

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

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

CPT CODE	MOD	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE	END DATE
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	12/31/2021
59409	SG	VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	1,510.97	1,510.97	1/1/2022	12/31/9999

Notes:

Fee Schedule Last Updated 12/2021

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 any Market Basket Index inflationary factor.

** 2020 COVID-19 - 5% Increase, effective 03/01/2020 till 12/31/2021.

*** NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.

Please note: Colored coded text changes (if any) in bold - Additions (BLUE), End Dated (RED) for this period