

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

Revised: 07/26/2022

| Code  | Short Description            | Mod | Mod | POS | Maximum Fee   | Comments  |
|-------|------------------------------|-----|-----|-----|---|---|
| 0001A | Adm Sarscov2 30mcg/0.3ml 1st |     |     |     | \$16.15 (12/11/20-12/31/2020)<br>\$15.95 (01/01/2021-03/14/2021)<br>\$37.85 (03/15/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/11/2020. |
| 0002A | Adm Sarscov2 30mcg/0.3ml 2nd |     |     |     | \$27.06 (12/11/20-12/31/2020)<br>\$26.73 (01/01/2021-03/14/2021)<br>\$37.85 (03/15/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/11/2020. |
| 0003A | Adm Sarscov2 30mcg/0.3ml 3rd |     |     |     | \$37.85 (08/12/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 08/12/2021. |
| 0004A | Adm Sarscov2 30mcg/0.3mlbst  |     |     |     | \$37.85 (09/22/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 09/22/2021. |
| 0011A | Adm Sarscov2 100mcg/0.5ml1st |     |     |     | \$16.15 (12/18/20-12/31/2020)<br>\$15.95 (01/01/2021-03/14/2021)<br>\$37.85 (03/15/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/18/2020. |
| 0012A | Adm Sarscov2 100mcg/0.5ml2nd |     |     |     | \$27.06 (12/18/20-12/31/2020)<br>\$26.73 (01/01/2021-03/14/2021)<br>\$37.85 (03/15/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/18/2020. |
| 0013A | Adm Sarscov2 100mcg/0.5ml3rd |     |     |     | \$37.85 (08/12/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 08/12/2021. |
| 0031A | Adm Sarscov2 Vac Ad26 .5ml   |     |     |     | \$26.73 (02/27/2021-03/14/2021)<br>\$37.85 (03/15/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)                                  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/27/2021.  |
| 0034A | Adm Sarscov2 Vac Ad26 .5ml B |     |     |     | \$37.85 (10/20/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/20/2021. |
| 0041A | Adm Sarscov2 5mcg/0.5ml 1st  |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 07/13/2022. |
| 0042A | Adm Sarscov2 5mcg/0.5ml 2nd  |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 07/13/2022. |
| 0051A | Adm Sarscv2 30mcg Trs-Sucr 1 |     |     |     | \$37.85 (10/29/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/29/2021. |
| 0052A | Adm Sarscv2 30mcg Trs-Sucr 2 |     |     |     | \$37.85 (10/29/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/29/2021. |
| 0053A | Adm Sarscv2 30mcg Trs-Sucr 3 |     |     |     | \$37.85 (10/29/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/29/2021. |
| 0054A | Adm Sarscv2 30mcg Trs-Sucr B |     |     |     | \$37.85 (10/29/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/29/2021. |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

**Revised: 07/26/2022**

| Code  | Short Description             | Mod | Mod | POS | Maximum Fee   | Comments  |
|-------|-------------------------------|-----|-----|-----|---|---|
| 0064A | Adm Sarscov2 50mcg/0.25ml Bst |     |     |     | \$37.85 (10/20/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/20/2021. |
| 0071A | Adm Sarscv2 10mcg Trs-Sucr 1  |     |     |     | \$37.85 (10/29/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/29/2021. |
| 0072A | Adm Sarscv2 10mcg Trs-Sucr 2  |     |     |     | \$37.85 (10/29/2021-12/31/2021)<br>\$37.53 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 10/29/2021. |
| 0073A | Adm Sarscv2 10mcg Trs-Sucr 3  |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 01/03/2022  |
| 0074A | Adm Sarscv2 10mcg Trs-Sucr B  |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 05/17/2022  |
| 0081A | Adm Sarscv2 3mcg Trs-Sucr 1   |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/17/2022  |
| 0082A | Adm Sarscv2 3mcg Trs-Sucr 2   |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/17/2022  |
| 0083A | Adm Sarscv2 3mcg Trs-Sucr 3   |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/17/2022  |
| 0094A | Adm Sarscv2 50mcg/0.5 ml Bst  |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 03/29/2022  |
| 0111A | Adm Sarscov2 25Mcg/0.25ml 1st |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/17/2022  |
| 0112A | Adm Sarscov2 25Mcg/0.25ml 2nd |     |     |     | \$37.53   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/17/2022  |
| 90785 | Psytx Complex Interactive     | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90791 | Psych Diagnostic Evaluation   | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90832 | Psytx W Pt 30 Minutes         | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90834 | Psytx W Pt 45 Minutes         | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90837 | Psytx W Pt 60 Minutes         | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90846 | Family Psytx W/O Pt 50 Min    | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90847 | Family Psytx W/Pt 50 Min      | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 90853 | Group Psychotherapy           | GT  |     | 02  | \$0.00  | SBS only, refer to the SBS fee schedule for additional information  |
| 91300 | Sarscov2 Vac 30mcg/0.3ml Im   |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/11/2020. |
| 91301 | Sarscov2 Vac 100mcg/0.5ml Im  |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/18/2020. |
| 91303 | Sarscov2 Vac Ad26 .5ml Im     |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/27/2021.  |
| 91304 | Sarscov2 Vac 5mcg/0.5ml Im    |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 7/13/2022.  |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

**Revised: 07/26/2022**

| <b>Code</b> | <b>Short Description</b>   | <b>Mod</b> | <b>Mod</b> | <b>POS</b> | <b>Maximum Fee</b>                       | <b>Comments</b>  |
|-------------|--|------------|------------|------------|--|--|
| 91305       | Sarscov2 Vac 30 Mcg Trs-Sucr   |            |            |            | \$0.00                                   | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021. |
| 91306       | Sarscov2 Vac 50mcg/0.25ml Im   |            |            |            | \$0.00                                   | See individual provider-specific fee schedule for additional information. Coverage effective 10/20/2021. |
| 91307       | Sarscov2 Vac 10 Mcg Trs-Sucr   |            |            |            | \$0.00                                   | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021. |
| 91308       | Sarscov2 Vac 3 Mcg Trs-Sucr  |            |            |            | \$0.00                                   | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022. |
| 91309       | Sarscov2 Vac 50 Mcg/0.5ml Im   |            |            |            | \$0.00                                   | See individual provider-specific fee schedule for additional information. Coverage effective 03/29/2022. |
| 91311       | Sarscov2 Vac 25Mcg/0.25ml Im   |            |            |            | \$0.00                                   | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022. |
| 92507 #     | Speech/Hearing Therapy   | GT         |            | 02         | \$48.66                                  | See individual provider-specific fee schedule for additional information.                                |
| 92508 #     | Speech/Hearing Therapy   | GT         |            | 02         | \$15.07                                  | See individual provider-specific fee schedule for additional information.                                |
| 92521 #     | Evaluation Of Speech Fluency   | GT         |            | 02         | \$84.40                                  | See individual provider-specific fee schedule for additional information.                                |
| 92522 #     | Evaluate Speech Production   | GT         |            | 02         | \$70.83                                  | See individual provider-specific fee schedule for additional information.                                |
| 92523 #     | Speech Sound Lang Comprehen  | GT         |            | 02         | \$144.04                                 | See individual provider-specific fee schedule for additional information.                                |
| 92524 #     | Behavral Qualit Analys Voice   | GT         |            | 02         | \$69.76                                  | See individual provider-specific fee schedule for additional information.                                |
| 92526 #     | Oral Function Therapy  | GT         |            | 02         | \$49.72                                  | See individual provider-specific fee schedule for additional information. Coverage effective 7/01/2021.  |
| 92590 #     | Hearing Aid Exam And Selection One Ear   | GT         |            | 02         | \$56.28                                  | See individual provider-specific fee schedule for additional information.                                |
| 92591 #     | Hearing Aid Exam And Selection Both Ears                                       | GT         |            | 02         | \$56.28                                  | See individual provider-specific fee schedule for additional information.                                |
| 92601 #     | Diagnostic Analysis Of Cochlear Implant With Programming < 7 Years Of Age      | GT         |            | 02         | \$95.48                                  | See individual provider-specific fee schedule for additional information.                                |
| 92602 #     | Subsequent Reprogramming Of Cochlear Implant <7 Years Of Age                   | GT         |            | 02         | \$60.42                                  | See individual provider-specific fee schedule for additional information.                                |
| 92603 #     | Diagnostic Analysis Of Cochlear Implant With Programming 7/> Years Of Age      | GT         |            | 02         | \$89.34                                  | See individual provider-specific fee schedule for additional information.                                |
| 92604 #     | Subsequent Reprogramming Of Cochlear Implant With Programming 7/> Years Of Age | GT         |            | 02         | \$53.88                                  | See individual provider-specific fee schedule for additional information.                                |
| 92626 #     | Eval Aud Funcj 1st Hour  | GT         |            | 02         | Non-Fac Fee: \$51.51<br>Fac Fee: \$43.38 | See individual provider-specific fee schedule for additional information.                                |
| 92627 #     | Eval Aud Funcj Ea Addl 15  | GT         |            | 02         | Non-Fac Fee: \$12.08<br>Fac Fee: \$10.30 | See individual provider-specific fee schedule for additional information.                                |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

**Revised: 07/26/2022**

| <b>Code</b> | <b>Short Description</b>     | <b>Mod</b> | <b>Mod</b> | <b>POS</b> | <b>Maximum Fee</b>                       | <b>Comments</b>   |
|-------------|------------------------------|------------|------------|------------|--|---|
| 92630 #     | Aud Rehab Pre-Ling Hear Loss | GT         |            | 02         | \$40.85                                  | See individual provider-specific fee schedule for additional information. |
| 92633 #     | Aud Rehab Postling Hear Loss | GT         |            | 02         | \$40.85                                  | See individual provider-specific fee schedule for additional information. |
| 96110       | Developmental Screen W/Score | GT         |            | 02         | \$9.20                                   | See individual provider-specific fee schedule for additional information  |
| 96116       | Nubhvl Xm Phys/Qhp 1st Hr    | GT         |            | 02         | \$0.00                                   | SBS only, refer to the SBS fee schedule for additional information        |
| 96121       | Nubhvl Xm Phy/Qhp Ea Addl Hr | GT         |            | 02         | \$0.00                                   | SBS only, refer to the SBS fee schedule for additional information        |
| 96127       | Brief Emotional/Behav Assmt  | GT         |            | 02         | \$0.00                                   | SBS only, refer to the SBS fee schedule for additional information        |
| 96130       | Psycl Tst Eval Phys/Qhp 1st  | GT         |            | 02         | Non-Fac Fee: \$69.53<br>Fac Fee: \$62.60 | See individual provider-specific fee schedule for additional information  |
| 96131       | Psycl Tst Eval Phys/Qhp Ea   | GT         |            | 02         | Non-Fac Fee: \$51.70<br>Fac Fee: \$45.96 | See individual provider-specific fee schedule for additional information  |
| 96132       | Nrpsyc Tst Eval Phys/Qhp 1st | GT         |            | 02         | Non-Fac Fee: \$75.87<br>Fac Fee: \$61.21 | See individual provider-specific fee schedule for additional information  |
| 96133       | Nrpsyc Tst Eval Phys/Qhp Ea  | GT         |            | 02         | Non-Fac Fee: \$58.84<br>Fac Fee: \$45.56 | See individual provider-specific fee schedule for additional information  |
| 96136       | Psycl/Nrpsyc Tst Phy/Qhp 1st | GT         |            | 02         | Non-Fac Fee: \$25.75<br>Fac Fee: \$13.87 | See individual provider-specific fee schedule for additional information  |
| 96137       | Psycl/Nrpsyc Tst Phy/Qhp Ea  | GT         |            | 02         | Non-Fac Fee: \$23.18<br>Fac Fee: \$10.70 | See individual provider-specific fee schedule for additional information  |
| 96138       | Psycl/Nrpsyc Tech 1st        | GT         |            | 02         | \$21.20                                  | See individual provider-specific fee schedule for additional information  |
| 96139       | Psycl/Nrpsyc Tst Tech Ea     | GT         |            | 02         | \$20.60                                  | See individual provider-specific fee schedule for additional information  |
| 96146       | Psycl/Nrpsyc Tst Auto Result | GT         |            | 02         | \$0.00                                   | SBS only, refer to the SBS fee schedule for additional information        |
| 96160       | Pt-Focused Hlth Risk Assmt   | GT         |            | 02         | \$1.58                                   | See individual provider-specific fee schedule for additional information  |
| 96161       | Caregiver Health Risk Assmt  | GT         |            | 02         | \$1.58                                   | See individual provider-specific fee schedule for additional information  |
| 96167       | Hlth Bhv Ivntj Fam 1st 30    | GT         |            | 02         | \$89.12                                  | MIHP only, refer to the MIHP database for additional information          |
| 96168       | Hlth Bhv Ivntj Fam Ea Addl   | GT         |            | 02         | \$14.46                                  | MIHP only, refer to the MIHP database for additional information          |
| 97110 #     | Therapeutic Exercises        | GT         |            | 02         | \$18.73                                  | See individual provider-specific fee schedule for additional information  |
| 97112 #     | Neuromuscular Reeducation    | GT         |            | 02         | \$21.75                                  | See individual provider-specific fee schedule for additional information  |
| 97116 #     | Gait Training Therapy        | GT         |            | 02         | \$18.73                                  | See individual provider-specific fee schedule for additional information  |
| 97129 #     | Ther Ivntj 1st 15 Min        | GT         |            | 02         | \$14.43                                  | See individual provider-specific fee schedule for additional information  |
| 97130 #     | Ther Ivntj Ea Addl 15 Min    | GT         |            | 02         | \$13.99                                  | See individual provider-specific fee schedule for additional information  |
| 97161 #     | Pt Eval Low Complex 20 Min   | GT         |            | 02         | \$63.73                                  | See individual provider-specific fee schedule for additional information  |
| 97162 #     | Pt Eval Mod Complex 30 Min   | GT         |            | 02         | \$63.73                                  | See individual provider-specific fee schedule for additional information  |
| 97163 #     | Pt Eval High Complex 45 Min  | GT         |            | 02         | \$63.73                                  | See individual provider-specific fee schedule for additional information  |
| 97164 #     | Pt Re-Eval Est Plan Care     | GT         |            | 02         | \$43.92                                  | See individual provider-specific fee schedule for additional information  |
| 97165 #     | Ot Eval Low Complex 30 Min   | GT         |            | 02         | \$64.16                                  | See individual provider-specific fee schedule for additional information  |
| 97166 #     | Ot Eval Mod Complex 45 Min   | GT         |            | 02         | \$64.16                                  | See individual provider-specific fee schedule for additional information  |
| 97167 #     | Ot Eval High Complex 60 Min  | GT         |            | 02         | \$64.16                                  | See individual provider-specific fee schedule for additional information  |
| 97168 #     | Ot Re-Eval Est Plan Care     | GT         |            | 02         | \$44.14                                  | See individual provider-specific fee schedule for additional information  |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

**Revised: 07/26/2022**

| <b>Code</b> | <b>Short Description</b>     | <b>Mod</b> | <b>Mod</b> | <b>POS</b> | <b>Maximum Fee</b>                        | <b>Comments</b>   |
|-------------|------------------------------|------------|------------|------------|---|---|
| 97151       | Bhv Id Assmt By Phys/Qhp     | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97152       | Bhv Id Suprt Assmt By 1 Tech | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97153       | Adaptive Behavior Tx By Tech | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97154       | Grp Adapt Bhv Tx By Tech     | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97155       | Adapt Behavior Tx Phys/Qhp   | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97156       | Fam Adapt Bhv Tx Gdn Phy/Qhp | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97158       | Grp Adapt Bhv Tx By Phy/Qhp  | GT         |            | 02         | \$0.00                                    | SBS only, refer to the SBS fee schedule for additional information        |
| 97530 #     | Therapeutic Activities       | GT         |            | 02         | \$23.68                                   | See individual provider-specific fee schedule for additional information  |
| 97535 #     | Self Care/Home Mgmt          | GT         |            | 02         | \$20.88                                   | See individual provider-specific fee schedule for additional information  |
| 97760 #     | Orthotic Mgmt&traing 1st Enc | GT         |            | 02         | \$31.00                                   | See individual provider-specific fee schedule for additional information  |
| 97761 #     | Prosthetic Traing 1st Enc    | GT         |            | 02         | \$26.48                                   | See individual provider-specific fee schedule for additional information  |
| 97763 #     | Orthc/Prostc Mgmt Sbsq Enc   | GT         |            | 02         | \$34.45                                   | See individual provider-specific fee schedule for additional information  |
| 99000       | Specimen Handling Office-Lab |            |            |            | \$13.47                                   | See individual provider-specific fee schedule for additional information. |
| 99001       | Specimen Handling Pt-Lab     |            |            |            | \$13.47                                   | See individual provider-specific fee schedule for additional information. |
| 99381       | Init Pm E/M New Pat Infant   | GT         |            | 02         | Non-Fac Fee: \$86.72<br>Fac Fee: \$53.49  | See individual provider-specific fee schedule for additional information  |
| 99382       | Init Pm E/M New Pat 1-4 Yrs  | GT         |            | 02         | Non-Fac Fee: \$93.36<br>Fac Fee: \$61.08  | See individual provider-specific fee schedule for additional information  |
| 99383       | Prev Visit New Age 5-11      | GT         |            | 02         | Non-Fac Fee: \$91.46<br>Fac Fee: \$61.08  | See individual provider-specific fee schedule for additional information  |
| 99384       | Prev Visit New Age 12-17     | GT         |            | 02         | Non-Fac Fee: \$99.37<br>Fac Fee: \$69.00  | See individual provider-specific fee schedule for additional information  |
| 99385       | Prev Visit New Age 18-39     | GT         |            | 02         | Non-Fac Fee: \$99.37<br>Fac Fee: \$69.00  | See individual provider-specific fee schedule for additional information  |
| 99386       | Prev Visit New Age 40-64     | GT         |            | 02         | Non-Fac Fee: \$117.10<br>Fac Fee: \$84.51 | See individual provider-specific fee schedule for additional information  |
| 99387       | Init Pm E/M New Pat 65+ Yrs  | GT         |            | 02         | Non-Fac Fee: \$126.92<br>Fac Fee: \$92.42 | See individual provider-specific fee schedule for additional information  |
| 99391       | Per Pm Reeval Est Pat Infant | GT         |            | 02         | Non-Fac Fee: \$65.83<br>Fac Fee: \$45.89  | See individual provider-specific fee schedule for additional information  |
| 99392       | Prev Visit Est Age 1-4       | GT         |            | 02         | Non-Fac Fee: \$73.74<br>Fac Fee: \$53.49  | See individual provider-specific fee schedule for additional information  |
| 99393       | Prev Visit Est Age 5-11      | GT         |            | 02         | Non-Fac Fee: \$72.79<br>Fac Fee: \$53.49  | See individual provider-specific fee schedule for additional information  |
| 99394       | Prev Visit Est Age 12-17     | GT         |            | 02         | Non-Fac Fee: \$80.39<br>Fac Fee: \$61.08  | See individual provider-specific fee schedule for additional information  |
| 99395       | Prev Visit Est Age 18-39     | GT         |            | 02         | Non-Fac Fee: \$81.34<br>Fac Fee: \$61.08  | See individual provider-specific fee schedule for additional information  |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

**Revised: 07/26/2022**

| <b>Code</b> | <b>Short Description</b>  | <b>Mod</b> | <b>Mod</b> | <b>POS</b> | <b>Maximum Fee</b>                                 | <b>Comments</b>   |
|-------------|---|------------|------------|------------|--|---|
| 99396       | Prev Visit Est Age 40-64  | GT         |            | 02         | Non-Fac Fee: \$89.89<br>Fac Fee: \$69.00           | See individual provider-specific fee schedule for additional information  |
| 99397       | Per Pm Reeval Est Pat 65+ Yr  | GT         |            | 02         | Non-Fac Fee: \$99.06<br>Fac Fee: \$76.91           | See individual provider-specific fee schedule for additional information  |
| 99402       | Preventive Counseling Indiv   | GT         |            | 02         | \$66.79  | MIHP only, refer to the MIHP database for additional information  |
| 99441       | Phone E/M Phys/Qhp 5-10 Min   |            |            |            | Non-Fac Fee: \$32.49<br>Fac Fee: \$20.60           | See individual provider-specific fee schedule for additional information  |
| 99442       | Phone E/M Phys/Qhp 11-20 Min  |            |            |            | Non-Fac Fee: \$52.50<br>Fac Fee: \$38.43           | See individual provider-specific fee schedule for additional information  |
| 99443       | Phone E/M Phys/Qhp 21-30 Min  |            |            |            | Non-Fac Fee: \$74.29<br>Fac Fee: \$56.66           | See individual provider-specific fee schedule for additional information  |
| 99473       | Self-Meas Bp Pt Educaj/Train  | GT         |            | 02         | \$6.74   | Note: Patient education/training and device calibration (do not report more than once per device); covered as medically necessary to monitor blood pressure for an underlying health condition. |
| 99474       | Self-Meas Bp 2 Readg Bid 30d  | GT         |            | 02         | Non-Fac Fee: \$8.72<br>Fac Fee: \$5.15             | Note: Minimum of 12 readings with subsequent communication of treatment plan to patient; covered as medically necessary to monitor blood pressure for an underlying health condition.           |
| 99605       | Mtms By Pharm Np 15 Min   | GT         |            | 02         | \$50.00  | MTM providers only; See Pharmacy MTM database for additional information  |
| 99606       | Mtms By Pharm Est 15 Min  | GT         |            | 02         | \$25.00  | MTM providers only; See Pharmacy MTM database for additional information  |
| 99607       | Mtms By Pharm Addl 15 Min   | GT         |            | 02         | \$10.00  | MTM providers only; See Pharmacy MTM database for additional information  |
| A4928       | Surgical Mask (Per Pack Of 20)                                      |            |            |            | \$0.45   | See individual provider-specific fee schedule for additional information  |
| A9284       | Spirometer, Non-Electric, Includes All Accessories                  |            |            |            | Manual Pricing                                     | See individual provider-specific fee schedule for additional information.   |
| A9286       | Any Hygienic Item, Device (Hand Sanitizer, Per Ounce)               |            |            |            | \$0.55   | See individual provider-specific fee schedule for additional information  |
| C9803       | HOPD Covid-19 Spec Collect  |            |            |            | Payment will be made according to OPPS methodology | See individual provider-specific fee schedule for additional information.   |
| D0140       | Limit Oral Eval Problm Focus  |            |            | 02         | \$14.89  | Dental providers only, refer to the Dental fee schedule for additional information  |
| E0487       | Spirometer, Electric, Includes All Accessories                      |            |            |            | Manual Pricing                                     | See individual provider-specific fee schedule for additional information.   |
| E1399       | Durable Medical Equipment Mi (Non-Sterile Disposable Patient Gowns) | CR         |            |            | \$0.78   | See individual provider-specific fee schedule for additional information  |
| E2358       | Gr34 Nonsealed Leadacid   | CR         |            |            | Code requires invoice submitted with claim in DMP  | See individual provider-specific fee schedule for additional information.   |
| E2359       | Gr34 Sealed Leadacid Battery  | CR         |            |            | \$169.38   | See individual provider-specific fee schedule for additional information.   |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
COVID-19 Response: Service Exception Database \*  
January 1, 2021**

**Revised: 07/26/2022**

| Code  | Short Description             | Mod | Mod | POS | Maximum Fee  | Comments   |
|-------|-------------------------------|-----|-----|-----|--|--|
| E2360 | 22nf Nonsealed Leadacid       | CR  |     |     | \$112.76   | See individual provider-specific fee schedule for additional information.  |
| E2361 | 22nf Sealed Leadacid Battery  | CR  |     |     | \$151.30   | See individual provider-specific fee schedule for additional information.  |
| E2362 | Gr24 Nonsealed Leadacid       | CR  |     |     | \$109.69   | See individual provider-specific fee schedule for additional information.  |
| E2363 | Gr24 Sealed Leadacid Battery  | CR  |     |     | \$192.06   | See individual provider-specific fee schedule for additional information.  |
| E2364 | U1nonsealed Leadacid Battery  | CR  |     |     | \$112.76   | See individual provider-specific fee schedule for additional information.  |
| E2365 | U1 Sealed Leadacid Battery    | CR  |     |     | \$127.38   | See individual provider-specific fee schedule for additional information.  |
| E2366 | Battery Charger, Single Mode  | CR  |     |     | \$162.99   | See individual provider-specific fee schedule for additional information.  |
| E2367 | Battery Charger, Dual Mode    | CR  |     |     | \$292.15   | See individual provider-specific fee schedule for additional information.  |
| G2023 | Specimen Collect Covid-19     |     |     |     | \$19.42  | See individual provider-specific fee schedule for additional information.  |
| H0002 | Alcohol And/Or Drug Screening | GT  |     | 02  | \$0.00   | SBS only, refer to the SBS fee schedule for additional information   |
| H0004 | Alcohol And/Or Drug Services  | GT  |     | 02  | \$0.00   | SBS only, refer to the SBS fee schedule for additional information   |
| H0031 | Mh Health Assess By Non-Md    | GT  |     | 02  | \$0.00   | SBS only, refer to the SBS fee schedule for additional information   |
| H1000 | Prenatal Care Atrisk Assessm  | GT  |     | 02  | \$87.90  | MIHP only, refer to the MIHP database for additional information   |
| J0248 | Inj, remdesivir, 1 mg         |     |     |     | \$5.51   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/23/2021.            |
| M0201 | COVID-19 Vaccine Home Admin   |     |     |     | \$33.24 (06/08/2021-12/31/2021)<br>\$33.63 (01/01/2022-TBD)          | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/08/2021.            |
| M0220 | Tixagev And Cilgav Inj        |     |     |     | \$138.30   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/08/2021.            |
| M0221 | Tixagev And Cilgav Inj Hm     |     |     |     | \$230.17   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/08/2021.            |
| M0222 | Bebtelovimab Injection        |     |     |     | \$322.06   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/11/2022.             |
| M0223 | Bebtelovimab Injection Home   |     |     |     | \$505.48   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/11/2022.             |
| M0239 | Bamlanivimab-Xxxx Infusion    |     |     |     | \$285.74 (11/10/2020-12/31/2020)<br>\$285.51 (01/01/2021-04/16/2021) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 11/10/2020-04/16/2021. |
| M0240 | Casiri And Imdev Repeat       |     |     |     | \$413.02 (07/30/2021-12/31/2021)<br>\$413.61 (01/01/2022-TBD)        | See individual provider-specific fee schedule for additional information.<br>Coverage effective 7/30/2021.             |
| M0241 | Casiri And Imdev Repeat Hm    |     |     |     | \$688.93 (07/30/2021-12/31/2021)<br>\$688.92 (01/01/2022-TBD)        | See individual provider-specific fee schedule for additional information.<br>Coverage effective 7/30/2021.             |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
 COVID-19 Response: Service Exception Database \*  
 January 1, 2021**

**Revised: 07/26/2022**

| Code  | Short Description            | Mod | Mod | POS | Maximum Fee   | Comments  |
|-------|------------------------------|-----|-----|-----|---|---|
| M0243 | Casirivi And Imdevi Inj      |     |     |     | \$285.74 (11/21/2020-12/31/2020)<br>\$285.51 (01/01/2021-05/05/2021)<br>\$413.02 (05/06/2021-12/31/2021)<br>\$413.61 (01/01/2022-TBD) | See individual provider-specific fee schedule for additional information.<br>Coverage effective 11/21/2020.               |
| M0244 | Casirivi And Imdevi Inj Hm   |     |     |     | \$688.93 (05/06/2021-12/31/2021)<br>\$688.92 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 05/06/2021.               |
| M0245 | Bamlan And Etesev Infusion   |     |     |     | \$285.51 (02/09/2021-05/05/2021)<br>\$413.02 (05/06/2021-12/31/2021)<br>\$413.61 (01/01/2022-TBD)                                     | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/9/2021.                 |
| M0246 | Bamlan And Etesev Infus Home |     |     |     | \$688.93 (05/06/2021-12/31/2021)<br>\$688.92 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 05/06/2021.               |
| M0247 | Sotrovimab Infusion          |     |     |     | \$413.02 (05/26/2021-12/31/2021)<br>\$413.61 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 05/26/2021.               |
| M0248 | Sotrovimab Inf, Home Admin   |     |     |     | \$688.93 (05/26/2021-12/31/2021)<br>\$688.92 (01/01/2022-TBD)   | See individual provider-specific fee schedule for additional information.<br>Coverage effective 05/26/2021.               |
| P9603 | One-Way Allow Prorated Miles |     |     |     | \$1.04  | See individual provider-specific fee schedule for additional information.   |
| Q0220 | Tixagev And Cilgav, 300mg    |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 12/08/2021.               |
| Q0221 | Tixagev And Cilgav, 600mg    |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 02/24/2022.               |
| Q0222 | Bebtelovimab 175             |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/11/2022.                |
| Q0239 | Bamlanivimab-Xxxx            |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 11/10/2020-04/16/2021.    |
| Q0240 | Casirivi And Imdevi 600 Mg   |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 7/30/2021.                |
| Q0243 | Casirivimab And Imdevimab    |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 11/21/2020.               |
| Q0244 | Casirivi And Imdevi 1200 Mg  |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 06/03/2021.               |
| Q0245 | Bamlanivimab And Etesevima   |     |     |     | \$0.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 2/9/2021.                 |
| Q0247 | Sotrovimab                   |     |     |     | \$2,394.00  | See individual provider-specific fee schedule for additional information.<br>Coverage effective 05/26/2021.               |
| S9443 | Lactation Class              | GT  |     | 02  | \$54.91   | See individual provider-specific fee schedule for additional information  |
| S0315 | Comprehensive Initial Visit  | GT  |     | 02  | \$350.00  | Note: Once per client. CSHCS CMDS clinics only, refer to the CSHCS<br>CMDS Clinic Fee Schedule for additional information |

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.

**Michigan Department of Health and Human Services  
 COVID-19 Response: Service Exception Database \*  
 January 1, 2021**

**Revised: 07/26/2022**

| <b>Code</b> | <b>Short Description</b>       | <b>Mod</b> | <b>Mod</b> | <b>POS</b> | <b>Maximum Fee</b> | <b>Comments</b>   |
|-------------|--------------------------------|------------|------------|------------|--------------------|---|
| S0316       | Comprehensive Basic Evaluation | GT         |            | 02         | \$170.00           | Note: Limit 3/12 month CSHCS eligibility year. CSHCS CMDS clinics only, refer to the CSHCS CMDS Clinic Fee Schedule for additional information  |
| S0317       | Management/Follow-Up Visit     | GT         |            | 02         | \$100.00           | Note: Limit 3/12 month CSHCS eligibility year. CSHCS CMDS clinics only, refer to the CSHCS CMDS Clinic Fee Schedule for additional information  |
| S0317       | Face-To-Face Support Services  | TS         | GT         | 02         | \$50.00            | Note: Limit 10/12 month CSHCS eligibility year. CSHCS CMDS clinics only, refer to the CSHCS CMDS Clinic Fee Schedule for additional information |
| S9152#      | Speech Therapy, Re-Eval        | GT         |            | 02         | \$39.82            | See individual provider-specific fee schedule for additional information.   |
| T1023       | Program Intake Assessment      | GT         |            | 02         | \$87.90            | MIHP only, refer to the MIHP database for additional information  |
| V5011#      | Hearing Aid Fitting/Checking   | GT         |            | 02         | \$22.96            | See individual provider-specific fee schedule for additional information.   |
| V5020#      | Conformity Evaluation          | GT         |            | 02         | \$35.75            | See individual provider-specific fee schedule for additional information.   |

**\* Codes and coverage changes reflected on this database are consistent with public health emergency conditions at both the state and federal level related to COVID-19. Given the circumstances, this coverage is intended to be time limited, and MDHHS will notify providers of its termination. Services identified with a GT modifier and POS 02 may be provided via telemedicine or telephonically. If services are provided telephonically, "services provided via telephone" must be included in the claim remarks.**

**# Codes with this designation are only allowed via simultaneous audio and visual technology and must be reported with a GT modifier and POS 02 (on the professional claim form) and GT modifier (on the institutional claim form). Coverage for these codes is consistent with public health emergency conditions at both the state and federal level related to COVID-19. Given the circumstances, this coverage is intended to be time limited, and MDHHS will notify providers of its termination.**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

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.