

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

Effective Date: March 1, 2020

Taxonomies: 1014A0400X, 171M00000X, 193200000X, 193400000X, 207P00000X, 207Q00000X, 207R00000X, 207RC0000X, 207RE0101X, 207RG0300X, 207RI0200X, 207RN0300X, 207U00000X, 207V00000X, 207VE0102X, 207VG400X, 207VM0101X, 207VX0000X, 207VX0201X, 208000000X, 208D00000X, 2084P0800X, 208600000X, 208000000X, 231H00000X, 251S00000X, 261QC1500X, 261QF0400X, 261QH0100X, 261QP2300X, 261QP0905, 261QR1300X, 282N00000X, 282NC060X, 282Q00000X, 284300000X, 363A00000X, 363L00000X, 363LA2100X, 363LA2200X, 363LC0200X, 363LC1500X, 363LF0000X, 363LG0600X, 363LN0000X, 363LP0200X, 363LP0222X, 363LP0808X, 363LP1700X, 363LP2300X, 363LS0200X, 363LW0102X, 363LX0001X, 363LX0106X, 367A00000X, 390200000X

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
S0280	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 DELIVERY	\$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

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