MDCH
Maternal Infant Health Program Database
January 2013

HCPCS Code	Short Description	HCPCS Action Code	Maximum Fee	Comments
96154	Interv Hlth/Behav Fam W/Pt		$40.51	Providers must bill this code as two units to receive the total visit fee of $81.02 per policy.
*99402	Preventive Counseling Indv		$60.72	Visit in office
*99402	Preventive Counseling Indv		$83.72	Visit in home
A0100	Nonemergency Transport Taxi		$21.31	
A0110	Nonemergency Transport Bus		$21.20	
A0170	Transport Parking Fees/Tolls		M	
H1000	Prenatal Care Atrisk Assessm		$79.91	Maternal assessment in office
H2000	Comp Multidisipin Evaluation		$99.07	Assessment in home
S0215	Nonemerg Transp Mileage		$0.23	
S9442	Birthing Class		$29.46	
S9444	Parenting Class		$39.46	
T1023	Program Intake Assessment		$79.91	Infant assessment in office

*The 99402 code is utilized for all MIHP visits occurring in the home, office or places other than the home. Home visits are reimbursed at a different rate than clinic visits. To receive appropriate reimbursement for visits, it is important that providers include the place of service when billing these codes. Reimbursement for visits will be determined by the place of service code entered on the claim. For purposes of billing, coverage is limited to a 30-minute visit.

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.