

**MDHHS**  
**Maternal Infant Health Program Database**  
**July 2022**

| <b>HCPCS Code</b>  | <b>Short Description</b>     | <b>Maximum Fee</b> | <b>Comments</b>               |
|--|------------------------------|--------------------|-------------------------------|
| 96167  | Hlth Bhv Ivntj Fam 1st 30    | \$89.12            |                               |
| 96168  | Hlth Bhv Ivntj Fam Ea Addl   | \$12.68            | Limit is 2 per visit          |
| 99402*   | Preventive Counseling Indiv  | \$66.79            | Visit in office               |
| 99402*   | Preventive Counseling Indiv  | \$92.09            | Visit in home                 |
| A0100  | Nonemergency Transport Taxi  | \$23.44            |                               |
| A0110  | Nonemergency Transport Bus   | \$23.32            |                               |
| A0140  | Nonemergency Transport Air   | \$110.00           |                               |
| A0170  | Transport Parking Fees/Tolls | M                  |                               |
| H1000  | Prenatal Care Atrisk Assessm | \$87.90            | Maternal assessment in office |
| H2000  | Comp Multidisipln Evaluation | \$108.98           | Assessment in home            |
| S0215  | Nonemerg Transp Mileage      | \$0.63             | Per mile                      |
| S9442  | Birthing Class               | \$32.41            |                               |
| S9443  | Lactation Class              | \$54.91            |                               |
| S9444  | Parenting Class              | \$43.41            |                               |
| T1023  | Program Intake Assessment    | \$87.90            | Infant assessment in office   |
| <p>*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, a visit must be a minimum of 30 minutes in length.</p> |                              |                    |                               |

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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, MMP Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.