |
| 72 | Rural Health Clinic | NF |
| 81 | Independent Laboratory | NF |
| 99 | Other Unlisted Facility | F |

**Office of Maternal, Child and Family Health
Maternity Services
(Non-Medicaid or Non-CHIP Enrollees)
Hospital Delivery Rates
Fee Schedule
Eff July 1, 2021**

| DRG Code | Description | Rate |
|----------|--|------------|
| 786 | Cesarean Section with complications | \$5,000.00 |
| 788 | Cesarean Section without complications | \$5,000.00 |
| 806 | Vaginal Delivery with complications | \$5,000.00 |
| 807 | Vaginal Delivery without complications | \$5,000.00 |

Hospital charges for the mother (vaginal or c-section), hospital supplies, and laboratory work is limited to \$5,000 in total for each live birth delivery.

NON Covered Services:

- Hospitalization at any time other than for delivery;
- Observation status at the hospital;
- Intermediate or intensive care for the mother or newborn;
- Any service/care that is not pregnancy related;
- Emergency room charges/care;
- Ambulance services;
- Family planning services/postpartum sterilization (woman must be referred to the OMCFH Family Planning Program (FPP));
- Infant care rendered after discharge from the hospital; and
- Infant care other than routine newborn care.