

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

**Revised: 12/27/2022**

Code	Short Description	Mod	Mod	POS	Maximum Fee	Comments
0001A	Adm Sarscov2 30mcg/0.3ml 1st				\$16.15 (12/11/20-12/31/2020) \$15.95 (01/01/2021-03/14/2021) \$37.85 (03/15/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 12/11/2020.
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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 12/11/2020.
0003A	Adm Sarscov2 30mcg/0.3ml 3rd				\$37.85 (08/12/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 08/12/2021.
0004A	Adm Sarscov2 30mcg/0.3ml Bst				\$37.85 (09/22/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 09/22/2021.
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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 12/18/2020.
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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 12/18/2020.
0013A	Adm Sarscov2 100mcg/0.5ml3rd				\$37.85 (08/12/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 08/12/2021.
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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 2/27/2021.
0034A	Adm Sarscov2 Vac Ad26 .5ml B				\$37.85 (10/20/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/20/2021.
0041A	Adm Sarscov2 5mcg/0.5ml 1st				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 07/13/2022.
0042A	Adm Sarscov2 5mcg/0.5ml 2nd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 07/13/2022.
0044A	Adm Sarscov2 5mcg/0.5ml Bst				\$37.53	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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021.
0052A	Adm Sarscv2 30mcg Trs-Sucr 2				\$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021.
0053A	Adm Sarscv2 30mcg Trs-Sucr 3				\$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021.

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0054A	Adm Sarscv2 30mcg Trs-Sucr B				\$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021.
0064A	Adm Sarscov2 50mcg/0.25mlbst				\$37.85 (10/20/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/20/2021.
0071A	Adm Sarscv2 10mcg Trs-Sucr 1				\$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021.
0072A	Adm Sarscv2 10mcg Trs-Sucr 2				\$37.85 (10/29/2021-12/31/2021) \$37.53 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 10/29/2021.
0073A	Adm Sarscv2 10mcg Trs-Sucr 3				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 01/03/2022
0074A	Adm Sarscv2 10mcg Trs-Sucr B				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 05/17/2022
0081A	Adm Sarscv2 3mcg Trs-Sucr 1				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0082A	Adm Sarscv2 3mcg Trs-Sucr 2				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0083A	Adm Sarscv2 3mcg Trs-Sucr 3				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0091A	Adm Sarscov2 50 Mcg/.5 MI1st				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0092A	Adm Sarscov2 50 Mcg/.5 MI2nd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0093A	Adm Sarscov2 50 Mcg/.5 MI3rd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0094A	Adm Sarscov2 50 Mcg/.5 MIbst				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 03/29/2022
0111A	Adm Sarscov2 25mcg/0.25ml1st				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0112A	Adm Sarscov2 25mcg/0.25ml2nd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0113A	Adm Sarscov2 25mcg/0.25ml3rd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 06/17/2022
0124A	Adm Sarscov2 30mcg/0.3ml3rd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 08/31/2022.
0134A	Adm Sarscov2 50mcg/0.5ml3rd				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 08/31/2022.
0144A	Adm Sarscv2 Bvl 25mcg/.25ml B				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 10/12/2022.

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Code	Short Description	Mod	Mod	POS	Maximum Fee	Comments
0154A	Adm Srscv2 Bvl 10mcg/.2 ml B				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 10/12/2022.
0164A	Adm Srscv2 Bvl 10mcg/0.2 ml B				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2022.
0173A	Adm Srscv2 Bvl 3mcg/0.2 ml 3				\$37.53	See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2022.
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. Coverage effective 12/11/2020.
91301	Sarscov2 Vac 100mcg/0.5ml Im				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 12/18/2020.
91303	Sarscov2 Vac Ad26 .5ml Im				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 2/27/2021.
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	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 50mcg/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.
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.

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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	\$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 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 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.

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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 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 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 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 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 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 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
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

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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 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
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: \$32.49 Fac Fee: \$20.60	See individual provider-specific fee schedule for additional information

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99442	Phone E/M Phys/Qhp 11-20 Min				Non-Fac Fee: \$52.50 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 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 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.
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.

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

**Revised: 12/27/2022**

<b>Code</b>	<b>Short Description</b>	<b>Mod</b>	<b>Mod</b>	<b>POS</b>	<b>Maximum Fee</b>	<b>Comments</b>
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. Coverage effective 12/23/2021.
M0201	COVID-19 Vaccine Home Admin				\$33.24 (06/08/2021-12/31/2021) \$33.63 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 06/08/2021.
M0220	Tixagev And Cilgav Inj				\$138.30	See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2021.
M0221	Tixagev And Cilgav Inj Hm				\$230.17	See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2021.
M0222	Bebtelovimab Injection				\$322.06	See individual provider-specific fee schedule for additional information. Coverage effective 2/11/2022.
M0223	Bebtelovimab Injection Home				\$505.48	See individual provider-specific fee schedule for additional information. Coverage effective 2/11/2022.
M0239	Bamlanivimab-Xxxx Infusion				\$285.74 (11/10/2020-12/31/2020) \$285.51 (01/01/2021-04/16/2021)	See individual provider-specific fee schedule for additional information. Coverage effective 11/10/2020-04/16/2021.
M0240	Casiri And Imdev Repeat				\$413.02 (07/30/2021-12/31/2021) \$413.61 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 7/30/2021.
M0241	Casiri And Imdev Repeat Hm				\$688.93 (07/30/2021-12/31/2021) \$688.92 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 7/30/2021.
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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 11/21/2020.
M0244	Casirivi And Imdevi Inj Hm				\$688.93 (05/06/2021-12/31/2021) \$688.92 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 05/06/2021.
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-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 2/9/2021.
M0246	Bamlan And Etesev Infus Home				\$688.93 (05/06/2021-12/31/2021) \$688.92 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 05/06/2021.
M0247	Sotrovimab Infusion				\$413.02 (05/26/2021-12/31/2021) \$413.61 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 05/26/2021.
M0248	Sotrovimab Inf, Home Admin				\$688.93 (05/26/2021-12/31/2021) \$688.92 (01/01/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 05/26/2021.
P9603	One-Way Allow Prorated Miles				\$1.04	See individual provider-specific fee schedule for additional information.

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**Michigan Department of Health and Human Services  
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**Revised: 12/27/2022**

Code	Short Description	Mod	Mod	POS	Maximum Fee	Comments
Q0220	Tixagev And Cilgav, 300mg				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 12/08/2021.
Q0221	Tixagev And Cilgav, 600mg				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 02/24/2022.
Q0222	Bebtelovimab 175 Mg				\$0.00 (02/11/22-08/14/2022) \$2,394.00 (08/15/2022-TBD)	See individual provider-specific fee schedule for additional information. Coverage effective 2/11/2022.
Q0239	Bamlanivimab-Xxxx				\$0.00	See individual provider-specific fee schedule for additional information. 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. Coverage effective 7/30/2021.
Q0243	Casirivimab And Imdevimab				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 11/21/2020.
Q0244	Casirivi And Imdevi 1200 Mg				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 06/03/2021.
Q0245	Bamlanivimab And Etesevima				\$0.00	See individual provider-specific fee schedule for additional information. Coverage effective 2/9/2021.
Q0247	Sotrovimab				\$2,394.00	See individual provider-specific fee schedule for additional information. 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 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.
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.**

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

Revised: 12/27/2022

Code	Short Description	Mod	Mod	POS	Maximum Fee	Comments
# 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.						

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