

**Freestanding Birth Center Services
 Taxonomy 261QB0400X
 Provider Specialty 068**

The inclusion of a rate on this table does not guarantee that a service is covered.
 Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical
 Coverage Policies located on the DMA Web site.

CPT CODE	MOD	Description	Medicaid Maximum Allowable	
			FACILITY	NON- FACILITY
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,479.89	1,479.89
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,510.97	1,510.97

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.

EFFECTIVE DATE
10/6/2011
1/1/2018