

Bulletin Number: MMP 24-45

Distribution: Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs)

Issued: September 27, 2024

Subject: Medicaid Coverage of Group Prenatal Care Services

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MI Health Link

This policy establishes Medicaid program coverage and reimbursement of group prenatal care services effective for dates of services on and **after October 1, 2024**. Evidence-based group, prenatal care models have shown to improve health outcomes of the pregnant individual and infant. Specifically, group prenatal care models positively correlate with full-term pregnancies, increased breastfeeding initiation and continuation rates, reduced incidence of low birth weights and preterm births, and a reduction in neonatal intensive care unit (NICU) admissions and emergency department visits.

General Information

Group prenatal care is a service delivery model provided to pregnant individuals. Groups are facilitated by a trained healthcare provider and include individuals in similar stages of pregnancy. Group prenatal care models improve patient education and skill building and include opportunities for peer social support while maintaining the risk screening and physical assessment included in the individual prenatal maternity professional visit.

Covered Services

The Medicaid program will cover professional services associated with in-person, group prenatal care when delivered by accredited Centering Pregnancy™ providers. Centering Pregnancy™ is an evidence-based group prenatal care model that typically includes cohorts of 10 to 12 pregnant individuals within the same gestational period. Individuals are educated in health topics such as childbirth preparation, nutrition and exercise, stress management, breastfeeding, parenting, and contraception.

Provider Criteria

Collaborative group sessions are led by a Medicaid-enrolled physician, physician assistant, or advanced practice registered nurse. This practitioner is generally the same practitioner who performs the in-person individual prenatal physical assessment.

Sites must be accredited with the Centering Healthcare Institute (CHI). Services must be provided in accordance with the most current Centering Pregnancy™ model of care.

Reimbursement Considerations and Billing Guideline

Medicaid may reimburse a maximum of 12 total in-person group sessions per pregnant beneficiary in addition to the required individual professional maternity visit when all the following criteria are met:

- The group visit is in addition, to and does not replace, the individual prenatal physical assessment visit.
- Group sessions are 90 to 120 minutes; and
- Documentation must support the actual time the pregnant individual spent in the group session.

One of the 12 group visits may be provided in relation to the postpartum professional visit.

Report group prenatal services as follows:

| Visit Type | Procedure Code | Modifier | Rate |
|-----------------------|--|--|---|
| Group Prenatal Visits | 99078* (Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions). *This code can be reported for one postpartum visit | TH- Obstetrical treatment/services, prenatal or postpartum | \$45 per visit for each pregnant individual |

Billing Requirements for Services Provided Within the Clinic Setting

Centering Pregnancy™ group services will be reimbursed outside of the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) methodology at the Medicaid fee screen reimbursement rates for these services. FQHCs, RHCs, THC, and Tribal FQHCs should use appropriate Healthcare Common Procedure Coding System (HCPCS) code as identified in the table above.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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