

| HCPCS | Mod | Description                  | Status | NA | Non-Fac Fee | Fac Fee    | PC/TC Ind | Global Surg | Pre Op | Intra Op | Post Op | Bilat Surg | Asst Surg | Co-Surg | Team Surg |
|-------|-----|------------------------------|--------|----|-------------|------------|-----------|-------------|--------|----------|---------|------------|-----------|---------|-----------|
| 57170 |     | FITTING OF DIAPHRAGM/CAP     | A      |    | \$53.82     | \$29.07    | 0         | 0           | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 58300 |     | INSERT INTRAUTERINE DEVICE   | A      |    | \$54.90     | \$32.51    | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 58301 |     | REMOVE INTRAUTERINE DEVICE   | A      |    | \$58.99     | \$40.91    | 0         | 0           | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 58999 |     | GENITAL SURGERY PROCEDURE    | M      |    | \$0.01      | \$0.00     | 0         | YYY         | 0      | 0        | 0       | 0          | 2         | 1       | 1         |
| 59025 |     | FETAL NON-STRESS TEST        | A      |    | \$24.11     | \$0.00     | 1         | 0           | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 59400 |     | OBSTETRICAL CARE             | A      | NA | \$0.00      | \$1,283.42 | 0         | MMM         | 0      | 0        | 0       | 0          | 1         | 0       | 0         |
| 59409 |     | OBSTETRICAL CARE             | A      | NA | \$0.00      | \$688.66   | 0         | MMM         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 59410 |     | OBSTETRICAL CARE             | A      | NA | \$0.00      | \$755.30   | 0         | MMM         | 0      | 0        | 0       | 0          | 1         | 0       | 0         |
| 59425 |     | ANTEPARTUM CARE ONLY         | A      |    | \$292.24    | \$231.52   | 0         | MMM         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 59426 |     | ANTEPARTUM CARE ONLY         | A      |    | \$489.88    | \$378.01   | 0         | MMM         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 59430 |     | CARE AFTER DELIVERY          | A      |    | \$99.73     | \$92.23    | 0         | MMM         | 0      | 0        | 0       | 0          | 1         | 0       | 0         |
| 59612 |     | VBAC DELIVERY ONLY           | A      | NA | \$0.00      | \$757.90   | 0         | MMM         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 59614 |     | VBAC CARE AFTER DELIVERY     | A      | NA | \$0.00      | \$821.45   | 0         | MMM         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 59899 |     | MATERNITY CARE PROCEDURE     | M      |    | \$0.01      | \$0.00     | 0         | YYY         | 0      | 0        | 0       | 0          | 2         | 1       | 1         |
| 81000 |     | URINALYSIS, NONAUTO W/SCOPE  | A      |    | \$2.88      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 81001 |     | URINALYSIS, AUTO W/SCOPE     | A      |    | \$2.88      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 81002 |     | URINALYSIS NONAUTO W/O SCOPE | A      |    | \$1.20      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 81003 |     | URINALYSIS, AUTO, W/O SCOPE  | A      |    | \$1.20      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 81005 |     | URINALYSIS                   | A      |    | \$1.49      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 81015 |     | MICROSCOPIC EXAM OF URINE    | A      |    | \$1.68      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 81025 |     | URINE PREGNANCY TEST         | A      |    | \$5.16      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 82731 |     | ASSAY OF FETAL FIBRONECTIN   | A      |    | \$76.90     | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 83026 |     | HEMOGLOBIN, COPPER SULFATE   | A      |    | \$2.72      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 84703 |     | CHORIONIC GONADOTROPIN ASSAY | A      |    | \$4.54      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 85013 |     | HEMATOCRIT                   | A      |    | \$2.72      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 85014 |     | HEMATOCRIT                   | A      |    | \$2.72      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 85018 |     | HEMOGLOBIN                   | A      |    | \$2.72      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 86005 |     | ALLERGEN SPECIFIC IGE        | A      |    | \$2.88      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 87205 |     | SMEAR, GRAM STAIN            | A      |    | \$4.69      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 87210 |     | SMEAR, WET MOUNT, SALINE/INK | A      |    | \$2.72      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 87220 |     | TISSUE EXAM FOR FUNGI        | A      |    | \$2.72      | \$0.00     | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99201 |     | OFFICE/OUTPATIENT VISIT, NEW | A      |    | \$20.88     | \$13.56    | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99202 |     | OFFICE/OUTPATIENT VISIT, NEW | A      |    | \$37.03     | \$26.70    | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99211 |     | OFFICE/OUTPATIENT VISIT, EST | A      |    | \$12.27     | \$5.17     | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99212 |     | OFFICE/OUTPATIENT VISIT, EST | A      |    | \$21.96     | \$13.78    | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99381 |     | PREV VISIT, NEW, INFANT      | A      |    | \$86.72     | \$53.49    | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99384 |     | PREV VISIT, NEW, AGE 12-17   | A      |    | \$99.37     | \$69.00    | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |

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| 99385 |     | PREV VISIT, NEW, AGE 18-39   | A      |    | \$99.37     | \$69.00 | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99386 |     | PREV VISIT, NEW, AGE 40-64   | A      |    | \$117.10    | \$84.51 | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99391 |     | PREV VISIT, EST, INFANT      | A      |    | \$65.83     | \$45.89 | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99394 |     | PREV VISIT, EST, AGE 12-17   | A      |    | \$80.39     | \$61.08 | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99395 |     | PREV VISIT, EST, AGE 18-39   | A      |    | \$81.34     | \$61.08 | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99396 |     | PREV VISIT, EST, AGE 40-64   | A      |    | \$89.89     | \$69.00 | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| 99431 |     | INITIAL CARE, NORMAL NEWBORN | A      | NA | \$0.00      | \$50.64 | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99433 |     | NORMAL NEWBORN CARE/HOSPITAL | A      | NA | \$0.00      | \$26.59 | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99435 |     | NEWBORN DISCHARGE DAY HOSP   | A      | NA | \$0.00      | \$68.05 | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| 99436 |     | ATTENDANCE, BIRTH            | A      |    | \$0.00      | \$64.25 | 0         | XXX         | 0      | 0        | 0       | 0          | 0         | 0       | 0         |
| J7300 |     | INTRAUT COPPER CONTRACEPTIVE | A      |    | \$377.00    | \$0.00  | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |
| S4989 |     | CONTRACEPTIVE IUD            | A      |    | \$127.82    | \$0.00  | 9         | XXX         | 0      | 0        | 0       | 9          | 9         | 9       | 9         |