Michigan Medicaid
Certified Nurse Midwife Database
Effective 1-1-02

HCPCS*	Mod	Description	Stat	NA	Nonfac fee	Fac Fee	PCTC Ind	Glob Surg	Pre op	Intra op	Post op	Bilat Surg	Asst Surg	Co-surg	Team Surg
57170		FITTING OF DIAPHRAGM/CAP	A		55.18	30.50	0	0	0	0	0	0	0	0	0
58300		INSERT INTRAUTERINE DEVICE	A		56.75	33.87	9	XXX	0	0	0	9	9	9	9
58301		REMOVE INTRAUTERINE DEVICE	A		67.74	42.84	0	0	0	0	0	0	0	0	0
58999		GENITAL SURGERY PROCEDURE	M		0.01	0.00	0	YYY	0	0	0	0	2	1	1
59400		OBSTETRICAL CARE	A	NA	0.00	1,005.74	0	MMM	0	0	0	0	1	0	0
59409		OBSTETRICAL CARE	A	NA	0.00	536.02	0	MMM	0	0	0	0	0	0	0
59410		OBSTETRICAL CARE	A	NA	0.00	597.52	0	MMM	0	0	0	0	1	0	0
59425		ANTEPARTUM CARE ONLY	A		247.40	246.51	0	MMM	0	0	0	0	0	0	0
59426		ANTEPARTUM CARE ONLY	A		424.15	424.15	0	MMM	0	0	0	0	0	0	0
59430		CARE AFTER DELIVERY	A		85.23	85.23	0	MMM	0	0	0	0	1	0	0
59612		VBAC DELIVERY ONLY	A	NA	0.00	592.58	0	MMM	0	0	0	0	0	0	0
59614		VBAC CARE AFTER DELIVERY	A	NA	0.00	654.94	0	MMM	0	0	0	0	0	0	0
59899		MATERNITY CARE PROCEDURE	M		0.01	0.00	0	YYY	0	0	0	0	2	1	1
81000		URINALYSIS, NONAUTO W/SCOPE	A		3.00	0.00	9	XXX	0	0	0	9	9	9	9
81001		URINALYSIS, AUTO W/SCOPE	A		3.00	0.00	9	XXX	0	0	0	9	9	9	9
81002		URINALYSIS NONAUTO W/O SCOPE	A		1.25	0.00	9	XXX	0	0	0	9	9	9	9
81003		URINALYSIS, AUTO, W/O SCOPE	A		1.25	0.00	9	XXX	0	0	0	9	9	9	9
81005		URINALYSIS	A		1.55	0.00	9	XXX	0	0	0	9	9	9	9
81015		MICROSCOPIC EXAM OF URINE	A		1.75	0.00	9	XXX	0	0	0	9	9	9	9
81025		URINE PREGNANCY TEST	A		5.37	0.00	9	XXX	0	0	0	9	9	9	9
82731		ASSAY OF FETAL FIBRONECTIN	A		80.10	0.00	9	XXX	0	0	0	9	9	9	9
83026		HEMOGLOBIN, COPPER SULFATE	A		2.83	0.00	9	XXX	0	0	0	9	9	9	9
84703		CHORIONIC GONADOTROPIN ASSAY	A		4.73	0.00	9	XXX	0	0	0	9	9	9	9
85013		HEMATOCRIT	A		2.83	0.00	9	XXX	0	0	0	9	9	9	9
85014		HEMATOCRIT	A		2.83	0.00	9	XXX	0	0	0	9	9	9	9
85018		HEMOGLOBIN	A		2.83	0.00	9	XXX	0	0	0	9	9	9	9
85021		AUTOMATED HEMOGRAM	A		3.87	0.00	9	XXX	0	0	0	9	9	9	9
86005		ALLERGEN SPECIFIC IGE	A		3.00	0.00	9	XXX	0	0	0	9	9	9	9
87205		SMEAR, GRAM STAIN	A		4.89	0.00	9	XXX	0	0	0	9	9	9	9
87210		SMEAR, WET MOUNT, SALINE/INK	A		2.83	0.00	9	XXX	0	0	0	9	9	9	9
87220		TISSUE EXAM FOR FUNGI	A		2.83	0.00	9	XXX	0	0	0	9	9	9	9
99201		OFFICE/OUTPATIENT VISIT, NEW	A		21.08	14.13	0	XXX	0	0	0	0	0	0	0
99202		OFFICE/OUTPATIENT VISIT, NEW	A		38.13	28.26	0	XXX	0	0	0	0	0	0	0
99211		OFFICE/OUTPATIENT VISIT, EST	A		12.56	5.38	0	XXX	0	0	0	0	0	0	0

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99212		OFFICE/OUTPATIENT VISIT, EST	A		22.43	14.36	0	XXX	0	0	0	0	0	0	0
99381		PREV VISIT, NEW, INFANT	A		61.23	38.36	9	XXX	0	0	0	9	9	9	9
99384		PREV VISIT, NEW, AGE 12-17	A		70.21	49.12	9	XXX	0	0	0	9	9	9	9
99385		PREV VISIT, NEW, AGE 18-39	A		70.21	49.12	9	XXX	0	0	0	9	9	9	9
99386		PREV VISIT, NEW, AGE 40-64	A		82.54	60.34	9	XXX	0	0	0	9	9	9	9
99391		PREV VISIT, EST, INFANT	A		46.43	32.75	9	XXX	0	0	0	9	9	9	9
99394		PREV VISIT, EST, AGE 12-17	A		57.20	43.51	9	XXX	0	0	0	9	9	9	9
99395		PREV VISIT, EST, AGE 18-39	A		57.87	43.51	9	XXX	0	0	0	9	9	9	9
99396		PREV VISIT, EST, AGE 40-64	A		63.93	49.12	9	XXX	0	0	0	9	9	9	9
99431		INITIAL CARE, NORMAL NEWBORN	A	NA	0.00	35.89	0	XXX	0	0	0	0	0	0	0
99433		NORMAL NEWBORN CARE/HOSPITAL	A	NA	0.00	19.07	0	XXX	0	0	0	0	0	0	0
99435		NEWBORN DISCHARGE DAY HOSP	A	NA	0.00	46.88	0	XXX	0	0	0	0	0	0	0
99436		ATTENDANCE, BIRTH	A		45.98	45.98	0	XXX	0	0	0	0	0	0	0
G0026		FECAL LEUKOCYTE EXAMINATION	A		4.89	0.00	9	XXX	0	0	0	9	9	9	9
J7300		INTRAUT COPPER CONTRACEPTIVE	A		287.50	0.00	9	XXX	0	0	0	9	9	9	9
S4989		CONTRACEPT IUD	A		127.82	0.00	9	XXX							
X4634		COST OF PROESTASERT IUD	D		89.00	0.00			0	0	0				
X4853		ANTEPARTUM CARE; PER VISIT	A		35.35	35.35			0	0	0				

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