

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

Effective Date: March 1, 2011

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 | \$50.00 | \$50.00 |
| S0281 | MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE OF PLAN | \$150.00 | \$150.00 |
| 59400 | OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DELIVERY | \$1,549.75 | \$1,549.75 |
| 59409 | VAGINAL DELIVERY | \$687.89 | \$687.89 |
| 59410 | VAGINAL DELIVERY WITH POST-DELIVERY CARE | \$797.68 | \$797.68 |
| 59425 | PREDELIVERY CARE 4-6 VISITS | \$304.46 | \$385.11 |
| 59426 | PREDELIVERY CARE 7 OR MORE VISITS | \$538.76 | \$688.96 |
| 59430 | POST-DELIVERY CARE | \$112.16 | \$123.58 |
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Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.