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
Prenatal & post-partum	T1032	Services performed by a Doula Birth Worker, per 15 minutes	U1	**Prenatal** Z32.2 – Encounter for Childbirth Education **Postpartum** Z32.3 – Encounter for Childcare Instruction	• 1 unit = 15 min • Max of 8 units per day (2-hour visit) • Max of 36 units per Calendar year (i.e., 9 one-hour visits) • any additional visits would require medical necessity.	$25.00
Labor & Delivery (L&D):	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
Other Doula Services						
Counseling: Pre-conception counseling, Pregnancy Loss, Infant Loss, Termination of Pregnancy	T1032	Services performed by a Doula Birth Worker, per 15 minutes	U2	**Pre-conception** Z31.69: Encounter for other general counseling and advice on procreation. **Pregnancy loss, infant loss, termination of pregnancy** Z71.89 Other specified counseling	• 1 unit = 15 min • Max of 8 units per day (2-hour visit) • Max of 36 units per Calendar year (i.e., 9 one-hour visits) • any additional visits would require medical necessity (Outside of the doula birth services)	$25.00

Lactation Services:

Service	**Procedure Code**	**Description**	**Modifier**	**Diagnosis code**	**Special Instructions/Limitations**	**Rates** per unit

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
Hospital Inpatient – 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	HCPCS Codes
Outpatient Donor Milk						
Outpatient donor milk – Certified Donor milk bank	T2101	Human breast milk processing, storage and distribution	None	As appropriate	1 unit = 1 ounce Recipient criteria must be met	HCPCS Codes
DME – Certified Donor milk bank Supplies	E0602	Breast pump, manual, any time	NU	As appropriate		HCPCS Codes
	E0603	Breast pump, electric (AC and/or DC), any type	NU	As appropriate		HCPCS Codes
	A4281	Tubing for breast pump, replacement	None	As appropriate		HCPCS Codes
	A4282	Adapter for breast pump, replacement	None	As appropriate		HCPCS Codes
	A4283	Cap for Beast pump bottle, replacement	None	As appropriate		HCPCS Codes
	A4284	Breast shield and splash protector for use with breast pump, Replacement	None	As appropriate		HCPCS Codes
	A4285	Polycarbonate bottle for use with breast pump, Replacement	None	As appropriate		HCPCS Codes
	A4286	Locking Ring for breast pump, Replacement	None	As appropriate		HCPCS Codes
	A4287	Disposable collection and STPRAGE bag or breast milk, any size, Each	NU	As appropriate		HCPCS Codes

	A9999	Supplement Nursing System (SNS) w/modifier	U1	As appropriate		HCPCS Codes

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		CPT Codes
	59409	Vaginal delivery only (with or without episiotomy and/or forceps)	None	As appropriate		CPT Codes
	59410	Vaginal delivery with post-delivery care	None	As appropriate		CPT Codes
	59610	VBAC Delivery	None	As appropriate		CPT Codes
	59612	VBAC Delivery only	None	As appropriate		CPT Codes
	59614	VBAC Care after delivery	None	As appropriate		CPT Codes
Other Professional Services	99070	Supply and materials for home birth only	None	As appropriate	For home birth only	CPT Codes
	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	CPT Codes
	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	CPT Codes
Midwife transfer to other care	59425	Predelivery care, 4 to 6 visits	None	As appropriate		CPT Codes
	59426	Predelivery care, 7 or more visits	None	As appropriate		CPT Codes

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

Birth Center-Facility charge for Transfer, 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
Table 1: Medication-assisted service codes	S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies	None	As appropriate		HCPCS Codes
Table 2: Medication codes for medication-	S0191	Misoprostol, buccal, 200 mcg	None	As appropriate	Providers must provide recipients with a copy of the medication guides	HCPCS Codes

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

Resources:

All Fee schedules: Fee for Service - New Mexico Health Care Authority (state.nm.us)
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