

### **Appendix C. Medicaid Reimbursement in the Postpartum Period**

Medicaid reimbursement for postpartum care is included in the “OB package” codes that are used to bill for maternity care. These include:

- 59400 – Global fee (vaginal delivery); antepartum, delivery and postpartum care
- 59510 – Global fee (cesarean delivery); antepartum, delivery and postpartum care
- 59410 – Postpartum package (vaginal delivery); delivery and postpartum care
- 59515 – Postpartum package (cesarean delivery); delivery and postpartum care
- 59430 – Postpartum only package; postpartum care

In order to bill the Pregnancy Medical Home postpartum incentive payment (S0281), the same billing provider has to have a paid claim on file for postpartum care using one of the package codes above. The PMH postpartum incentive payment should include a date of service that reflects the date of the comprehensive postpartum visit and will only pay if the visit occurs within 60 days of the delivery.

NC Medicaid covers a range of services in the postpartum period, including sterilization and contraception. Insertion fees for long-acting reversible contraceptive (LARC) methods can be billed in addition to the device itself. LARC insertion can occur at the time of the comprehensive postpartum visit and be billed on that date.

Patients in the Medicaid for Pregnant Women category are eligible for a more limited set of services in the postpartum period that directly relate to treatment of pregnancy-related complications, whereas women with other categories of Medicaid coverage do not have these restrictions in the postpartum period.

See NC DMA Clinical Coverage Policy 1E5: Obstetrics <http://www.ncdhhs.gov/dma/mp/1E5.pdf> for more details about billing Medicaid for obstetrical services.