

**Michigan Department of Health and Human Services
COVID-19 Response: Service Exception Database *
March 1, 2020**

Revised: 09/28/2020

Code	Short Description	Mod	Mod	POS	Maximum Fee	Comments
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
92507 #	Speech/Hearing Therapy	GT		02	\$48.44	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92508 #	Speech/Hearing Therapy	GT		02	\$14.64	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92521 #	Evaluation of Speech Fluency	GT		02	\$69.11	See individual provider-specific fee schedule for additional information
92522 #	Evaluate Speech Production	GT		02	\$56.41	See individual provider-specific fee schedule for additional information
92523 #	Speech Sound Lang Comprehension	GT		02	\$118.42	See individual provider-specific fee schedule for additional information
92524 #	Behavral Quality Analyst Voice	GT		02	\$55.12	See individual provider-specific fee schedule for additional information
92590 #	Hearing Aid Exam and Selection One Ear	GT		02	\$56.28	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92591 #	Hearing Aid Exam and Selection Both Ears	GT		02	\$56.28	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92601 #	Diagnositic Analysis of Chochlear Implant with Programming < 7 years of age	GT		02	\$93.70	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92602 #	Subsequent Reprogramming of Cochlear Implant <7 years of age	GT		02	\$58.64	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92603 #	Diagnositic Analysis of Chochlear Implant with Programming 7/> years of age	GT		02	\$68.94	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92604 #	Subsequent Reprogramming of Chochlear Implant with Programming 7/> years of age	GT		02	\$38.43	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92626 #	Eval aud funcj 1st hour	GT		02	Non-Fac Fee: \$50.71 Fac Fee: \$42.99	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92627 #	Eval Aud Funcj Ea Addl 15	GT		02	Non-Fac Fee: \$12.08 Fac Fee: \$10.10	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
92630 #	Aud Rehab Pre-Ling Hear Loss	GT		02	\$40.85	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.

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92633 #	Aud Rehab Postling Hear Loss	GT		02	\$40.85	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
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: \$66.96 Fac Fee: \$61.01	See individual provider-specific fee schedule for additional information
96131	Psycl Tst Eval Phys/Qhp Ea	GT		02	Non-Fac Fee: \$51.51 Fac Fee: \$46.95	See individual provider-specific fee schedule for additional information
96132	Nrpsyc Tst Eval Phys/Qhp 1st	GT		02	Non-Fac Fee: \$74.88 Fac Fee: \$60.22	See individual provider-specific fee schedule for additional information
96133	Nrpsyc tst eval phys/qhp ea	GT		02	Non-Fac Fee: \$56.26 Fac Fee: \$46.36	See individual provider-specific fee schedule for additional information
96136	Psycl/Nrpsyc Tst Phy/Qhp 1st	GT		02	Non-Fac Fee: \$26.35 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: \$24.17 Fac Fee: \$10.90	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	\$21.20	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	\$1.39	See individual provider-specific fee schedule for additional information
96161	Caregiver health risk assmt	GT		02	\$1.39	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	\$14.26	MIHP only, refer to the MIHP database for additional information
97110 #	Ther Ex	GT		02	\$18.73	See individual provider-specific fee schedule for additional information
97112 #	Neuro Re-ed	GT		02	\$21.53	See individual provider-specific fee schedule for additional information
97116 #	Gait Training	GT		02	\$18.52	See individual provider-specific fee schedule for additional information
97129 #	Ther Ivntj 1st 15 Min	GT		02	\$14.64	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	\$52.32	See individual provider-specific fee schedule for additional information
97162 #	Pt Eval Mod Complex 30 Min	GT		02	\$52.32	See individual provider-specific fee schedule for additional information
97163 #	Pt Eval Mod Complex 45 Min	GT		02	\$52.32	See individual provider-specific fee schedule for additional information
97164 #	Pt Re-Eval Est Plan Care	GT		02	\$35.96	See individual provider-specific fee schedule for additional information
97165 #	Ot Eval Low Complex 30 Min	GT		02	\$55.55	See individual provider-specific fee schedule for additional information
97166 #	Ot Eval Low Complex 45 Min	GT		02	\$55.33	See individual provider-specific fee schedule for additional information
97167 #	Ot Eval Low Complex 60 Min	GT		02	\$55.33	See individual provider-specific fee schedule for additional information

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97168 #	Ot Re-Eval Est Plan Care	GT		02	\$38.32	See individual provider-specific fee schedule for additional information
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	\$24.11	See individual provider-specific fee schedule for additional information
97535 #	Self Care/Home Mgmnt	GT		02	\$20.88	See individual provider-specific fee schedule for additional information
97760 #	Orthotic Mgmt & Traing 1 Enc	GT		02	\$30.14	See individual provider-specific fee schedule for additional information
97761 #	Prosthetic Traing 1st Enc	GT		02	\$25.62	See individual provider-specific fee schedule for additional information
97763 #	Orthc/Prostc Mgmt Sbsq Enc	GT		02	\$32.30	See individual provider-specific fee schedule for additional information
99000	Specimen Handling Office-Lab				\$12.88	See individual provider-specific fee schedule for additional information. Coverage effective 3/10/2020.
99001	Specimen Handling PT-Lab				\$12.88	See individual provider-specific fee schedule for additional information. Coverage effective 3/10/2020.
99381	Init pm e/m new pat infant	GT		02	Non-Fac Fee: \$86.72 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 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 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 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 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 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 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 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 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 Fac Fee: \$53.49	See individual provider-specific fee schedule for additional information

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99394	Prev visit est age 12-17	GT		02	Non-Fac Fee: \$80.39 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 Fac Fee: \$61.08	See individual provider-specific fee schedule for additional information
99396	Prev visit est age 40-64	GT		02	Non-Fac Fee: \$89.89 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 Fac Fee: \$76.91	See individual provider-specific fee schedule for additional information
99402	Preventive Counseling Indv	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: \$7.92 Fac Fee: \$7.33	See individual provider-specific fee schedule for additional information
99442	Phone e/m phys/qhp 11-20 min				Non-Fac Fee: \$15.45 Fac Fee: \$14.66	See individual provider-specific fee schedule for additional information
99443	Phone e/m phys/qhp 21-30 min				Non-Fac Fee: \$22.58 Fac Fee: \$21.79	See individual provider-specific fee schedule for additional information
99473	Self-meas bp pt educaj/train	GT		02	\$6.14	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: \$8.32 Fac Fee: \$4.95	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. Coverage effective 4/1/2020.
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. Coverage effective 3/10/2020.
D0140	Limit Oral Eval Problem Focus			02	\$14.89	Dental providers only, refer to the Dental fee schedule for additional information

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E0487	Spirometer, electric, includes all accessories				Manual Pricing	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E1399	Durable Medical Equipment Mi (Non-Sterile Disposable Patient Gowns)	CR			\$0.78	See individual provider-specific fee schedule for additional information
E2358	Gr 34 Nonsealed Leadacid	CR			Code requires invoice submitted with claim in DMP	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2359	Gr 34 Sealed Leadacid Battery	CR			\$169.38	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2360	22nf Nonsealed Leadacid	CR			\$112.76	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2361	22nf Sealed Leadacid Battery	CR			\$151.30	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2362	Gr24 Nonsealed Leadacid	CR			\$109.69	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2363	Gr24 Sealed Leadacid Battery	CR			\$192.06	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2364	U1Nonsealed Leadacid Battery	CR			\$112.76	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2365	U1 Sealed Leadacid Battery	CR			\$127.38	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2366	Battery Charger, Single Mode	CR			\$162.99	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
E2367	Battery Charger, Dual Mode	CR			\$292.15	See individual provider-specific fee schedule for additional information. Coverage effective 4/1/2020.
G2023	Specimen collect covid-19				\$19.42	See individual provider-specific fee schedule for additional information. Coverage effective 3/10/2020.
H0002	Alcohol And/Or Drug Screenin	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
P9603	One-way allow prorated miles				\$1.03	See individual provider-specific fee schedule for additional information. Coverage effective 3/10/2020.
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 CMDS Clinic Fee Schedule for additional information

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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	\$36.64	See individual provider-specific fee schedule for additional information. Coverage for Audiologists effective 6/1/2020.
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. Coverage for Audiologists and Hearing Aid Dealers effective 6/1/2020.
V5020#	Conformity evaluation	GT		02	\$35.75	See individual provider-specific fee schedule for additional information. Coverage for Audiologists and Hearing Aid Dealers effective 6/1/2020.

*** 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 simulataneous audio and visual technology and must be reported with a GT modifier and POS 02 (on the

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