

Michigan Department of Community Health

Bulletin Number: MSA 12-37

Distribution: Practitioners, Outpatient Hospitals, Medicaid Health Plans, FQHCs, Local Health Departments, Rural Health Clinics, Tribal Health Centers

Issued: August 31, 2012

Subject: Rate Increase for Obstetrical Services

Effective: October 1, 2012

Programs Affected: Medicaid, Maternity Outpatient Medical Services (MOMS)

This bulletin is being issued in response to the Michigan Department of Community Health's Fiscal Year 2013 budget contained in Public Act 200 of 2012.

Section 1862 of the Act directs the Michigan Department of Community Health to increase Medicaid reimbursement rates for obstetrical services. Effective for dates of service on and after October 1, 2012, a 20 percent increase will be implemented for the following obstetrical services:

Procedure Code	Description	Current Fee		10/01/12 Fee	
		Non-Facility	Facility	Non-Facility	Facility
59400	Obstetrical care	NA	\$1,180.74	NA	\$1,416.89
59409	Obstetrical care	NA	\$633.56	NA	\$760.27
59410	Obstetrical care	NA	\$694.88	NA	\$833.86
59412	Antepartum manipulation	NA	\$69.40	NA	\$83.28
59414	Deliver placenta	NA	\$62.50	NA	\$75.00
59425	Antepartum care only	\$268.86	\$213.00	\$322.63	\$255.60
59426	Antepartum care only	\$450.68	\$347.77	\$540.82	\$417.32
59430	Care after delivery	\$91.75	\$84.85	\$110.10	\$101.82
59510	Cesarean delivery	NA	\$1,319.80	NA	\$1,583.76
59514	Cesarean delivery only	NA	\$727.68	NA	\$873.22
59515	Cesarean delivery	NA	\$807.07	NA	\$968.48
59610	Vbac delivery	NA	\$1,239.46	NA	\$1,487.35
59612	Vbac delivery only	NA	\$697.26	NA	\$836.71
59614	Vbac care after delivery	NA	\$755.73	NA	\$906.88
59618	Attempted vbac delivery	NA	\$1,388.49	NA	\$1,666.19
59620	Attempted vbac delivery only	NA	\$786.39	NA	\$943.67
59622	Attempted vbac after care	NA	\$872.21	NA	\$1,046.65

("NA" indicates the procedure is rarely or never performed in the Non-Facility setting.)

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration