

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

Effective Date: March 1, 2020 - June 30, 2021

**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 DEL	\$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,