

Medical Assistance  
State/Territory: North Carolina

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**Attachment 3.1A: Freestanding Birth Center Services**

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided:      ☐ No limitations      ☒ With limitations      ☐ None licensed or approved

Please describe any limitations:

Free standing Birth Centers can only bill for vaginal delivery. These centers are subject to all rules and limitations as specified in the Ambulatory Surgical Center section of the State Plan.

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided:      ☒ No limitations      ☐ With limitations (please describe below)

☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☒ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*

- Physicians
- Physician Assistants
- Certified Nurse Midwives
- Nurse Practitioners

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

\*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

TN. No. 11-052  
Supersedes  
TN. No. NEW

Approval Date: 1-20-12

Eff. Date: 10/06/2011

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d. Freestanding Birth Center Services:

Payments for Freestanding Birth Centers Services covered under Attachment 3.1-A are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Freestanding Birth Center Services Fee Schedule.

- (a) Effective October 6, 2011, the rate for Freestanding Birth Center Services is an all inclusive fee schedule facility rate. The rate is initially established at 80% of the hospital reimbursement for a vaginal delivery without complications using the DRG 775 weight and 45<sup>th</sup> percentile DRG Base rate in effect October 1, 2011. Freestanding Birth Center Services shall be inflated forward by the Medicare Market Basket Index in effect each January 1<sup>st</sup>.
- (b) Reimbursement for Freestanding Birth Center procedures discontinued subsequent to the patient's surgical preparation, but prior to the administration of anesthesia (local, regional block, or general) will be 50% of the allowable for the procedure.

The agency's rate was set as of October 6, 2011 and is effective on or after that date. The Fee Schedule rate is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

- (c) Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19B, Supplement 1, Page 4 of the State Plan.
- (d) Freestanding Birth Center Services reimbursed under a fee schedule are not subject to cost settlement.

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Freestanding Birth Center Services

SFY 2012 – There will be no Medicare Market Basket Index rate increase in SFY 2012.

SFY 2013 – Effective July 1, 2012, the rates will be frozen at the rate in effect October 6, 2011.  
There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 9, Page 3

TN. No. 11-052  
Supersedes  
TN. No. NEW

Approval Date 1-20-12

Eff. Date: 10-06-2011