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.

<table>
<thead>
<tr>
<th>Proc-Code</th>
<th>Description</th>
<th>Facility</th>
<th>Non-Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0280</td>
<td>COORDINATION AND PLANNING, INITIAL PLAN</td>
<td>$52.50</td>
<td>$52.50</td>
</tr>
<tr>
<td>S0281</td>
<td>MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE OF PLAN</td>
<td>$157.50</td>
<td>$157.50</td>
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<tr>
<td>59400</td>
<td>OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DELIVERY</td>
<td>$1,627.24</td>
<td>$1,627.24</td>
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<tr>
<td>59409</td>
<td>VAGINAL DELIVERY</td>
<td>$722.28</td>
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<tr>
<td>59410</td>
<td>VAGINAL DELIVERY WITH POST-DELIVERY CARE</td>
<td>$837.56</td>
<td>$837.56</td>
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<tr>
<td>59425</td>
<td>PREDELIVERY CARE 4-6 VISITS</td>
<td>$319.68</td>
<td>$404.37</td>
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<tr>
<td>59426</td>
<td>PREDELIVERY CARE 7 OR MORE VISITS</td>
<td>$565.70</td>
<td>$723.41</td>
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<tr>
<td>59430</td>
<td>POST-DELIVERY CARE</td>
<td>$117.77</td>
<td>$129.76</td>
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</tbody>
</table>

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