## 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.

\*see footnote below for further information regarding the end date.

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Proc-Code	Description	Facility	Non-Facility	End Date of Rate
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$38.13	\$38.13	6/30/2021
S0280	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, INITIAL PLAN	\$52.50	\$52.50	6/30/2021
S0281	·	\$157.50	\$157.50	6/30/2021
59400 59409	OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DE VAGINAL DELIVERY	\$1,627.24 \$722.28	\$1,627.24 \$722.28	6/30/2021 6/30/2021
59410	VAGINAL DELIVERY WITH POST-DELIVERY CARE	\$837.56	\$837.56	6/30/2021
59425	PREDELIVERY CARE 4-6 VISITS	\$319.68	\$404.37	6/30/2021
59426	PREDELIVERY CARE 7 OR MORE VISITS	\$565.70	\$723.41	6/30/2021
59430	POST-DELIVERY CARE	\$117.77	\$129.76	6/30/2021

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

<sup>\*</sup>Effective 7/1/2021 the Pregnancy Medical Home program ceased to exist and has been replaced by the Pregnancy Management Program. The Pregnancy Management Program is available to all Medicaid maternity providers for both FFS and Managed Care (who are not required to enroll in the program and/or have any special taxonomy). Fee schedule rates have been aligned with our clinical policy intent, which is that all maternity providers are reimbursed at the same rates associated with the former Pregnancy Medical Home Program. Please refer to the appropriate Medicaid program for Pregnancy Management Program codes and fee schedule rates effective 7/1/2021.