Alabama Medicaid Fee Schedule
Rural Physician Fee Schedule
Updated: 5/27/2015

PROCEDURE CODE	PROCEDURE DESCRIPTION	MAXIMUM ALLOWED AMOUNT	REQUIRES PA	MAXIMUM QUANTITY
59400	OBSTETRICAL CARE	1700		
59409	OBSTETRICAL CARE	1250		
59410	OBSTETRICAL CARE	1300		
59510	CESAREAN DELIVERY	1700		
59514	CESAREAN DELIVERY ONLY	1250		
59515	CESAREAN DELIVERY	1300		
59610	VBAC DELIVERY	1700		
59612	VBAC DELIVERY ONLY	1250		
59614	VBAC CARE AFTER DELIVERY	1300		
59618	ATTEMPTED VBAC DELIVERY	1700		
59620	ATTEMPTED VBAC DELIVERY ONLY	1300		
59622	ATTEMPTED VBAC AFTER CARE	1300		
99201	OFFICE/OUTPATIENT VISIT NEW	31		
99202	OFFICE/OUTPATIENT VISIT NEW	54		
99203	OFFICE/OUTPATIENT VISIT NEW	79		
99203	OFFICE/OUTPATIENT VISIT NEW	1.01		
99204	OFFICE/OUTPATIENT VISIT NEW	113		
99204	OFFICE/OUTPATIENT VISIT NEW	2.01		
99205	OFFICE/OUTPATIENT VISIT NEW	144		
99211	OFFICE/OUTPATIENT VISIT EST	18		
99212	OFFICE/OUTPATIENT VISIT EST	32		
99213	OFFICE/OUTPATIENT VISIT EST	43		
99214	OFFICE/OUTPATIENT VISIT EST	68		
99215	OFFICE/OUTPATIENT VISIT EST	100		
99221	INITIAL HOSPITAL CARE	60.88		
99222	INITIAL HOSPITAL CARE	95.34		
99223	INITIAL HOSPITAL CARE	127.85		
99231	SUBSEQUENT HOSPITAL CARE	30.08		
99232	SUBSEQUENT HOSPITAL CARE	47.32		
99233	SUBSEQUENT HOSPITAL CARE	63.71		
99238	HOSPITAL DISCHARGE DAY	58.59		
99460	INIT NB EM PER DAY HOSP	65.07		
99461	INIT NB EM PER DAY NON-FAC	60		
99462	SBSQ NB EM PER DAY HOSP	37.65		
99463	SAME DAY NB DISCHARGE	68		