

**DIVISION OF HEALTH BENEFITS (NC MEDICAID)
Pregnancy Medical Home (PMH) Reimbursement Rates**

Effective Date: March 1, 2020

**The inclusion of a rate on this fee schedule does not guarantee that a service is covered.
Refer to the NC Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid website.**

| Proc-Code | Description | Facility | Non-Facility |
|------------------|--|-----------------|---------------------|
| 87426 | INFECTIOUS AGENT ANTIGEN DETECTION BY IM | \$38.13 | \$38.13 |
| S0280 | MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, INITIAL PLAN | \$52.50 | \$52.50 |
| S0281 | MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE OF PLAN | \$157.50 | \$157.50 |
| 59400 | OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DE | \$1,627.24 | \$1,627.24 |
| 59409 | VAGINAL DELIVERY | \$722.28 | \$722.28 |
| 59410 | VAGINAL DELIVERY WITH POST-DELIVERY CARE | \$837.56 | \$837.56 |
| 59425 | PREDELIVERY CARE 4-6 VISITS | \$319.68 | \$404.37 |
| 59426 | PREDELIVERY CARE 7 OR MORE VISITS | \$565.70 | \$723.41 |
| 59430 | POST-DELIVERY CARE | \$117.77 | \$129.76 |
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Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions,