Bureau of Specialty Behavioral Health Services

Telemedicine Database

Effective: June 1, 2026

Please refer to MMP 23-10 for policy requirements and standards of appropriate use of telemedicine within the Michigan Medicaid Program.

HCPCS/ CPT Code	Description	Simultaneous Audio/Visual Must Include: POS 02 or POS 10 No Modifier Required	Audio Only Allowed Must Include: Modifier 93 & POS 02 or POS 10
90785	Interactive Complexity - This code is reported in addition to the code for a primary psychiatric service. It is reported when the patient being treated has certain factors that increase the complexity of treatment rendered. These factors are limited to the following: the need to manage disruptive communication that complicates the delivery of treatment; complications involving the implementation of a treatment plan due to caregiver behavioral or emotional interference; evidence of a sentinel event with subsequent disclosure to a third party and discussion and/or reporting to the patient(s); or use of play equipment or translator to enable communication when a barrier exists.	Yes	Yes
90791	Psychiatric diagnostic evaluation (no medical services)	Yes	No
90792	Psychiatric diagnostic evaluation with medical services	Yes	No
90832	Individual therapy, adult or child, 30 minutes of psychotherapy	Yes	Yes
90833	Psychotherapy with evaluation and management (30 min); add-on codes only	Yes	No
90834	Mental Health Outpatient Care & SUD Outpatient Care - Individual therapy, adult or child, 45 minutes	Yes	Yes
90836	Psychotherapy with evaluation and management (45 min); add-on codes only	Yes	No
90837	Mental Health Outpatient Care & SUD Outpatient Care - Psychotherapy, 60 minutes with individual and/or family member	Yes	No
90838	Psychotherapy with evaluation and management (60 min)	Yes	No
90839	Psychotherapy for Crisis First 60 Minutes	Yes	Yes
90840	Psychotherapy for Crisis Each Additional 30 Minutes	Yes	Yes
90846	Family Psychotherapy (without patient present) & SUD Outpatient Treatment & PMTO 50 minutes For 90846 and 90847 use modifier Y3 when reporting Parent Management Training Oregon Model.	Yes	No
90847	Family Psychotherapy (conjoint psychotherapy) (with patient present) & SUD Outpatient Treatment & PMTO For 90846 and 90847 use modifier Y3 when reporting Parent Management Training Oregon Model.	Yes	No
90849	Multiple-family Group Psychotherapy & SUD Outpatient Treatment & PMTO	Yes	No
90853	Therapy-Group Therapy & SUD Outpatient Treatment - Group therapy, adult or child, per session Includes MOM Power	Yes	No
90887	Assessments-Other	Yes	Yes
92507	Speech, Hearing & Language Therapy - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, per session	Yes	
92508	Speech, Hearing & Language Therapy - Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals, per session	Yes	
92521	Speech, Hearing & Language Therapy - Evaluation of speech fluency (e.g., stuttering, cluttering)	Yes	
92522	Speech, Hearing & Language Therapy - Evaluation of speech sound production	Yes	
92523	Speech, Hearing & Language Therapy - Evaluation of speech sound production with evaluation of language comprehension and expression	Yes	
92524	Speech, Hearing & Language Therapy - Behavioral and qualitative analysis of voice and resonance	Yes	
92626	Evaluation of Auditory Rehabilitation Status - Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour **(Child Waiver Only)**	Yes	

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92627	Evaluation of Auditory Rehabilitation Status - Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure) **(Child Waiver Only)**	Yes	
92630	Auditory rehabilitation; prelingual hearing loss **(Child Waiver Only)**	Yes	
92633	Auditory rehabilitation; postlingual hearing loss (Child Waiver Only)	Yes	
96105	Assessments-Other - Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.) Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report	Yes	
96110	Assessments-Other - Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.) Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Yes	
96112	Assessments - Testing - Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.) Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report For reporting BHT/ABA eligibility assessments and re-evaluation assessments related to Autism by a Qualified Licensed Practitioner, working within their scope of practice with training, experience, and expertise in ASD	Yes	
96113	Assessments - Testing - Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.) Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) For reporting BHT/ABA eligibility assessments and re-evaluation assessments related to Autism by a Qualified Licensed Practitioner, working within their scope of practice with training, experience, and expertise in ASD	Yes	
96116	Neurobehavioral Status Exam - Psychological testing Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; For reporting BHT/ABA eligibility assessments and re-evaluation assessments related to Autism by a Qualified Licensed Practitioner, working within their scope of practice with training, experience, and expertise in ASD	Yes	
96121	Assessments - Testing - Psychological testing Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report	Yes	
96127	Assessments-Other - Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.) Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	Yes	

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96130	Assessments - Testing -Psychological testing Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed;	Yes	
96131	Assessments - Testing - Psychological testing Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure	Yes	
96132	Assessments - Testing - Psychological testing Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed;	Yes	
96133	Assessments - Testing - Psychological testing Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	
96136	Assessments - Testing -Psychological testing Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method	Yes	
96137	Assessments - Testing - Psychological testing - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	
96138	Assessments - Testing - Psychological testing Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method	Yes	
96139	Assessments - Testing - Psychological testing Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	
96146	Assessments - Testing - Psychological testing Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Yes	
97110	Occupational Therapy & Physical Therapy - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Yes	
97112	Occupational Therapy & Physical Therapy - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Yes	
97116	Occupational Therapy & Physical Therapy - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Yes	
97129	Occupational Therapy - Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Yes	

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97130	Occupational Therapy - Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Yes	
97155	ABA Clinical Observation and Direction of Adaptive Behavior Treatment - Clinical observation & direction of adaptive behavior treatment with protocol modification administered by qualified professional, face- to- face with one individual	Yes	
97156	ABA Family Behavior Treatment Guidance - Family behavior treatment guidance administered by qualified professional.	Yes	
97157	ABA Family Behavior Treatment Guidance - Multiple family behavior treatment guidance administered by qualified professional.	Yes	
97158	ABA Adaptive Behavior Treatment Social Skills Group	Yes	
97164	Physical Therapy - Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	Yes	
97168	Occupational Therapy - Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Yes	
97530	Occupational Therapy & Physical Therapy - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Yes	
97535	Occupational Therapy - Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Yes	
97763	Occupational Therapy - Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Yes	
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion		Yes, report POS only, no audio-only modifier
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion		Yes, report POS only, no audio-only modifier
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion		Yes, report POS only, no audio-only modifier
99202	New Patient Evaluation and Management & SUD New Patient E&M - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Yes	
99203	New Patient Evaluation and Management & SUD New Patient E&M - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Yes	

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99204	New Patient Evaluation and Management & SUD New Patient E&M - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Yes	
99205	New Patient Evaluation and Management & SUD New Patient E&M - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Yes	
99211	Established Patient Evaluation and Management & SUD Established E&M - Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Yes	
99212	Established Patient Evaluation and Management & SUD Established E&M - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Yes	Yes
99213	Established Patient Evaluation and Management & SUD Established E&M - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Yes	
99214	Established Patient Evaluation and Management & SUD Established E&M - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Yes	
99215	Established Patient Evaluation and Management & SUD Established E&M - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Yes	
99231	Additional Codes-Physician Services - Subsequent Hospital Care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	Yes	
99232	Additional Codes-Physician Services - Subsequent Hospital Care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	Yes	
99233	Additional Codes-Physician Services - Subsequent Hospital Care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	Yes	
99307	Nursing Facility Services evaluation and management - Subsequent Nursing Facility Care - Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	

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99308	Nursing Facility Services evaluation and management - Subsequent Nursing Facility Care - Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	
99309	Nursing Facility Services evaluation and management - Subsequent Nursing Facility Care - Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	
99310	Nursing Facility Services evaluation and management - Subsequent Nursing Facility Care - Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	Yes	
99441	Telephone Calls for Patient Management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion		Yes, report POS only, no audio-only modifier
99442	Telephone Calls for Patient Management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion		Yes, report POS only, no audio-only modifier
99443	Telephone Calls for Patient Management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion		Yes, report POS only, no audio-only modifier
G0176	Activity Therapy (Children's Waiver & SEDW) - Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Yes	
G0177	Family Training/Support EBP only - Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Yes	
G0409	Substance Use Disorder Recovery Support Services - Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF qualified social worker or psychologist in a CORF)	Yes	
G2067	Substance Use Disorder MAT - Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Yes	
G2077	Substance Use Disorder: MAT Periodic Assessment - Periodic assessment: assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program)	Yes	
G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion		Yes, report POS only, no audio-only modifier

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H0001	Substance Use Disorder Individual Assessment - Alcohol and/or drug assessment	Yes	Yes
H0002	Assessments - Health Psychiatric Evaluation - Psychological testing Other assessments, tests: Behavioral health screening to determine eligibility for admission to treatment program - **Audio only when determining level of care for admission and/or continued authorization for current services (screening).**	Yes	Yes - when determining level of care for admission and/or continued authorization for current services (screening).
H0004	Substance Use Disorder Outpatient Treatment - Behavioral health counseling and therapy, per 15 minutes	Yes	Yes
H0005	Substance Use Disorder Outpatient Treatment - Alcohol and/or drug services; group counseling by a clinician	Yes	
H0015	Substance Use Disorder Intensive Outpatient Care - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Yes	
H0022	Substance Use Disorder Early Intervention - Alcohol and/or drug intervention service (planned facilitation)	Yes	Yes
H0025	Prevention Services - Direct Model - Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the beneficiary's behavioral functionality, resilience and optimal mental health, thus reducing the need for individuals to seek treatment through the public mental health system	Yes	
H0031	Assessment, by non-physician.	Yes	
H0032	Treatment Planning & Monitoring of Treatment - Clinician - Mental health service plan development by nonphysician	Yes	
H0034	Medication training and support	Yes	Yes
H0036	Home Based Services - Community psychiatric supportive treatment, face-to-face, per 15 minutes	Yes	
H0038	Peer-Directed and Operated Support Services & Recovery Support Services	Yes	
H0039	Assertive Community Treatment (ACT) **- Only allowable for psychotherapy and psychiatric providers that are providing those services reported under the ACT code**.	Yes	Yes
H0039-WN	Assertive Community Treatment (ACT) - Pre-Admission Screening	Yes	Yes
H0046	Peer Mentor Services Provided by a Peer Mentor with Intellectual and/or Developmental Disabilities (I/DD)	Yes	Yes
H0050	Substance Abuse: Outpatient Care – alcohol and/or other drug services, brief intervention	Yes	
H2011	Crisis Intervention - **this does not include mobile crisis (H2011-HT). Mobile crisis cannot be provided via telemedicine.**	Yes	Yes
H2014	Skill-Building	Yes	
H2014-WZ	Out of Home Non Vocational Habilitation - **this cannot be provided in the beneficiary home**	Yes	
H2015	Community Living Supports (15 Minutes) **- when these services only require verbal cuing or direction and not physical (hands on) prompting, guiding and/or training.**	Yes	
H2019	Dialectical Behavior Therapy (DBT)	Yes	

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H2021	Wraparound - **providers may only use telemedicine for wraparound activities as permissible under Medicaid policy**	Yes	
H2022	Wraparound for SEDW - **providers may only use telemedicine for wraparound activities as permissible under Medicaid policy**	Yes	
H2023	Supported Employment Services	Yes	Yes - for individual only. Not allowed for groups.
H2025	Supported Employment - Job Coaching	Yes	Yes - for individual only. Not allowed for groups.
H2027	Mental Health Therapy - Psychoeducational service, per 15 minutes	Yes	
H2030	Clubhouse Psychosocial Rehabilitation Programs	Yes	Yes
H2033	Home Based Services - Multisystemic therapy for juveniles, per 15 minutes	Yes	
H2033	MST – Crisis Intervention – **provider may provide the crisis intervention component of MST via audio-only and report this separately from other MST bundled services**	Yes	Yes
Q3014	Telemedicine Facility Fee	Yes	
S5111	Family Training - **providers may only use telemedicine for family training activities as permissible under Medicaid policy**	Yes	
S5116	Home Care Training, Non-Family (Children's Waiver, SEDW, and HSW) - **providers may only use telemedicine for home care training, non-family, activities as permissible under Medicaid policy**	Yes	
S9445	Health Services - Patient Education	Yes	Yes
S9482	Prevention Services - Direct Model	Yes	
S9484	Intensive Crisis Stabilization-Enrolled Program (for adults)	Yes	
T1007	Substance Abuse: Outpatient Care - Treatment planning - Alcohol and/or substance abuse services, Treatment plan development and/or modification	Yes	
T1012	Substance Abuse - Outpatient Care - Recovery Supports	Yes	Yes
T1015	Family Psycho-Education - EBP	Yes	
T1017	Targeted Case Management	Yes	
T1023	Assessments - Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Yes	Yes
T1027	Prevention Services - Direct Model	Yes	
T2015	Prevocational Service	Yes	

3/15/23: *added H0002, G2077, H0006, and T1007 for simultaneous audio/visual. Also, removed SIS from HOO31 and 'group' from 97153.*

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3/22/23: *removed H0006 per the guidance below on the "General Rules for Reporting" tab of the SFY 2023 Behavioral Health Code Charts and Provider Qualifications workbook. These are already allowed as non-face-to-face so would not need to be listed here.* *3. Face-to-face* *All procedures are face-to-face with consumer, except ABA Family Behavior Treatment Guidance, Adaptive Equipment, Behavior Treatment Plan Review, Environmental Modifications, Fiscal Intermediary, Goods and Services, Housing Assistance and Substance Use Disorder Case Management (H0006). Family Training, Family Psycho-Education, and Family Therapy must be face-to-face with a family member. Prevention (Direct Models), Home-based, and Wraparound must be face-to-face with consumer or family member. Additionally, codes available for "audio only" as permitted in the Bureau of Specialty Behavioral Health Services Telemedicine Database are not required to be face-to-face.*			
4/18/23: *added SEDW and HSW to S5116, clarified language on H0039, added H0050*			
4/28/23: *added H2019, updated G2251 as this is an audio only service so removed the yes from the simultaneous audio/visual column, and added a note to H2015. Additionally, removed the following ABA codes: 0362T, 97151, 97153 and 97154.*			
5/5/23: *modified H0002 to allow for audio only for when determining level of care for admission and/or continued authorization for current services (screening). Additionally, added Speech, Occupational, and Physical therapy codes.*			
5/16/23: *added audio only allowance to T1023 per Medicaid Provider Manual language.*			
5/31/23: *added H0046 to the database.*			
7/31/23: *added H0038 to the database. Effective 7/31/23.*			
8/28/23: *added a row for H2033 MST Crisis Intervention audio only. Effective: 8/28/23.*			
8/28/23: *added a row for H0039-WN. Effective: 8/28/23.*			
9/18/23: *added H0034 to the database. Effective 9/18/23.*			
11/16/23 *: removed the following language from H2014: "this cannot be provided in the beneficiary home" per November 7, 2023 memo from Belinda Hawks.*			
12/20/23: *added S9445 to the database. Effective 12/20/23.*			
6/15/26: *added T1027 to the database. Effective 7/1/26.*			