

**MMA Physician Incentive Program (MPIP)**

**Qualified Obstetric Codes as Specified by Florida's Agency for Health Care Administration (AHCA)**

Specified Obstetric Code Details - *See Regions detail (bottom of page 6) for the Florida counties included in each locality. The Medicare Rate was derived by taking the published Medicare rate on First Coast's (CMS' fiscal intermediaries for Florida) Website and reducing it by the 2% sequestration.		Medicare Rate			Medicare Equivalent	
Category of Service	Medicaid Policy Code	Description of CPT Code	FL 03 w/Seq*	FL 04 w/Seq*	FL 99 w/Seq*	MCR w/Seq*
Prenatal/ Antepartum and Postpartum Visits	H1000	Prenatal Care At Risk Assessment				71.34
	H1001	Prenatal Care, At Risk enhanced service, post partum				142.69
	59425	Antepartum Care Only: 4-6 visits	500.56	541.37	466.87	
	59426	Antepartum Care Only: 7 or more visits	892.71	963.07	833.29	
	59430	Postpartum care only- (separate procedure)	202.28	218.02	188.76	
Antepartum and Fetal Invasive Services	59000	Amniocentesis: diagnostic	91.13	145.85	127.20	
	59001	Amniocentesis: therapeutic fluid reduction (includes ultrasound guided)	203.88	225.24	189.42	
	59012	Cordocentesis (intrauterine) any method	230.28	254.64	213.98	
	59015	Chorionic Villus sampling, any method	173.06	188.46	160.97	
	59020	Fetal Contraction stress test	76.52	81.00	71.30	
	59025	Fetal Non-Stress test	52.44	56.06	48.84	
	59001	Amniocentesis: therapeutic fluid reduction (includes ultrasound guided)	203.88	225.24	189.42	
	59030	Fetal scalp blood sampling	106.32	110.48	102.35	
	59050	Fetal monitoring, during labor, by consulting physician with written report, supervision and interpretation	57.72	64.01	53.64	
	59051	Fetal monitoring, during labor, by consulting physician with written report- interpretation only	47.88	53.08	44.50	
	59070	Transabdominal amnioinfusion, including ultrasound guidance	434.26	464.17	406.49	
	59072	Fetal umbilical cord occlusion, including ultrasound guidance	494.66	513.02	475.92	
	59074	Fetal fluid drainage (eg. Vesico-centesis, thoraco-centesis, paracentesis), including ultrasound guidance	414.98	442.68	389.33	
	59076	Fetal Shunt placement, including ultrasound guidance	494.66	513.02	475.92	
	Maternal Excision	59100	Hysterotomy, abdominal (eg. For Hydatidiform mole, abortion)	869.67	934.33	819.08
59120		Surgical treatment of ectopic pregnancy: tubal or ovarian, requiring salpingectomy &/or oophorectomy, vaginal or abdominal approach	891.93	980.49	829.39	
59121		Surgical treatment of ectopic pregnancy: tubal or ovarian, without salpingectomy &/or oophorectomy	895.82	986.02	832.60	
59130		Surgical treatment of ectopic pregnancy, abdominal	1047.88	1154.76	973.85	
59135		Surgical treatment of ectopic pregnancy, interstitial, uterine pregnancy requiring total hysterectomy	873.90	904.37	839.24	
59136		Surgical treatment of ectopic pregnancy, interstitial, uterine pregnancy with partial resection of uterus	931.14	1003.45	875.68	
59140		Surgical treatment of ectopic pregnancy: cervical, with evacuation	433.41	461.08	408.17	
59150		Laparoscopic treatment of ectopic pregnancy; without salpingectomy &/or oophorectomy	867.27	954.45	806.01	
59151		Laparoscopic treatment of ectopic pregnancy: with salpingectomy &/or oophorectomy	840.36	924.25	781.69	
59160		Curettage, postpartum	225.95	245.50	210.11	
Introduction	59200	Insertion of cervical dilator (eg. Laminaria, prostaglandin) (separate procedure)	77.82	83.10	72.53	
Repair	59300	Episiotomy or vaginal repair: by other than attending	212.94	230.07	198.06	
	59320	Cerclage of cervix, during pregnancy: vaginal	171.91	189.18	159.88	
	59325	Cerclage of cervix, during pregnancy: abdominal	275.04	303.79	255.58	
	59350	Hysterorrhaphy of ruptured uterus	293.39	317.78	276.38	
Vaginal Delivery	59400	Routine obstetric care, including antepartum care: vaginal delivery	2327.74	2541.43	2168.86	
	59409	Vaginal delivery (with or without episiotomy or forceps)	918.67	1012.82	856.29	
	59409 59.SU	Delivery services reimbursement provided to the birth center				1156.43
	59410	Vaginal delivery (with or without episiotomy or forceps); including post partum care	1171.27	1290.37	1091.35	
	59410 TH					1579.58
	59412	External cephalic version, with or without tocolysis	117.20	129.25	108.94	
	59414	Delivery of placenta (separate procedure)	104.54	116.02	97.09	
	59812	Treatment of incomplete abortion, any trimester, completed surgically	353.17	384.28	328.53	
	59820	Treatment of missed abortion, completed surgically: first trimester	418.28	452.51	389.07	
	59821	Treatment of missed abortion, completed surgically: second trimester	423.08	458.91	393.53	
Cesarean Delivery	59510	Routine obstetric care, including antepartum care: cesarean delivery, and post partum care	2,595.78	2846.37	2413.54	
	59514	Cesarean delivery only	1,038.58	1148.31	966.58	
	59515	Cesarean delivery only; including postpartum care	1,427.54	1576.74	1327.51	
	59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	547.35	605.08	509.50	
Delivery After Previous Cesarean Delivery	59610	Routine obstetric care, including antepartum care: vaginal delivery, and post partum care, after previous cesarean delivery	2,462.25	2701.83	2288.86	
	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)	1,043.32	1157.11	969.41	
	59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps), including postpartum care	1,295.90	1435.46	1204.17	
	59618	Routine obstetric care, including antepartum care: cesarean delivery, and post partum care after attempted vaginal delivery after previous cesarean delivery	2,633.64	2890.51	2447.80	
	59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	1,062.84	1172.84	990.36	
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	1,469.25	1625.01	1365.27		

Category of Service	Medicaid Policy Code	Description of CPT Code	FL 03 w/Seq*	FL 04 w/Seq*	FL 99 w/Seq*	MCR w/Seq*
Other Procedures	59866	Multifetal pregnancy reduction(s) (MPR)	227.93	236.02	219.07	
	59870	Uterine evacuation and curettage for hydatidiform mole	525.46	572.25	488.51	
	59871	Removal of cerclage suture under anesthesia (other than local)	150.24	165.05	139.74	
	59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed				284.11
	59898	Unlisted laparoscopy procedure, maternity care and delivery				425.22
	59899	Unlisted procedure, maternity care and delivery				469.46
Tobacco Use Screening, Counseling, and Treatment	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes	14.68	15.24	14.06	
	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	28.63	29.73	27.47	
Supplies for Infant Home Delivery/Birth Center Labor	S8415	Supplies for home delivery of infant				336.14
	S4005	Interim labor facility global (labor occurring but not resulting in delivery)				274.40
Obstetrical Ultrasounds	76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, First Trimester(<14weeks, 0 days) transabdominal approach, single or first gestation	126.77	128.93	119.82	
	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, First Trimester(<14weeks, 0 days) transabdominal approach, each additional gestation (listed separately in addition to code for primary procedure)	67.07	68.80	63.90	
	76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after First Trimester(>14weeks, 0 days) transabdominal approach, single or first gestation	146.53	149.02	138.13	
	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after First Trimester(>14weeks, 0 days) transabdominal approach, each additional gestation (listed separately in addition to code for primary procedure)	96.42	98.50	91.51	
	76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, plus detailed fetal anatomical evaluation, transabdominal approach: single or first gestation	189.18	194.39	179.06	
	76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, plus detailed fetal anatomical evaluation, transabdominal approach: each additional gestation (listed separately in addition to code for primary procedure)	214.12	218.88	202.22	
	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach: single or first gestation	125.72	128.95	118.90	
	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach: each additional gestation (listed separately in addition to code for primary procedure)	84.85	87.69	80.45	
	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg. Fetal heartbeat, placental location, fetal position &/or qualitative amniotic fluid volume): 1 or more fetuses	86.90	88.44	82.05	
	76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg. Re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ systems suspected to be abnormal from previous scan), transabdominal approach: per fetus	119.21	121.63	112.34	
	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	100.40	102.23	94.77	
	76818	Fetal bio-physical profile with non-stress testing	126.59	129.82	119.39	
	76819	Fetal bio-physical profile, without non-stress testing	91.94	94.03	86.84	
	76820	Doppler velocimetry, fetal: umbilical artery	49.11	50.55	46.46	
	76821	Doppler velocimetry, fetal: middle cerebral artery	96.35	98.46	90.78	
	76825	Echocardiography, fetal, cardiovascular system with real time image documentation (2D) with or without M-mode recording	284.47	288.37	267.92	
76826	Echocardiography, fetal, cardiovascular system with real time image documentation (2D) with or without M-mode recording: follow up or repeat	167.66	169.41	157.75		
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display: complete	78.06	79.30	73.74		
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display: follow- up or repeat study	55.55	57.01	52.61		
Obstetrical Laboratory Panel	80055	Obstetrical panel (this panel must include: CBC, automated and automated differential WBC count (85025 or 85027 and 85004) OR blood count, complete and automated ( 85027 ) and appropriate manual automated differential WBC count (85007 or 85009), Hepatitis b surface antigen (87340) Antibody Rubella (86762)	63.82	63.82	63.82	
	80081	Obstetrical panel (includes HIV testing) This panel must include the following: CBC - 85025 or 85027 and 85004 OR CBC - 85027 and 85027 or 85007; Hepatitis B - 87340; HIV-1 antigen(s) with HIV-1 and HIV-2 antibodies - 87389 Antibody, rubella - 86762; Syphilis test - 86592; Antibody screen - 86850 each serum technique Blood typing, ABO and RH - 86900 and 86901	99.93	99.93	99.93	
Laboratory testing for Sexually Transmitted Diseases		See laboratory panels above for routine obstetrical services; Any other laboratory services would be considered optional for medical necessity				

Region Detail		
Locality 03	Locality 04	Locality 99 (01/02)
Broward, Collier, Indian River, Lee, Martin, Palm Beach, St. Lucie	Dade, Monroe	(01) Bay, Bradford, Calhoun, Citrus, Colombia, De Soto, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hernando, Highlands, Holmes, Jackson, Jefferson, Lafayette, Lake, Levy, Liberty, Madison, Marion, Nassau, Okaloosa, Pasco, Putnam, Sumter, Suwannee, Taylor, Wakulla, Walton, Washington
		(02) Alachua, Baker, Brevard, Charlotte, Clay, Duval, Escambia, Hardee, Hendry, Hillsborough, Leon, Manatee, Okeechobee, Orange, Osceola, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, Union, Volusia