

Line of Business: MED-NHMEDICAID
 Department of Health and Human Services
 2021 FQHC Enhanced Rates for OB Services



Proc Code	Procedure Code Description	SA	Factor Code-Description	Pricing Amount	Max Unit	Pricing Begin Date	Pricing End Date
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	N	G1-Gen Fee	\$956.66	999	01/01/2021	12/31/9999
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	N	G1-Gen Fee	\$1,025.76	999	01/01/2021	12/31/9999
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE	N	G1-Gen Fee	\$1,025.76	999	01/01/2021	12/31/9999
59514	CESAREAN DELIVERY ONLY	N	G1-Gen Fee	\$956.66	999	01/01/2021	12/31/9999
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	N	G1-Gen Fee	\$956.66	999	01/01/2021	12/31/9999