

**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 NCDHHS DHB Web site.

**Medicaid Maximum Allowable**

<b>CPT CODE</b>	<b>MOD</b>	<b>Description</b>	<b>FACILITY</b>	<b>NON-FACILITY</b>	<b>EFFECTIVE DATE</b>	<b>END DATE</b>
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,479.89	1,479.89	10/6/2011	12/31/2017
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,510.97	1,510.97	1/1/2018	12/31/2018
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,510.97	1,510.97	1/1/2019	2/29/2020
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,586.52	1,586.52	3/1/2020	12/31/9999

Notes:

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

2019 rates do not include the Market Basket Index inflationary factor.

2020 COVID-19 - 5% Increase, effective 03/01/2020.