

**Michigan Department of Health and Human Services
COVID-19 Response: Service Exception Database *
January 1, 2023**

Revised: 07/19/2023

| Code | Short Description | Mod | Mod | POS | Maximum Fee | Comments |
|-------|------------------------------|-----|-----|-----|---|--|
| 0001A | Adm Sarscov2 30mcg/0.3ml 1st | | | | \$16.15 (12/11/20-12/31/2020) \$15.95 (01/01/2021-03/14/2021) \$37.85 (03/15/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/11/2020-04/17/2023. |
| 0002A | Adm Sarscov2 30mcg/0.3ml 2nd | | | | \$27.06 (12/11/20-12/31/2020) \$26.73 (01/01/2021-03/14/2021) \$37.85 (03/15/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/11/2020-04/17/2023. |
| 0003A | Adm Sarscov2 30mcg/0.3ml 3rd | | | | \$37.85 (08/12/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 08/12/2021-04/17/2023. |
| 0004A | Adm Sarscov2 30mcg/0.3ml Bst | | | | \$37.85 (09/22/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 09/22/2021-04/17/2023. |
| 0011A | Adm Sarscov2 100mcg/0.5ml1st | | | | \$16.15 (12/18/20-12/31/2020) \$15.95 (01/01/2021-03/14/2021) \$37.85 (03/15/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/18/2020-04/17/2023. |
| 0012A | Adm Sarscov2 100mcg/0.5ml2nd | | | | \$27.06 (12/18/20-12/31/2020) \$26.73 (01/01/2021-03/14/2021) \$37.85 (03/15/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/18/2020-04/17/2023. |
| 0013A | Adm Sarscov2 100mcg/0.5ml3rd | | | | \$37.85 (08/12/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 08/12/2021-04/17/2023. |
| 0031A | Adm Sarscov2 Vac Ad26 .5ml | | | | \$26.73 (02/27/2021-03/14/2021) \$37.85 (03/15/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-06/01/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 2/27/2021-06/01/2023. |
| 0034A | Adm Sarscov2 Vac Ad26 .5ml B | | | | \$37.85 (10/20/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-06/01/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/20/2021-06/01/2023. |
| 0041A | Adm Sarscov2 5mcg/0.5ml 1st | | | | 37.53 (07/13/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 07/13/2022. |

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|-------|------------------------------|-----|-----|-----|---|--|
| 0042A | Adm Sarscov2 5mcg/0.5ml 2nd | | | | 37.53 (07/13/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 07/13/2022. |
| 0044A | Adm Sarscov2 5mcg/0.5ml Bst | | | | 37.53 (10/19/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 10/19/2022. |
| 0051A | Adm Sarscv2 30mcg Trs-Sucr 1 | | | | \$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 0052A | Adm Sarscv2 30mcg Trs-Sucr 2 | | | | \$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 0053A | Adm Sarscv2 30mcg Trs-Sucr 3 | | | | \$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 0054A | Adm Sarscv2 30mcg Trs-Sucr B | | | | \$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 0064A | Adm Sarscov2 50mcg/0.25mlbst | | | | \$37.85 (10/20/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/20/2021-04/17/2023. |
| 0071A | Adm Sarscv2 10mcg Trs-Sucr 1 | | | | \$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 0072A | Adm Sarscv2 10mcg Trs-Sucr 2 | | | | \$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 0073A | Adm Sarscv2 10mcg Trs-Sucr 3 | | | | \$37.53 (01/03/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 01/03/2022-04/17/2023. |
| 0074A | Adm Sarscv2 10mcg Trs-Sucr B | | | | \$37.53 (05/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 05/17/2022-04/17/2023. |
| 0081A | Adm Sarscv2 3mcg Trs-Sucr 1 | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0082A | Adm Sarscv2 3mcg Trs-Sucr 2 | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0083A | Adm Sarscv2 3mcg Trs-Sucr 3 | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0091A | Adm Sarscov2 50 Mcg/.5 Ml1st | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |

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| 0092A | Adm Sarscov2 50 Mcg/.5 MI2nd | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0093A | Adm Sarscov2 50 Mcg/.5 MI3rd | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0094A | Adm Sarscov2 50 Mcg/.5 MIbst | | | | \$37.53 (03/29/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 03/29/2022-04/17/2023. |
| 0111A | Adm Sarscov2 25mcg/0.25ml1st | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0112A | Adm Sarscov2 25mcg/0.25ml2nd | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0113A | Adm Sarscov2 25mcg/0.25ml3rd | | | | \$37.53 (06/17/2022-12/31/2022) \$39.98 (01/01/2023-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 0124A | Adm Sarscv2 Bvl 30mcg/.3ml B | | | | \$37.53 (08/31/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 08/31/2022. |
| 0134A | Adm Sarscv2 Bvl 50mcg/.5ml B | | | | \$37.53 (08/31/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 08/31/2022. |
| 0144A | Adm Srscv2 Bvl 25mcg/.25ml B | | | | \$37.53 (10/12/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 10/12/2022. |
| 0154A | Adm Sarscv2 Bvl 10mcg/.2ml B | | | | \$37.53 (10/12/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 10/12/2022. |
| 0164A | Adm Srscv2 Bvl 10mcg/0.2ml B | | | | \$37.53 (12/08/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2022. |
| 0173A | Adm Sarscv2 Bvl 3mcg/0.2ml 3 | | | | \$37.53 (12/08/2022-12/31/2022) \$39.98 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2022. |
| 0174A | Adm Sarscv2 Bvl 3mcg/0.2ml B | | | | \$39.98 (03/14/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 03/14/2023. |
| 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 (12/11/2020-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/11/2020-04/17/2023. |
| 91301 | Sarscov2 Vac 100mcg/0.5ml Im | | | | \$0.00 (12/18/2020-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/18/2020-04/17/2023. |

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|---------|------------------------------|-----|-----|-----|--------------------------------|---|
| 91303 | Sarscov2 Vac Ad26 .5ml Im | | | | \$0.00 (02/27/2021-06/01/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 2/27/2021-06/01/2023. |
| 91304 | Sarscov2 Vac 5mcg/0.5ml Im | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 7/13/2022. |
| 91305 | Sarscov2 Vac 30 Mcg Trs-Sucr | | | | \$0.00 (10/29/2021-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 91306 | Sarscov2 Vac 50mcg/0.25ml Im | | | | \$0.00 (10/20/2021-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/20/2021-04/17/2023. |
| 91307 | Sarscov2 Vac 10 Mcg Trs-Sucr | | | | \$0.00 (10/29/2021-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021-04/17/2023. |
| 91308 | Sarscov2 Vac 3 Mcg Trs-Sucr | | | | \$0.00 (06/17/2022-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 91309 | Sarscov2 Vac 50mcg/0.5ml Im | | | | \$0.00 (03/29/2022-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 03/29/2022-04/17/2023. |
| 91311 | Sarscov2 Vac 25mcg/0.25ml Im | | | | \$0.00 (06/17/2022-04/17/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022-04/17/2023. |
| 91312 | Sarscov2 Vac Bvl 30mcg/0.3ml | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 08/31/2022. |
| 91313 | Sarscov2 Vac Bvl 50mcg/0.5ml | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 08/31/2022. |
| 91314 | Sarscov2 Vac Bvl 25mcg/.25ml | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 10/12/2022. |
| 91315 | Sarscov2 Vac Bvl 10mcg/0.2ml | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 10/12/2022. |
| 91316 | Sarscov2 Vac Bvl 10mcg/0.2ml | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2022. |
| 91317 | Sarscov2 Vac Bvl 3mcg/0.2ml | | | | \$0.00 | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2022. |
| 92507 # | Speech/Hearing Therapy | GT | | 02 | \$49.09 | See individual provider-specific fee schedule for additional information. |
| 92508 # | Speech/Hearing Therapy | GT | | 02 | \$15.29 | See individual provider-specific fee schedule for additional information. |
| 92521 # | Evaluation Of Speech Fluency | GT | | 02 | \$85.26 | See individual provider-specific fee schedule for additional information. |
| 92522 # | Evaluate Speech Production | GT | | 02 | \$71.26 | See individual provider-specific fee schedule for additional information. |
| 92523 # | Speech Sound Lang Comprehen | GT | | 02 | \$146.19 | See individual provider-specific fee schedule for additional information. |
| 92524 # | Behavral Qualit Analys Voice | GT | | 02 | \$70.40 | See individual provider-specific fee schedule for additional information. |
| 92526 # | Oral Function Therapy | GT | | 02 | \$54.47 | See individual provider-specific fee schedule for additional information. Coverage effective 7/01/2021. |
| 92590 # | Hearing Aid Exam One Ear | GT | | 02 | \$56.28 | See individual provider-specific fee schedule for additional information. |
| 92591 # | Hearing Aid Exam Both Ears | GT | | 02 | \$56.28 | See individual provider-specific fee schedule for additional information. |

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| 92601 # | Cochlear Implt F/Up Exam <7 | GT | | 02 | \$95.09 | See individual provider-specific fee schedule for additional information. |
| 92602 # | Reprogram Cochlear Implt <7 | GT | | 02 | \$60.22 | See individual provider-specific fee schedule for additional information. |
| 92603 # | Cochlear Implt F/Up Exam 7/> | GT | | 02 | \$89.15 | See individual provider-specific fee schedule for additional information. |
| 92604 # | Reprogram Cochlear Implt 7/> | GT | | 02 | \$53.88 | See individual provider-specific fee schedule for additional information. |
| 92626 # | Eval Aud Funcj 1st Hour | GT | | 02 | Non-Fac Fee: \$51.31 Fac Fee: \$43.78 | See individual provider-specific fee schedule for additional information. |
| 92627 # | Eval Aud Funcj Ea Addl 15 | GT | | 02 | Non-Fac Fee: \$12.08 Fac Fee: \$10.30 | See individual provider-specific fee schedule for additional information. |
| 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: \$70.33 Fac Fee: \$63.59 | See individual provider-specific fee schedule for additional information |
| 96131 | Psycl Tst Eval Phys/Qhp Ea | GT | | 02 | Non-Fac Fee: \$50.71 Fac Fee: \$44.77 | See individual provider-specific fee schedule for additional information |
| 96132 | Nrpsyc Tst Eval Phys/Qhp 1st | GT | | 02 | Non-Fac Fee: \$76.07 Fac Fee: \$62.01 | See individual provider-specific fee schedule for additional information |
| 96133 | Nrpsyc Tst Eval Phys/Qhp Ea | GT | | 02 | Non-Fac Fee: \$57.85 Fac Fee: \$44.77 | See individual provider-specific fee schedule for additional information |
| 96136 | Psycl/Nrpsyc Tst Phy/Qhp 1st | GT | | 02 | Non-Fac Fee: \$24.96 Fac Fee: \$13.67 | See individual provider-specific fee schedule for additional information |
| 96137 | Psycl/Nrpsyc Tst Phy/Qhp Ea | GT | | 02 | Non-Fac Fee: \$22.98 Fac Fee: \$10.50 | See individual provider-specific fee schedule for additional information |
| 96138 | Psycl/Nrpsyc Tech 1st | GT | | 02 | \$20.01 | 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 | \$14.26 | MIHP only, refer to the MIHP database for additional information |
| 97110 # | Therapeutic Exercises | GT | | 02 | \$18.95 | 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 | \$18.95 | 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 | \$13.78 | See individual provider-specific fee schedule for additional information |

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| 97161 # | Pt Eval Low Complex 20 Min | GT | | 02 | \$64.59 | See individual provider-specific fee schedule for additional information |
| 97162 # | Pt Eval Mod Complex 30 Min | GT | | 02 | \$64.59 | See individual provider-specific fee schedule for additional information |
| 97163 # | Pt Eval High Complex 45 Min | GT | | 02 | \$64.59 | See individual provider-specific fee schedule for additional information |
| 97164 # | Pt Re-Eval Est Plan Care | GT | | 02 | \$44.78 | See individual provider-specific fee schedule for additional information |
| 97165 # | Ot Eval Low Complex 30 Min | GT | | 02 | \$64.59 | See individual provider-specific fee schedule for additional information |
| 97166 # | Ot Eval Mod Complex 45 Min | GT | | 02 | \$64.59 | See individual provider-specific fee schedule for additional information |
| 97167 # | Ot Eval High Complex 60 Min | GT | | 02 | \$64.59 | See individual provider-specific fee schedule for additional information |
| 97168 # | Ot Re-Eval Est Plan Care | GT | | 02 | \$44.57 | 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 | \$23.90 | See individual provider-specific fee schedule for additional information |
| 97535 # | Self Care/Home Mgmnt | GT | | 02 | \$21.10 | See individual provider-specific fee schedule for additional information |
| 97760 # | Orthotic Mgmt&traing 1st Enc | GT | | 02 | \$31.22 | See individual provider-specific fee schedule for additional information |
| 97761 # | Prosthetic Traing 1st Enc | GT | | 02 | \$26.91 | See individual provider-specific fee schedule for additional information |
| 97763 # | Orthc/Prostc Mgmt Sbsq Enc | GT | | 02 | \$34.23 | See individual provider-specific fee schedule for additional information |
| 99000 | Specimen Handling Office-Lab | | | | \$13.67 | See individual provider-specific fee schedule for additional information. |
| 99001 | Specimen Handling Pt-Lab | | | | \$13.67 | See individual provider-specific fee schedule for additional information. |
| 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 |

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**Michigan Department of Health and Human Services
COVID-19 Response: Service Exception Database *
January 1, 2023**

Revised: 07/19/2023

| Code | Short Description | Mod | Mod | POS | Maximum Fee | Comments |
|-------|---|-----|-----|-----|---|---|
| 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 |
| 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 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: \$32.88 Fac Fee: \$20.40 | See individual provider-specific fee schedule for additional information |
| 99442 | Phone E/M Phys/Qhp 11-20 Min | | | | Non-Fac Fee: \$53.09 Fac Fee: \$38.63 | See individual provider-specific fee schedule for additional information |
| 99443 | Phone E/M Phys/Qhp 21-30 Min | | | | Non-Fac Fee: \$74.68 Fac Fee: \$56.66 | See individual provider-specific fee schedule for additional information |
| 99473 | Self-Meas Bp Pt Educaj/Train | GT | | 02 | \$7.53 | 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: \$8.91 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 |
| 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 | \$45.33 | Dental providers only, refer to the Dental 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 |

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COVID-19 Response: Service Exception Database *
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Revised: 07/19/2023

| Code | Short Description | Mod | Mod | POS | Maximum Fee | Comments |
|-------|------------------------------|-----|-----|-----|--|--|
| G2023 | Specimen Collect Covid-19 | | | | \$19.42 | See individual provider-specific fee schedule for additional information. |
| 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 |
| J0248 | Inj, remdesivir, 1 mg | | | | \$5.51 | See individual provider-specific fee schedule for additional information. Coverage effective 12/23/2021. |
| M0201 | COVID-19 Vaccine Home Admin | | | | \$33.24 (06/08/2021-12/31/2021) \$33.63 (01/01/2022-12/31/2022) \$35.49 (01/01/2023-TBD) | See individual provider-specific fee schedule for additional information. Coverage effective 06/08/2021. |
| M0220 | Tixagev And Cilgav Inj | | | | \$138.30 (12/08/2021-12/31/2022) \$144.93 (01/01/2023-01/26/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2021-01/26/2023. |
| M0221 | Tixagev And Cilgav Inj Hm | | | | \$230.17 (12/08/2021-12/31/2022) \$241.23 (01/01/2023-01/26/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2021-01/26/2023. |
| M0222 | Bebtelovimab Injection | | | | \$322.06 (02/11/2022-11/30/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 2/11/2022-11/30/2022. |
| M0223 | Bebtelovimab Injection Home | | | | \$505.48 (02/11/2022-11/30/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 2/11/2022 11/30/2022. |
| M0240 | Casiri And Imdev Repeat | | | | \$413.02 (07/30/2021-12/31/2021) \$413.61 (01/01/2022-1/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 7/30/2021-01/24/2022. |
| M0241 | Casiri And Imdev Repeat Hm | | | | \$688.93 (07/30/2021-12/31/2021) \$688.92 (01/01/2022-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 7/30/2021-01/24/2022. |
| M0243 | Casirivi And Imdevi Inj | | | | \$285.74 (11/21/2020-12/31/2020) \$285.51 (01/01/2021-05/05/2021) \$413.02 (05/06/2021-12/31/2021) \$413.61 (01/01/2022-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 11/21/2020-01/24/2022. |
| M0244 | Casirivi And Imdevi Inj Hm | | | | \$688.93 (05/06/2021-12/31/2021) \$688.92 (01/01/2022-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 05/06/2021-01/24/2022. |
| M0245 | Bamlan And Etesev Infusion | | | | \$285.51 (02/09/2021-05/05/2021) \$413.02 (05/06/2021-12/31/2021) \$413.61 (01/01/2022-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 2/9/2021-01/24/2022. |
| M0246 | Bamlan And Etesev Infus Home | | | | \$688.93 (05/06/2021-12/31/2021) \$688.92 (01/01/2022-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 05/06/2021-01/24/2022. |
| M0247 | Sotrovimab Infusion | | | | \$413.02 (05/26/2021-12/31/2021) \$413.61 (01/01/2022-04/05/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 05/26/2021-04/05/2022. |
| M0248 | Sotrovimab Inf, Home Admin | | | | \$688.93 (05/26/2021-12/31/2021) \$688.92 (01/01/2022-04/05/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 05/26/2021-04/05/2022. |
| P9603 | One-Way Allow Prorated Miles | | | | \$1.11 | See individual provider-specific fee schedule for additional information. |

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**Michigan Department of Health and Human Services
COVID-19 Response: Service Exception Database *
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Revised: 07/19/2023

| Code | Short Description | Mod | Mod | POS | Maximum Fee | Comments |
|---|--------------------------------|-----|-----|-----|--|---|
| Q0220 | Tixagev And Cilgav, 300mg | | | | \$0.00 (12/08/2021-01/26/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2021-01/26/2023. |
| Q0221 | Tixagev And Cilgav, 600mg | | | | \$0.00 (02/24/2022-01/26/2023) | See individual provider-specific fee schedule for additional information. Coverage effective 02/24/2022-01/26/2023. |
| Q0222 | Bebtelovimab 175 Mg | | | | \$0.00 (02/11/22-08/14/2022) \$2,394.00 (08/15/2022-11/30/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 2/11/2022-11/30/2022. |
| Q0240 | Casirivi And Imdevi 600 Mg | | | | \$0.00 (07/30/2021-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 7/30/2021-01/24/2022. |
| Q0243 | Casirivimab And Imdevimab | | | | \$0.00 (11/21/2020-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 11/21/2020-01/24/2022. |
| Q0244 | Casirivi And Imdevi 1200 Mg | | | | \$0.00 (06/03/2021-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 06/03/2021-01/24/2022. |
| Q0245 | Bamlanivimab And Etesevima | | | | \$0.00 (02/09/2021-01/24/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 2/9/2021-01/24/2022. |
| Q0247 | Sotrovimab | | | | \$2394.00 (05/26/2021-04/05/2022) | See individual provider-specific fee schedule for additional information. Coverage effective 05/26/2021-04/05/2022. |
| 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 |
| 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. |
| S9445 | PT Education Noc Individ | GT | | 02 | \$75.00 | 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 | \$35.75 | 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) | | | | | | |

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