

## Reproductive Health and Child Specific Benefits Rates

Effective 1/1/2026

Detailed information for covered services, billing, and reimbursement is found at the bottom of the fee schedule under resources

### Doula Services:

Doula Birth Services	Procedure Code	Description	Modifier	Diagnosis Code	Special Instructions/Limitations	Rates per unit
<b>Prenatal &amp; post-partum</b>	T1032	Services performed by a Doula Birth Worker, per 15 minutes	U1	<b>Prenatal</b> Z32.2 – Encounter for Childbirth Education <b>Postpartum</b> Z32.3 – Encounter for Childcare Instruction	<ul style="list-style-type: none"> <li>1 unit = 15 min</li> <li>Max of 8 units per day (2-hour visit)</li> <li>Max of 36 units per Calendar year (i.e., 9 one-hour visits)</li> <li>any additional visits would require medical necessity.</li> </ul>	\$25.00
<b>Labor &amp; Delivery (L&amp;D):</b>	T1033	Services performed by a Doula Birth Provider, Per Diem	U3	Z32.2 – Encounter for Childbirth Education	Max of 1 unit - billed after delivery	\$1,500.00
<b>Other Doula Services</b>						
<b>Counseling:</b> Pre-conception counseling, Pregnancy Loss, Infant Loss, Termination of Pregnancy	T1032	Services performed by a Doula Birth Worker, per 15 minutes	U2	<b>Pre-conception</b> Z31.69: Encounter for other general counseling and advice on procreation. <b>Pregnancy loss, infant loss, termination of pregnancy</b> Z71.89 Other specified counseling	<ul style="list-style-type: none"> <li>1 unit = 15 min</li> <li>Max of 8 units per day (2-hour visit)</li> <li>Max of 36 units per Calendar year (i.e., 9 one-hour visits)</li> <li>any additional visits would require medical necessity</li> </ul> (Outside of the doula birth services)	\$25.00

### Lactation Services:

Service	Procedure Code	Description	Modifier	Diagnosis code	Special Instructions/Limitations	Rates per unit
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Lactation Class for 1:1 (single individual)	S9443	Lactation classes, non-physician provider per session, per individual.	U1	Z39.1– Encounter for care and examination of lactating mother	six visits per calendar year for classes or counseling 1 unit=individual session	\$110.00
Lactation Class for group	S9443		U2		1 unit =1 class	\$56.44 Per individual

## Human Donor Milk:

Detailed instructions are posted in 2 different supplements to address both inpatient and outpatient services.

Service	Procedure Code	Description	Modifier	Diagnosis Code	Special Instructions/Limitations	Rates per unit
<b>Hospital Inpatient</b> – use split billing and are reimbursed outside of the hospital DRG.	T2101	Human breast milk processing, storage and distribution	None	As appropriate	1 unit = 1 ounce Recipient criteria must be met	<a href="#">HCPCS Codes</a>
<b>Outpatient Donor Milk</b>						
<b>Outpatient donor milk</b> – Certified Donor milk bank	T2101	Human breast milk processing, storage and distribution	None	As appropriate	1 unit = 1 ounce Recipient criteria must be met	<a href="#">HCPCS Codes</a>
<b>DME</b> – Certified Donor milk bank Supplies	E0602	Breast pump, manual, any time	NU	As appropriate		<a href="#">HCPCS Codes</a>
	E0603	Breast pump, electric (AC and/or DC), any type	NU	As appropriate		<a href="#">HCPCS Codes</a>
	A4281	Tubing for breast pump, replacement	None	As appropriate		<a href="#">HCPCS Codes</a>
	A4282	Adapter for breast pump, replacement	None	As appropriate		<a href="#">HCPCS Codes</a>
	A4283	Cap for Breast pump bottle, replacement	None	As appropriate		<a href="#">HCPCS Codes</a>
	A4284	Breast shield and splash protector for use with breast pump, Replacement	None	As appropriate		<a href="#">HCPCS Codes</a>
	A4285	Polycarbonate bottle for use with breast pump, Replacement	None	As appropriate		<a href="#">HCPCS Codes</a>
	A4286	Locking Ring for breast pump, Replacement	None	As appropriate		<a href="#">HCPCS Codes</a>
	A4287	Disposable collection and STPRAGE bag or breast milk, any size, Each	NU	As appropriate		<a href="#">HCPCS Codes</a>

	A9999	Supplement Nursing System (SNS) w/modifier	U1	As appropriate		<a href="#">HCPCS Codes</a>
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## Birthing Options:

Services	Procedure Code	Description/Special Instructions	Modifier	Diagnosis Code	Special Instructions/Limitations	Rate
Professional Services for Home & Birth Centers	59400	Vaginal delivery with care before and after delivery	None	As appropriate		<a href="#">CPT Codes</a>
	59409	Vaginal delivery only (with or without episiotomy and/or forceps)	None	As appropriate		<a href="#">CPT Codes</a>
	59410	Vaginal delivery with post-delivery care	None	As appropriate		<a href="#">CPT Codes</a>
	59610	VBAC Delivery	None	As appropriate		<a href="#">CPT Codes</a>
	59612	VBAC Delivery only	None	As appropriate		<a href="#">CPT Codes</a>
	59614	VBAC Care after delivery	None	As appropriate		<a href="#">CPT Codes</a>
Other Professional Services	99070	Supply and materials for home birth only	None	As appropriate	For home birth only	<a href="#">CPT Codes</a>
	J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.) rhogam	None	As appropriate	Providers can bill in addition to birth delivery codes. Provider can bill J2790 or 90384	<a href="#">CPT Codes</a>
	90384	Rho(d) immune globulin (rhig), human, full-dose, for intramuscular use	None	As appropriate	Providers can bill in addition to birth delivery codes. Provider can bill J2790 or 90384	<a href="#">CPT Codes</a>
Midwife transfer to other care	59425	Predelivery care, 4 to 6 visits	None	As appropriate		<a href="#">CPT Codes</a>
	59426	Predelivery care, 7 or more visits	None	As appropriate		<a href="#">CPT Codes</a>

## Birth Center Facility:

Services	Revenue Code	Procedure Code	Description/Special Instructions-	Special Instructions/Limitations	Flat Rate Facility Charge
Birth Center (PT 405) - Facility Charge for Labor & Delivery:	0724	Must append one of the following labor and delivery procedure code		FACILITY RATE includes labor/delivery and newborn care.	\$3,550.00

		59400 – 59410	Vaginal Deliveries: Comprehensive and Component Services.	N/A	N/A
		59610 – 59614	Vaginal Delivery: After Prior Cesarean Section Comprehensive and Components of Care.	N/A	N/A
		Must append newborn code 99463 for tracking. This does not take the place of EPSDT newborn visit		N/A	N/A

<b>Birth Center-Facility charge for Transfer</b> , in the event that a labor requires transfer from a Licensed Birth Center (PT 405) to a hospital	0729 (Must append appropriate transfer procedure code)	59899	Unlisted Procedure, Maternity Care and Delivery	In the event that a labor requires transfer from a Licensed Birth Center to a hospital, the Medicaid program will pay for both a delivery at the Licensed Birth Center & a delivery at the hospital, on the same date of service or within one day of each other. patient status codes: 02: Transferred to short-term hospital 66: Transferred to critical access hospital 82: Transferred to acute care short-term hospital	\$1,300.00
	0724 (Must append appropriate false labor)	S4005	Interim Labor Facility Labor Occurring but Not Resulting in Birth (False Labor).		\$130.00

## Pregnancy Termination Services:

Services	Procedure Code	Description/Special Instructions	Modifier	Diagnosis Code	Special Instructions/Limitations	Rate
<b>Table 1:</b> Medication-assisted service codes	S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies	None	As appropriate		<a href="#">HCPCS Codes</a>
<b>Table 2:</b> Medication codes for medication-	S0191	Misoprostol, buccal, 200 mcg	None	As appropriate	Providers must provide recipients with a copy of the medication guides	<a href="#">HCPCS Codes</a>

assisted services						
	S0190	Mifepristone, oral, 200 mg (RU-486).	None	As appropriate	Providers must provide recipients with a copy of the medication guides	<a href="#">HCPCS Codes</a>
<b>Table 3:</b> Medication-assisted service codes for services provided through telehealth	S0199	Misoprostol, buccal, 200 mcg	95	As appropriate	<b>Service Type</b> Telehealth Visit + counseling  Providers must provide recipients with a copy of the medication guides	\$213.53
<b>Table 4:</b> Medication codes for medication-assisted services provided through telehealth	S0191	Misoprostol, buccal, 200 mcg	None	As appropriate	Providers must provide recipients with a copy of the medication guides	<a href="#">HCPCS Codes</a>
	S0190	Mifepristone, oral, 200 mg (RU-486).	None	As appropriate	Providers must provide recipients with a copy of the medication guides	<a href="#">HCPCS Codes</a>
<b>Table 5:</b> Abortion codes and rates for surgical abortion global services	59840	Induced Abortion, by Dilation and Curettage	None	As appropriate	Service + Ancillary	<a href="#">CPT Codes</a>
	59841	Induced Abortion, by Dilation and Evacuation	None	As appropriate	Service + Ancillary	<a href="#">CPT Codes</a>

#### Resources:

All Fee schedules: [Fee for Service - New Mexico Health Care Authority \(state.nm.us\)](https://www.state.nm.us/healthcare/fee-for-service/)

NMAC: [Program Rules - New Mexico Health Care Authority](#)

Supplements to NMAC: [Supplements to MAD NMAC Program Rules - 2021 - New Mexico Health Care Authority](#)

Managed Care Organizations - Letters of Direction: [Managed Care Letters of Direction - New Mexico Health Care Authority](#)