

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Laura Kilfoyle

Phone Number: 284-1228

Initial

Public Comment

Final

Brief description of policy:

The purpose of this bulletin is to expand program coverage of telemedicine services to include telephonic-only services.

Reason for policy (problem being addressed):

The Michigan Department of Health and Human Services (MDHHS) seeks to expand access to services during the COVID-19 pandemic to allow beneficiaries to access services via telephone only.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

Yes - Medicaid Claims Processing Section

Does policy have operational implications on other departments?

No

Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2021-Telemedicine	Date: March 20, 2020

Comments Due: April 24, 2020
Proposed Effective Date: March 1, 2020
Direct Comments To: Laura Kilfoyle
Address: Program Policy Division/MDHHS/MSA/CCC 7th Floor
E-Mail Address: KilfoyleL@michigan.gov
Phone: 517-284-1228 **Fax:** 517-335-5136

<p>Policy Subject: COVID-19 Response: Telemedicine Policy Changes; Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Services Programs (CMHSP) Implications</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, Maternity Outpatient Medical Services</p> <p>Distribution: Practitioners, Hospitals, Nursing Facilities, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, CMHSPs, PIHPs, Medicaid Health Plans, Tribal Health Centers</p> <p>Summary: The purpose of this bulletin is to expand program coverage of telemedicine services to include telephonic-only services.</p> <p>Purpose: In response to the COVID-19 pandemic this policy will increase access to services.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues:</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - Date:

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Bulletin Number: MSA 20-13

Corrected Bulletin Number on Page 2 to MSA 20-09

Distribution: Practitioners, Hospitals, Nursing Facilities, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers

Issued: March 20, 2020

Subject: COVID-19 Response: Telemedicine Policy Expansion; Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Services Programs (CMHSPs) Implications

Effective: March 1, 2020

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes offer flexibility for providers to meet the needs of beneficiaries through alternative means while protecting the health and welfare of both parties.

The purpose of this guidance is to allow flexibility related to telemedicine audio/visual requirements to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. This guidance will be in effect for 30 days following the termination of the Governor's Declaration of a State of Emergency Order (2020-04, COVID-19), or on the first of the following month, whichever is later.

General Telemedicine Policy Expansion

Current telemedicine policy requires both audio and visual service delivery, and when all possibilities to provide services using both audio and visual have been deemed not possible, due to the COVID-19 pandemic the Michigan Department of Health and Human Services (MDHHS) is expanding telemedicine policy.

During the period with dates of service referenced above, all codes on the telemedicine database (which encompass primary care, behavioral health, etc.) will be allowed for the service delivery method **telephonic (audio) only**. (See telemedicine database attached.)

All other requirements of telemedicine policy, including scope of practice requirements, as represented in Bulletin MSA 20-09 and the Medicaid Provider Manual must be followed unless otherwise indicated by the Center for Medicare & Medicaid Services (CMS).

When reporting these services via telephone the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) code (as represented on the current telemedicine database), Place of Service 02—Telehealth and the GT—interactive modifier must be used. Also, “services provided via telephone” must be included in the remarks section. For Federally Qualified Health Centers (FQHC)/and Rural Health Centers (RHCs) please use the GT modifier and the remarks section as indicated in this addendum.

Please be advised that this is a temporary change to the current policy and will discontinue 30 days from the discontinuation of the state emergency or the first of the following month, whichever is later.

Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Service Providers (CMHSPs) only

During the period with dates of service starting March 1, 2020, and extending until 30 days after the state emergency has ended (or the first of the next month, whichever is later), all identified codes on the Behavioral Health and Developmental Disabilities Administration (BHDDA) COVID-19 Encounter Code Chart issued on March 18, 2020, will be allowed for the service delivery method **telephonic (audio) only**.

Please continue to report these codes as current policy states but include the statement “services provided via telephone” in the comments section.

All other requirements of telemedicine policy, including scope of practice requirements, as represented in Bulletin MSA 20-09 and the Medicaid Provider Manual must be followed.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Laura Kilfoyle
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: KilfoyleL@michigan.gov

If responding by e-mail, please include “COVID-19 Response: Telemedicine Policy Expansion; Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Service Providers (CMHSPs) Implications” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

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. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration

MDHHS
Telemedicine Services Database
January 2020

Revenue Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
0780	GT	Telemedicine	\$0.00	\$0.00	
HCPSC Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
90785	GT	Psytx Complex Interactive	\$8.52	\$7.73	Note: Rate varies by program see specific fee schedule.
90791	GT	Psych Diagnostic Evaluation	\$79.83	\$70.13	Note: Rate varies by program see specific fee schedule.
90792	GT	Psych Diag Eval W/Med Srvcs	\$88.35	\$78.45	Note: Rate varies by program see specific fee schedule.
90832	GT	Psytx W Pt 30 Minutes	\$39.03	\$35.06	Note: Rate varies by program see specific fee schedule.
90833	GT	Psytx W Pt W E/M 30 Min	\$40.02	\$36.45	Note: Rate varies by program see specific fee schedule.
90834	GT	Psytx W Pt 45 Minutes	\$51.90	\$46.75	Note: Rate varies by program see specific fee schedule.
90836	GT	Psytx W Pt W E/M 45 Min	\$50.71	\$46.16	Note: Rate varies by program see specific fee schedule.
90837	GT	Psytx W Pt 60 Minutes	\$77.66	\$69.93	Note: Rate varies by program see specific fee schedule.
90838	GT	Psytx W Pt W E/M 60 Min	\$66.56	\$60.62	Note: Rate varies by program see specific fee schedule.
90839	GT	Psytx Crisis Initial 60 Min	\$81.02	\$73.10	Note: Rate varies by program see specific fee schedule.
90840	GT	Psytx Crisis Ea Addl 30 Min	\$38.83	\$35.06	Note: Rate varies by program see specific fee schedule.
90846	GT	Family Psytx W/O Pt 50 Min	\$65.88	NA	Note: Rate varies by program see specific fee schedule.
90847	GT	Family Psytx W/Pt 50 Min	\$58.84	\$58.64	Note: Rate varies by program see specific fee schedule.
90951	GT	Esrd Serv 4 Visits P Mo <2yr	\$526.95	\$526.95	
90952	GT	Esrd Serv 2-3 Vsts P Mo <2yr	\$526.95	\$526.95	
90954	GT	Esrd Serv 4 Vsts P Mo 2-11	\$457.02	\$457.02	
90955	GT	Esrd Srv 2-3 Vsts P Mo 2-11	\$257.53	\$257.53	
90957	GT	Esrd Srv 4 Vsts P Mo 12-19	\$362.52	\$362.52	
90958	GT	Esrd Srv 2-3 Vsts P Mo 12-19	\$246.24	\$246.24	
90960	GT	Esrd Srv 4 Visits P Mo 20+	\$159.87	\$159.87	
90961	GT	Esrd Srv 2-3 Vsts P Mo 20+	\$134.31	\$134.31	
90963	GT	Esrd Home Pt Serv P Mo <2yrs	\$306.26	\$306.26	
90964	GT	Esrd Home Pt Serv P Mo 2-11	\$267.83	\$267.83	
90965	GT	Esrd Home Pt Serv P Mo 12-19	\$255.95	\$255.95	
90966	GT	Esrd Home Pt Serv P Mo 20+	\$134.11	\$134.11	
90967	GT	Esrd Svc Pr Day Pt <2	\$10.10	\$10.10	
90968	GT	Esrd Svc Pr Day Pt 2-11	\$8.91	\$8.91	
90969	GT	Esrd Svc Pr Day Pt 12-19	\$8.52	\$8.52	
90970	GT	Esrd Svc Pr Day Pt 20+	\$4.56	\$4.56	
92227	GT	Remote Dx Retinal Imaging	\$7.53	NA	
92228	GT	Remote Retinal Imaging Mgmt	\$19.02	NA	

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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.

MDHHS
Telemedicine Services Database
January 2020

HCPSC Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
96116	GT	Nubhvl Xm Phys/Qhp 1st Hr	\$54.68	\$47.54	Note: Rate varies by program see specific fee schedule.
96156	GT	Hlth Bhv Assmt/Reassessment	\$54.87	\$49.72	Note: Rate varies by program see specific fee schedule.
96158	GT	Hlth Bhv Ivntj Indiv 1st 30	\$37.44	\$33.88	Note: Rate varies by program see specific fee schedule.
96159	GT	Hlth Bhv Ivntj Indiv Ea Addl	\$13.07	\$11.69	Note: Rate varies by program see specific fee schedule.
96160	GT	Pt-Focused Hlth Risk Assmt	\$1.39	NA	
96161	GT	Caregiver Health Risk Assmt	\$1.39	NA	
96164	GT	Hlth Bhv Ivntj Grp 1st 30	\$4.16	\$3.72	Note: Rate varies by program see specific fee schedule.
96165	GT	Hlth Bhv Ivntj Grp Ea Addl	\$1.93	\$1.63	Note: Rate varies by program see specific fee schedule.
96167	GT	Hlth Bhv Ivntj Fam 1st 30	\$30.17	\$27.19	Note: Rate varies by program see specific fee schedule.
96168	GT	Hlth Bhv Ivntj Fam Ea Addl	\$10.70	\$9.66	Note: Rate varies by program see specific fee schedule.
99201	GT	Office/Outpatient Visit New	\$25.55	\$14.86	Note: Rate varies by program see specific fee schedule.
99202	GT	Office/Outpatient Visit New	\$42.39	\$28.33	Note: Rate varies by program see specific fee schedule.
99203	GT	Office/Outpatient Visit New	\$60.02	\$42.39	Note: Rate varies by program see specific fee schedule.
99204	GT	Office/Outpatient Visit New	\$91.72	\$72.50	Note: Rate varies by program see specific fee schedule.
99205	GT	Office/Outpatient Visit New	\$115.89	\$94.69	Note: Rate varies by program see specific fee schedule.
99211	GT	Office/Outpatient Visit Est	\$12.88	\$5.15	Note: Rate varies by program see specific fee schedule.
99212	GT	Office/Outpatient Visit Est	\$25.36	\$14.46	Note: Rate varies by program see specific fee schedule.
99213	GT	Office/Outpatient Visit Est	\$41.80	\$28.72	Note: Rate varies by program see specific fee schedule.
99214	GT	Office/Outpatient Visit Est	\$60.62	\$44.18	Note: Rate varies by program see specific fee schedule.
99215	GT	Office/Outpatient Visit Est	\$81.42	\$62.40	Note: Rate varies by program see specific fee schedule.
99231	GT	Subsequent Hospital Care	NA	\$21.99	
99232	GT	Subsequent Hospital Care	NA	\$40.41	
99233	GT	Subsequent Hospital Care	NA	\$58.24	
99241	GT	Office Consultation	\$26.74	\$18.42	
99242	GT	Office Consultation	\$50.52	\$38.83	
99243	GT	Office Consultation	\$69.14	\$54.28	
99244	GT	Office Consultation	\$103.61	\$87.36	
99245	GT	Office Consultation	\$126.19	\$107.96	
99251	GT	Inpatient Consultation	NA	\$27.93	
99252	GT	Inpatient Consultation	NA	\$42.20	

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MDHHS
Telemedicine Services Database
January 2020

HCPCS Code	Mod	Short Description	Non-Fac Fee	Fac Fee	Comments
99253	GT	Inpatient Consultation	NA	\$65.17	
99254	GT	Inpatient Consultation	NA	\$94.89	
99255	GT	Inpatient Consultation	NA	\$114.11	
99307	GT	Nursing Fac Care Subseq	\$24.56	\$24.56	Note: Rate varies by program see specific fee schedule.
99308	GT	Nursing Fac Care Subseq	\$38.63	\$38.63	Note: Rate varies by program see specific fee schedule.
99309	GT	Nursing Fac Care Subseq	\$50.91	\$50.91	Note: Rate varies by program see specific fee schedule.
99310	GT	Nursing Fac Care Subseq	\$75.08	\$75.08	Note: Rate varies by program see specific fee schedule.
99354	GT	Prolong E&M/Psych Serv O/P	\$72.50	\$68.15	
99355	GT	Prolong E&M/Psych Serv O/P	\$55.07	\$51.31	
99356	GT	Prolonged Service Inpatient	NA	\$51.70	
99357	GT	Prolonged Service Inpatient	NA	\$52.10	
99406	GT	Behav Chng Smoking 3-10 Min	\$8.52	\$6.93	
99407	GT	Behav Chng Smoking > 10 Min	\$15.85	\$14.46	
99408	GT	Audit/Dast 15-30 Min	\$20.21	\$18.82	Note: Rate varies by program see specific fee schedule.
99409	GT	Audit/Dast Over 30 Min	\$39.22	\$37.84	Note: Rate varies by program see specific fee schedule.
99495	GT	Trans Care Mgmt 14 Day Disch	\$103.01	\$68.94	
99496	GT	Trans Care Mgmt 7 Day Disch	\$136.09	\$90.93	
99497	GT	Advncd Care Plan 30 Min	\$47.74	\$44.18	
99498	GT	Advncd Care Plan Addl 30 Min	\$41.80	\$41.60	
G0108	GT	Diab Manage Trn Per Indiv	\$31.30	NA	
G0109	GT	Diab Manage Trn Ind/Group	\$8.72	NA	
G0406	GT	Inpt/Tele Follow Up 15	NA	\$21.79	Service denied without modifier
G0407	GT	Inpt/Tele Follow Up 25	NA	\$40.41	Service denied without modifier
G0408	GT	Inpt/Tele Follow Up 35	NA	\$57.85	Service denied without modifier
G0420	GT	Ed Svc Ckd Ind Per Session	\$62.80	NA	
G0421	GT	Ed Svc Ckd Grp Per Session	\$14.66	NA	
G0425	GT	Inpt/Ed Teleconsult30	NA	\$55.86	Service denied without modifier
G0426	GT	Inpt/Ed Teleconsult50	NA	\$75.87	Service denied without modifier
G0427	GT	Inpt/Ed Teleconsult70	NA	\$112.52	Service denied without modifier
G0459	GT	Telehealth Inpt Pharm Mgmt	NA	\$23.38	Service denied without modifier
G0508	GT	Crit Care Telehea Consult 60	NA	\$117.67	Service denied without modifier
G0509	GT	Crit Care Telehea Consult 50	NA	\$108.56	Service denied without modifier
G2086	GT	Off Base Opioid Tx 70min	\$226.82	\$165.41	
G2087	GT	Off Base Opioid Tx, 60 M	\$202.26	\$161.25	
G2088	GT	Off Base Opioid Tx, Add30	\$38.43	\$19.22	
Q3014	GT	Telehealth Facility Fee	\$24.52	\$24.52	Service denied without modifier

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MICHIGAN PIHP/CMHSP
 COVID-19 Encounter Code Chart
 Effective March 1, 2020

Description	HCPSCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed	COVID-19 Face-to-Face Allowance
Local Psychiatric Hospital/IMD PT68 bundled per diem		PT68	0100	NO	NO
Local Psychiatric Hospital/IMD PT68 bundled per diem		PT68	0100	NO	NO
Local Psychiatric Hospital/IMD PT68 physician costs excluded		PT68	0114, 0124, 0134, 0154	NO	NO
Local Psychiatric Hospital/IMD PT68 physician costs excluded		PT68	0114, 0124, 0134, 0154	NO	NO
Local Psychiatric Hospital - Acute Community PT73 bundled per diem		PT73	0100	NO	NO
Local Psychiatric Hospital - Acute Community PT73 bundled per diem		PT73	0100	NO	NO
Local Psychiatric Hospital - Acute Community PT73 physician costs excluded		PT73	0114, 0124, 0134, 0154	NO	NO
Local Psychiatric Hospital - Acute Community PT73 physician costs excluded		PT73	0114, 0124, 0134, 0154	NO	NO
Inpatient Hospital Ancillary Services - Room and Board			0144	NO	NO
Inpatient Hospital Ancillary Services - Leave of Absence			0183	NO	NO
Inpatient Hospital Ancillary Services - Pharmacy			0250-0254, 0257-0258	NO	NO
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices			0270-0272	NO	NO
Inpatient Hospital Ancillary Services - Laboratory			0300-0302, 0305-0307	NO	NO
Inpatient Hospital Ancillary Services - Radiology			0320	NO	NO
ECT Anesthesia			0370	NO	NO
Inpatient Hospital Ancillary Services - Respiratory Services			0410	NO	NO
Inpatient Hospital Ancillary Services -Physical Therapy			0420-0424	NO	NO
Inpatient Hospital Ancillary Services - Occupational Therapy			0430-0434	NO	NO
Inpatient Hospital Ancillary Services - Speech-Language Pathology			0440-0444	NO	NO
Inpatient Hospital Ancillary Services - Emergency Room			0450	NO	NO
Inpatient Hospital Ancillary Services - Pulmonary Function			0460	NO	NO
Inpatient Hospital Ancillary Services - Audiology			0470-0472	NO	NO
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)			0610-0611	NO	NO
Inpatient Hospital Ancillary Services - Pharmacy			0636	NO	NO
ECT Recovery Room			0710	NO	NO
Inpatient Hospital Ancillary Services -EKG/ECG			0730-0731	NO	NO
Inpatient Hospital Ancillary Services - EEG			0740	NO	NO
Crisis Observation Care			0762	NO	NO
Additional Codes-ECT Facility Charge			0901	NO	NO
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			0900, 0902-0904, 0911, 0914-0919	NO	NO
Outpatient Partial Hospitalization			0912	NO	NO
Outpatient Partial Hospitalization			0913	NO	NO
Inpatient Hospital Ancillary Services - Other Diagnosis Services			0925	NO	NO
Inpatient Hospital Ancillary Services - Other Therapeutic Services			0940-0942	NO	NO
Additional Codes-ECT Anesthesia	00104			NO	NO
Additional Codes-ECT Anesthesia	00104		0901	NO	NO

MICHIGAN PIHP/CMHSP
 COVID-19 Encounter Code Chart
 Effective March 1, 2020

Description	HCPCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed	COVID-19 Face-to-Face Allowance
ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19)	0362T	U5		NO	YES
ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19)	0373T	U5		NO	YES
Drug Screen	80305			NO	NO
Drug Screen	80306			NO	NO
Drug Screen	80307			NO	NO
Interactive Complexity - Add On Code	90785			YES	YES
Assessment for Autism	90785	U5		NO	YES
Substance Abuse - Interactive Complexity - Add On Code	90785	HF		YES	YES
Assessment	90791			YES	YES
Substance Use: Assessment	90791	HF		YES	YES
Assessment for Autism	90791	U5		NO	YES
Assessment	90792			YES	YES
Substance Use: Assessment	90792	HF		YES	YES
Assessment for Autism	90792	U5		NO	YES
Mental Health: Outpatient Care	90832			YES	YES
Substance Use Disorder: Outpatient Care	90832	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES
Assessment	90833			YES	YES
Mental Health: Outpatient Care	90834			YES	YES
Substance Use Disorder: Outpatient Care	90834	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES
Assessment	90836			YES	YES
Mental Health: Outpatient Care	90837			YES	YES
Substance Use Disorder: Outpatient Care	90837	HF		YES	YES
Assessment	90838			YES	YES
Psychotherapy for Crisis First 60 Minutes	90839			YES	YES
Psychotherapy for Crisis Each Additional 30 Minutes	90840			YES	YES
Therapy-Family Therapy	90846			YES	YES
Substance Use Disorder: Outpatient Treatment	90846	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES
Therapy-Family Therapy	90847			YES	YES
Substance Use Disorder: Outpatient Treatment	90847	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES
Therapy-Family Therapy	90849			NO	YES
Therapy-Family Therapy	90849	HS		NO	YES
Substance Use Disorder: Outpatient Treatment	90849	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES

MICHIGAN PIHP/CMHSP
 COVID-19 Encounter Code Chart
 Effective March 1, 2020

Description	HCPSC/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed	COVID-19 Face-to-Face Allowance
Therapy-Group Therapy	90853			NO	YES
Substance Use Disorder: Outpatient Treatment	90853	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES
Pharmacological Management (SED Waiver)	90863			NO	YES
Additional Codes-ECT Physician	90870			NO	NO
Additional Codes-ECT Physician	90870		0901	NO	NO
Assessments-Other	90887			NO	YES
Speech & Language Therapy	92507			NO	NO
Speech & Language Therapy	92508			NO	NO
Speech & Language Therapy	92521			NO	NO
Speech & Language Therapy	92522			NO	NO
Speech & Language Therapy	92523			NO	NO
Speech & Language Therapy	92524			NO	NO
Speech & Language Therapy	92526			NO	NO
Speech & Language Therapy	92607			NO	NO
Speech & Language Therapy	92608			NO	NO
Speech & Language Therapy	92609			NO	NO
Speech & Language Therapy	92610			NO	NO
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92626			NO	NO
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92627			NO	NO
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)	92630			NO	NO
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	92633			NO	NO
Psych Testing Admin by Comp	96103			NO	YES
Assessments-Other	96105			NO	YES
Assessments-Other	96110			NO	YES
Assessments - Testing	96112			NO	YES
Assessments - Testing	96113			NO	YES
Neurobehavioral Status Exam	96116			YES	YES
Neuropsych test Admin w/comp	96120			NO	YES
Assessments - Testing	96121			NO	YES
Assessments-Other	96127			NO	YES
Assessments - Testing	96130			NO	YES
Assessment for Autism	96130	U5		NO	YES
Assessments - Testing	96131			NO	YES
Assessment for Autism	96131	U5		NO	YES
Assessments - Testing	96132			NO	YES
Assessment for Autism	96132	U5		NO	YES
Assessments - Testing	96133			NO	YES
Assessment for Autism	96133	U5		NO	YES
Assessments - Testing	96136			NO	YES
Assessment for Autism	96136	U5		NO	YES
Assessments - Testing	96137			NO	YES
Assessment for Autism	96137	U5		NO	YES
Assessments - Testing	96138			NO	YES
Assessments - Testing	96139			NO	YES
Assessments - Testing	96146			NO	YES
Medication Administration	96372			NO	NO

MICHIGAN PIHP/CMHSP
 COVID-19 Encounter Code Chart
 Effective March 1, 2020

Description	HCPSC/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed	COVID-19 Face-to-Face Allowance
Occupational or Physical Therapy	97110			NO	NO
Occupational or Physical Therapy	97112			NO	NO
Occupational or Physical Therapy	97113			NO	NO
Occupational or Physical Therapy	97116			NO	NO
Occupational or Physical Therapy	97124			NO	NO
Occupational or Physical Therapy	97140			NO	NO
Occupational or Physical Therapy	97150			NO	NO
ABA Behavior Identification Assessment (new code effective 1/1/19)	97151	U5		NO	YES
ABA Adaptive Behavior Treatment (new code effective 1/1/19)	97153	U5		NO	NO
ABA Group Adaptive Behavior Treatment (new code effective 1/1/19)	97154	U5		NO	NO
ABA Clinical Observation and Direction of Adaptive Behavior Treatment (new code effective 1/1/19)	97155	U5		YES	YES
ABA Family Behavior Treatment Guidance (new code effective 1/1/19)	97156	U5		YES	YES
ABA Family Behavior Treatment Guidance (new code effective 1/1/19)	97157	U5		NO	YES
ABA Adaptive Behavior Treatment Social Skills Group (new code effective 1/1/19)	97158	U5		NO	YES
Physical Therapy	97161			NO	NO
Physical Therapy	97162			NO	NO
Physical Therapy	97163			NO	NO
Physical Therapy	97164			NO	NO
Occupational Therapy	97165			NO	NO
Occupational Therapy	97166			NO	NO
Occupational Therapy	97167			NO	NO
Occupational Therapy	97168			NO	NO
Occupational or Physical Therapy	97530			NO	NO
Occupational or Physical Therapy	97533			NO	NO
Occupational or Physical Therapy	97535			NO	NO
Occupational or Physical Therapy	97537			NO	NO
Occupational or Physical Therapy	97542			NO	NO
Occupational or Physical Therapy	97750			NO	NO
Occupational Therapy	97755			NO	NO
Occupational or Physical Therapy	97760			NO	NO
Prosthetic Training (Children's Waiver)	97761			NO	NO
Occupational or Physical Therapy	97763			NO	NO
Assessment or Health Services	97802			NO	YES
Assessment or Health Services	97803			NO	YES
Health Services	97804			No	YES
Substance Use Disorder: Acupuncture	97810			No	NO
Substance Use Disorder: Acupuncture	97811			No	NO
New Patient Evaluation and Management	99201			YES	YES
Substance Use Disorder: New Patient Evaluation and Management	99201	HF		YES	YES
New Patient Evaluation and Management	99202			YES	YES
Substance Use Disorder: New Patient Evaluation and Management	99202	HF		YES	YES
New Patient Evaluation and Management	99203			YES	YES
Substance Use Disorder: New Patient Evaluation and Management	99203	HF		YES	YES
New Patient Evaluation and Management	99204			YES	YES

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Substance Use Disorder: New Patient Evaluation and Management	99204	HF		YES	YES
New Patient Evaluation and Management	99205			YES	YES
Substance Use Disorder: New Patient Evaluation and Management	99205	HF		YES	YES
Established Patient Evaluation and Management	99211			YES	YES
Substance Use Disorder: Established Patient Evaluation and Management	99211	HF		YES	YES
Established Patient Evaluation and Management	99212			YES	YES
Substance Use Disorder: Established Patient Evaluation and Management	99212	HF		YES	YES
Established Patient Evaluation and Management	99213			YES	YES
Substance Abuse: Established Patient Evaluation and Management	99213	HF		YES	YES
Established Patient Evaluation and Management	99214			YES	YES
Substance Use Disorder: Established Patient Evaluation and Management	99214	HF		YES	YES
Established Patient Evaluation and Management	99215			YES	YES
Substance Use Disorder: Established Patient Evaluation and Management	99215	HF		YES	YES
Additional Codes-Physician Services	99221			NO	YES
Additional Codes-Physician Services	99222			NO	YES
Additional Codes-Physician Services	99223			NO	YES
Additional Codes-Physician Services	99224			NO	YES
Additional Codes-Physician Services	99225			NO	YES
Additional Codes-Physician Services	99226			NO	YES
Additional Codes-Physician Services	99231			YES	YES
Additional Codes-Physician Services	99232			YES	YES
Additional Codes-Physician Services	99233			YES	YES
Additional Codes-Physician Services	99238			NO	NO
Additional Codes-Physician Services	99239			NO	NO
Substance Use Disorder: Physician Consultations	99241	HF		YES	YES
Substance Use Disorder: Physician Consultations	99242	HF		YES	YES
Substance Use Disorder: Physician Consultations	99243	HF		YES	YES
Substance Use Disorder: Physician Consultations	99244	HF		YES	YES
Substance Use Disorder: Physician Consultations	99245	HF		YES	YES
Substance Use Disorder: Physician Consultations	99251	HF		YES	YES
Substance Use Disorder: Physician Consultations	99252	HF		YES	YES
Substance Use Disorder: Physician Consultations	99253	HF		YES	YES
Substance Use Disorder: Physician Consultations	99254	HF		YES	YES
Substance Use Disorder: Physician Consultations	99255	HF		YES	YES
Nursing Facility Services evaluation and management	99304			NO	NO
Nursing Facility Services evaluation and management	99305			NO	NO
Nursing Facility Services evaluation and management	99306			NO	NO
Nursing Facility Services evaluation and management	99307			YES	YES
Nursing Facility Services evaluation and management	99308			YES	YES
Nursing Facility Services evaluation and management	99309			YES	YES
Nursing Facility Services evaluation and management	99310			YES	YES
Assessment	99324			NO	YES
Assessment	99325			NO	YES
Assessment	99326			NO	YES
Assessment	99327			NO	YES
Assessment	99328			NO	YES

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Assessment	99334			NO	YES
Assessment	99335			NO	YES
Assessment	99336			NO	YES
Assessment	99337			NO	YES
Assessment	99341			NO	YES
Assessment	99342			NO	YES
Assessment	99343			NO	YES
Assessment	99344			NO	YES
Assessment	99345			NO	YES
Assessment	99347			NO	YES
Assessment	99348			NO	YES
Assessment	99349			NO	YES
Assessment	99350			NO	YES
Medication Administration	99506			NO	NO
Medication Management	99605			NO	YES
Transportation	A0080			NO	NO
Transportation	A0090			NO	NO
Transportation	A0100			NO	NO
Substance Use Disorder: Transportation	A0100	HF		NO	NO
Transportation	A0110			NO	NO
Substance Use Disorder: Transportation	A0110	HF		NO	NO
Transportation	A0120			NO	NO
Transportation	A0130			NO	NO
Transportation	A0140			NO	NO
Transportation	A0170			NO	NO
Additional Codes-Transportation	A0425			NO	NO
Additional Codes-Transportation	A0427			NO	NO
Enhanced Medical Equipment-Supplies	E1399			NON Face-to-Face Currently	
Activity Therapy (Children's Waiver)	G0176			NO	YES
Family Training/Support EBP only	G0177			NO	YES
Substance Use Disorder: Recovery Support Services	G0409			NO	YES
Occupational Therapy	G0515			NO	NO
Substance Use Disorder: Individual Assessment	H0001			NO	YES
Assessment	H0002			NO	YES
Substance Use Disorder: Laboratory	H0003			NO	NO
Substance Use Disorder: Outpatient Treatment	H0004		0900, 0906, 0914, 0915, 0916, 0919	NO	YES
Substance Use Disorder: Outpatient Treatment	H0005		0900, 0906, 0914, 0915, 0916, 0919	NO	YES
Substance Use Disorder: Case Management	H0006			NON Face-to-Face Currently	
Substance Use Disorder: Sub-Acute Detoxification	H0010		1002	NO	NO
Substance Use Disorder: Sub-Acute Detoxification	H0012		1002	NO	NO
Substance Use Disorder: Sub-Acute Detoxification	H0014		1002	NO	NO
Substance Use Disorder: Intensive Outpatient Care	H0015		0906	NO	YES
Crisis Residential Services	H0018			NO	YES

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Substance Use Disorder: Residential	H0018	HF	1002	NO	NO
Substance Use Disorder: Residential	H0019	HF	1002	NO	NO
Substance Use Disorder: Methadone	H0020			NO	NO
Substance Use Disorder: Early Intervention	H0022			NO	YES
Peer Directed and Operated Support Services	H0023			NO	YES
Substance Use Disorder: Recovery Support Services	H0023	HF		NO	YES
Prevention Services - Direct Model	H0025			NO	YES
Assessment	H0031			YES	YES
Assessment for Autism	H0031	U5		NO	YES
Support Intensity Scale (SIS) Face-to-Face Assessment	H0031	HW		YES	YES
Treatment Planning	H0032			NO	YES
Monitoring of Treatment - Clinician	H0032	TS		NO	YES
Substance Use Disorder: Pharmacological Support - Suboxone	H0033			NO	NO
Health Services	H0034			NO	YES
Home Based Services	H0036			NO	YES
Home Based Services - consumer not present	H0036	HS		NO	YES
PMTO	H0036	HA		NO	YES
Home Based Services	H0036	ST		NO	YES
Peer Directed and Operated Support Services	H0038			NO	YES
Peer Directed and Operated Support Services	H0038	TJ		NO	YES
Substance Use Disorder: Recovery Support Services	H0038	HF		NO	YES
Peer Directed and Operated Support Services	NA			NO	YES
Assertive Community Treatment (ACT)	H0039			YES	YES
Assertive Community Treatment (ACT)	H0039	TG		YES	YES
Community Living Supports in Independent living/own home	H0043			NO	NO
Community Living Supports in Independent living/own home	H0043	TF		NO	NO
Community Living Supports in Independent living/own home	H0043	TG		NO	NO
Community Living Supports in Independent living/own home	H0043	TT		NO	NO
Community Living Supports in Independent living/own home	H0043	TF/TT		NO	NO
Community Living Supports in Independent living/own home	H0043	TG/TT		NO	NO
Respite	H0045			NO	NO
Peer Directed and Operated Support Services	H0046			NO	YES
Substance Use Disorder: Laboratory	H0048			NO	NO
Substance Use Disorder: Outpatient Treatment	H0050		0900, 0906, 0914, 0915, 0916, 0919	NO	YES
Behavior Treatment Plan Review	H2000			NON Face-to-Face Currently	
Behavior Treatment Plan Review - Monitoring Activities	H2000	TS		NO	YES
Comprehensive Medication Services - EBP only	H2010			NO	YES
Crisis Intervention	H2011			NO	YES
Crisis Intervention	H2011	HB		NO	YES
Crisis Intervention	H2011	HC		NO	YES
Substance Use Disorder: Crisis Intervention, per 15 minutes	H2011	HF		NO	YES
Crisis Intervention	H2011	TJ		NO	YES
Skill-Building and Out of Home Non Vocational Habilitation	H2014			NO	YES
Out of Home Non Vocational Habilitation	H2014	HK		NO	YES
Community Living Supports (15 Minutes)	H2015			NO	NO
Community Living Supports (15 Minutes)	H2015	TT		NO	NO
Community Living Supports (Daily)	H2016			NO	NO

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Behavior Services	H2019			NO	YES
Behavior Services	H2019	TT		NO	NO
Wraparound	H2021			NO	YES
Wraparound (SED Waiver)	H2022			NO	YES
Wraparound (SED Waiver)	H2022	TT		NO	NO
Supported Employment Services	H2023			NO	YES
Mental Health Therapy	H2027			NO	YES
Substance Use Disorder: Outpatient Care	H2027	HF	0900, 0914, 0915, 0916, 0919	NO	YES
Clubhouse Psychosocial Rehabilitation Programs	H2030			NO	YES
Home Based Services	H2033			NO	YES
Substance Use Disorder: Recovery Housing	H2034			NO	NO
Substance Use Disorder: Outpatient Care	H2035	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES
Substance Use Disorder: Outpatient Care	H2036	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)	K0739			NO	NO
Telemedicine Facility Fee	Q3014	GT		YES	YES
Transportation	S0209			NO	NO
Transportation	S0215			NO	NO
Substance Use Disorder: Transportation	S0215	HF		NO	NO
Family Training - EBP	S5110			NO	YES
Family Training	S5111			NO	YES
Family Training	S5111	HA		NO	YES
Family Training	S5111	HM		NO	YES
Family Training (multiple consumers)	S5111	TT		NO	NO
Home Care Training, Non-Family (Children's Waiver)	S5116			NO	YES
Foster Care	S5140			NO	YES
Foster Care	S5145			NO	YES
Respite	S5150			NO	NO
Respite	S5151			NO	NO
Personal Emergency Response System (PERS)	S5160			NON Face-to-Face Currently	
Personal Emergency Response System (PERS)	S5161			NON Face-to-Face Currently	
Environmental Modification	S5165			NON Face-to-Face Currently	
Enhanced Medical Equipment-Supplies	S5199			NON Face-to-Face Currently	
Occupational or Physical Therapy	S8990			NO	NO
Private Duty Nursing	S9123		0582	NO	NO
Private Duty Nursing	S9123			NO	NO
Private Duty Nursing	S9123	TT		NO	NO
Private Duty Nursing	S9124		0582	NO	NO
Private Duty Nursing	S9124			NO	NO
Private Duty Nursing	S9124	TT		NO	NO
Health Services	S9445			NO	YES
Health Services	S9446			NO	YES

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Health Services	S9470			NO	YES
Prevention Services - Direct Model	S9482			NO	YES
Intensive Crisis Stabilization-Enrolled Program	S9484			NO	YES
Residential Room and Board	S9976			NO	NO
Substance Use Disorder: Residential Room and Board	S9976	HF		NO	NO
Private Duty Nursing	T1000			NO	NO
Private Duty Nursing	T1000	TD		NO	NO
Private Duty Nursing	T1000	TE		NO	NO
Assessment	T1001			NO	YES
Health Services	T1002			NO	YES
Respite Care	T1005			NO	NO
Respite Care	T1005	TD		NO	NO
Respite Care	T1005	TE		NO	NO
Respite Care (Children's Waiver & SED Waiver)	T1005	TT		NO	NO
Substance Use Disorder: Treatment Planning	T1007	HF		NO	YES
Substance Use Disorder: Child Sitting Services	T1009			NO	NO
Substance Use Disorder: Recovery Support Services	T1012			NO	YES
Family Psycho-Education - EBP	T1015			NO	YES
Supports Coordination/Wrap Facilitation	T1016			NO	YES
Targeted Case Management	T1017			NO	YES
Nursing Home Mental Health Monitoring	T1017	SE		NO	YES
Personal Care in Licensed Specialized Residential Setting	T1020			NO	NO
Assessments	T1023			YES	YES
Prevention Services - Direct Model	T1027			NON Face-to-Face Currently	
Enhanced Medical Supplies or Pharmacy	T1999			NON Face-to-Face Currently	
Transportation	T2001			NO	NO
Substance Use Disorder: Transportation	T2001	HF		NO	NO
Transportation	T2002			NO	NO
Substance Use Disorder: Transportation	T2002	HF		NO	NO
Transportation	T2003			NO	NO
Substance Use Disorder: Transportation	T2003	HF		NO	NO
Transportation	T2004			NO	NO
Substance Use Disorder: Transportation	T2004	HF		NO	NO
Transportation	T2005			NO	NO
Substance Use Disorder: Transportation	T2005	HF		NO	NO
Out of Home Prevocational Service	T2015			NO	NO
Targeted Case Management (Children's Waiver)	T2023			NO	YES
Prevention Services - Direct Model	T2024			NON Face-to-Face Currently	
Fiscal Intermediary Services	T2025			NON Face-to-Face Currently	
Overnight Health & Safety (under 18)	T2027			NO	NO
Overnight Health & Safety (adult)	T2027	HB		NO	NO
Enhanced Medical Equipment-Supplies	T2028			NON Face-to-Face Currently	
Enhanced Medical Equipment-Supplies	T2029			NON Face-to-Face Currently	
Respite Care	T2036			NO	NO
Respite Care	T2037			NO	NO
Housing Assistance	T2038			NON Face-to-Face Currently	
Enhanced Medical Equipment-Supplies	T2039			NON Face-to-Face Currently	
Goods and Services	T5999	HK		NON Face-to-Face Currently	
Wraparound Services	T5999			NO	YES