

MICHIGAN PIHP/CMHSP
 COVID-19 Encounter Code Chart
 Effective March 1, 2020

NOTE: Modifer GT and Place of Service Code of 02 are required on ALL services reported for the COVID-19 Face-to-Face Allowance

Description	HCP/PCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
Local Psychiatric Hospital/IMD PT68 bundled per diem		PT68	0100	NO	NO	
Local Psychiatric Hospital/IMD PT68 bundled per diem		PT68	0100	NO	NO	
Local Psychiatric Hospital/IMD PT68 physician costs excluded		PT68	0114, 0124, 0134, 0154	NO	NO	
Local Psychiatric Hospital/IMD PT68 physician costs excluded		PT68	0114, 0124, 0134, 0154	NO	NO	
Local Psychiatric Hospital - Acute Community PT73 bundled per diem		PT73	0100	NO	NO	
Local Psychiatric Hospital - Acute Community PT73 bundled per diem		PT73	0100	NO	NO	
Local Psychiatric Hospital - Acute Community PT73 physician costs excluded		PT73	0114, 0124, 0134, 0154	NO	NO	
Local Psychiatric Hospital - Acute Community PT73 physician costs excluded		PT73	0114, 0124, 0134, 0154	NO	NO	
Inpatient Hospital Ancillary Services - Room and Board			0144	NO	NO	
Inpatient Hospital Ancillary Services - Leave of Absence			0183	NO	NO	
Inpatient Hospital Ancillary Services - Pharmacy			0250-0254, 0257-0258	NO	NO	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices			0270-0272	NO	NO	
Inpatient Hospital Ancillary Services - Laboratory			0300-0302, 0305-0307	NO	NO	
Inpatient Hospital Ancillary Services - Radiology			0320	NO	NO	
ECT Anesthesia			0370	NO	NO	
Inpatient Hospital Ancillary Services - Respiratory Services			0410	NO	NO	
Inpatient Hospital Ancillary Services -Physical Therapy			0420-0424	NO	NO	
Inpatient Hospital Ancillary Services - Occupational Therapy			0430-0434	NO	NO	
Inpatient Hospital Ancillary Services - Speech-Language Pathology			0440-0444	NO	NO	
Inpatient Hospital Ancillary Services - Emergency Room			0450	NO	NO	
Inpatient Hospital Ancillary Services - Pulmonary Function			0460	NO	NO	
Inpatient Hospital Ancillary Services - Audiology			0470-0472	NO	NO	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)			0610-0611	NO	NO	
Inpatient Hospital Ancillary Services - Pharmacy			0636	NO	NO	
ECT Recovery Room			0710	NO	NO	
Inpatient Hospital Ancillary Services -EKG/ECG			0730-0731	NO	NO	
Inpatient Hospital Ancillary Services - EEG			0740	NO	NO	
Crisis Observation Care			0762	NO	NO	
Additional Codes-ECT Facility Charge			0901	NO	NO	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			0900, 0902, 0904, 0911, 0914-0919	NO	NO	
Outpatient Partial Hospitalization			0912	NO	YES	* Must be BOTH audio/visual
Outpatient Partial Hospitalization			0913	NO	YES	* Must be BOTH audio/visual
Inpatient Hospital Ancillary Services - Other Diagnosis Services			0925	NO	NO	
Inpatient Hospital Ancillary Services - Other Therapeutic Services			0940-0942	NO	NO	
Additional Codes-ECT Anesthesia	00104			NO	NO	
Additional Codes-ECT Anesthesia	00104		0901	NO	NO	
ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19)	0362T	U5		NO	YES	

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ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19)	0373T	U5		NO	NO	
Drug Screen	80305			NO	NO	
Drug Screen	80306			NO	NO	
Drug Screen	80307			NO	NO	
Interactive Complexity - Add On Code	90785			YES	YES	
Assessment for Autism	90785	U5		NO	YES	
Substance Abuse - Interactive Complexity - Add On Code	90785	HF		YES	YES	
Assessment	90791			YES	YES	
Substance Use: Assessment	90791	HF		YES	YES	
Assessment for Autism	90791	U5		NO	YES	
Assessment	90792			YES	YES	
Substance Use: Assessment	90792	HF		YES	YES	
Assessment for Autism	90792	U5		NO	YES	
Mental Health: Outpatient Care	90832			YES	YES	
Substance Use Disorder: Outpatient Care	90832	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES	
Assessment	90833			YES	YES	
Mental Health: Outpatient Care	90834			YES	YES	
Substance Use Disorder: Outpatient Care	90834	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES	
Assessment	90836			YES	YES	
Mental Health: Outpatient Care	90837			YES	YES	
Substance Use Disorder: Outpatient Care	90837	HF		YES	YES	
Assessment	90838			YES	YES	
Psychotherapy for Crisis First 60 Minutes	90839			YES	YES	
Psychotherapy for Crisis Each Additional 30 Minutes	90840			YES	YES	
Therapy-Family Therapy	90846			YES	YES	
PMTO	90846	HA		YES	YES	
Substance Use Disorder: Outpatient Treatment	90846	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES	
Therapy-Family Therapy	90847			YES	YES	
PMTO	90847	HA		YES	YES	
Substance Use Disorder: Outpatient Treatment	90847	HF	0900, 0906, 0914, 0915, 0916, 0919	YES	YES	
Therapy-Family Therapy	90849			NO	YES	
PMTO	90849	HA		NO	YES	
Therapy-Family Therapy	90849	HS		NO	YES	
Substance Use Disorder: Outpatient Treatment	90849	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Therapy-Group Therapy	90853			NO	YES	
Substance Use Disorder: Outpatient Treatment	90853	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES	

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Pharmacological Management (SED Waiver)	90863			NO	YES	
Additional Codes-ECT Physician	90870			NO	NO	
Additional Codes-ECT Physician	90870		0901	NO	NO	
Assessments-Other	90887			NO	YES	
Speech & Language Therapy	92507			NO	YES	* Must be BOTH audio/visual
Speech & Language Therapy	92508			NO	YES	* Must be BOTH audio/visual
Speech & Language Therapy	92521			NO	YES	* Must be BOTH audio/visual
Speech & Language Therapy	92522			NO	YES	* Must be BOTH audio/visual
Speech & Language Therapy	92523			NO	YES	* Must be BOTH audio/visual
Speech & Language Therapy	92524			NO	YES	* Must be BOTH audio/visual
Speech & Language Therapy	92526			NO	NO	
Speech & Language Therapy	92607			NO	NO	
Speech & Language Therapy	92608			NO	NO	
Speech & Language Therapy	92609			NO	NO	
Speech & Language Therapy	92610			NO	NO	
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92626			NO	YES	* Must be BOTH audio/visual
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92627			NO	YES	* Must be BOTH audio/visual
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)	92630			NO	YES	* Must be BOTH audio/visual
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	92633			NO	YES	* Must be BOTH audio/visual
Psych Testing Admin by Comp	96103			NO	YES	
Assessments-Other	96105			NO	YES	
Assessments-Other	96110			NO	YES	
Assessments - Testing	96112			NO	YES	
Assessments - Testing	96113			NO	YES	
Neurobehavioral Status Exam	96116			YES	YES	
Neuropsych test Admin w/comp	96120			NO	YES	
Assessments - Testing	96121			NO	YES	
Assessments-Other	96127			NO	YES	
Assessments - Testing	96130			NO	YES	
Assessment for Autism	96130	U5		NO	YES	
Assessments - Testing	96131			NO	YES	
Assessment for Autism	96131	U5		NO	YES	
Assessments - Testing	96132			NO	YES	
Assessment for Autism	96132	U5		NO	YES	
Assessments - Testing	96133			NO	YES	
Assessment for Autism	96133	U5		NO	YES	

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Assessments - Testing	96136			NO	YES	
Assessment for Autism	96136	U5		NO	YES	
Assessments - Testing	96137			NO	YES	
Assessment for Autism	96137	U5		NO	YES	
Assessments - Testing	96138			NO	YES	
Assessments - Testing	96139			NO	YES	
Assessments - Testing	96146			NO	YES	
Medication Administration	96372			NO	NO	
Occupational or Physical Therapy	97110			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97112			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97113			NO	NO	
Occupational or Physical Therapy	97116			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97124			NO	NO	
Occupational or Physical Therapy	97140			NO	NO	
Occupational or Physical Therapy	97150			NO	NO	
ABA Behavior Identification Assessment (new code effective 1/1/19)	97151	U5		NO	YES	
ABA Adaptive Behavior Treatment (new code effective 1/1/19)	97153	U5		NO	YES	
ABA Group Adaptive Behavior Treatment (new code effective 1/1/19)	97154	U5		NO	YES	*
ABA Clinical Observation and Direction of Adaptive Behavior Treatment (new code effective 1/1/19)	97155	U5		YES	YES	
ABA Family Behavior Treatment Guidance (new code effective 1/1/19)	97156	U5		YES	YES	
ABA Family Behavior Treatment Guidance (new code effective 1/1/19)	97157	U5		NO	YES	
ABA Adaptive Behavior Treatment Social Skills Group (new code effective 1/1/19)	97158	U5		NO	YES	
Physical Therapy	97161			NO	YES	* Must be BOTH audio/visual
Physical Therapy	97162			NO	YES	* Must be BOTH audio/visual
Physical Therapy	97163			NO	YES	* Must be BOTH audio/visual
Physical Therapy	97164			NO	YES	* Must be BOTH audio/visual
Occupational Therapy	97165			NO	YES	* Must be BOTH audio/visual
Occupational Therapy	97166			NO	YES	* Must be BOTH audio/visual
Occupational Therapy	97167			NO	YES	* Must be BOTH audio/visual

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Occupational Therapy	97168			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97530			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97533			NO	NO	
Occupational or Physical Therapy	97535			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97537			NO	NO	
Occupational or Physical Therapy	97542			NO	NO	
Occupational or Physical Therapy	97750			NO	NO	
Occupational Therapy	97755			NO	NO	
Occupational or Physical Therapy	97760			NO	YES	* Must be BOTH audio/visual
Prosthetic Training (Children's Waiver)	97761			NO	YES	* Must be BOTH audio/visual
Occupational or Physical Therapy	97763			NO	YES	* Must be BOTH audio/visual
Assessment or Health Services	97802			NO	YES	
Assessment or Health Services	97803			NO	YES	
Health Services	97804			No	YES	
Substance Use Disorder: Acupuncture	97810			No	NO	
Substance Use Disorder: Acupuncture	97811			No	NO	
New Patient Evaluation and Management	99201			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99201	HF		YES	YES	
New Patient Evaluation and Management	99202			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99202	HF		YES	YES	
New Patient Evaluation and Management	99203			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99203	HF		YES	YES	
New Patient Evaluation and Management	99204			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99204	HF		YES	YES	
New Patient Evaluation and Management	99205			YES	YES	
Substance Use Disorder: New Patient Evaluation and Management	99205	HF		YES	YES	
Established Patient Evaluation and Management	99211			YES	YES	
Substance Use Disorder: Established Patient Evaluation and Management	99211	HF		YES	YES	
Established Patient Evaluation and Management	99212			YES	YES	
Substance Use Disorder: Established Patient Evaluation and Management	99212	HF		YES	YES	
Established Patient Evaluation and Management	99213			YES	YES	
Substance Abuse: Established Patient Evaluation and Management	99213	HF		YES	YES	
Established Patient Evaluation and Management	99214			YES	YES	
Substance Use Disorder: Established Patient Evaluation and Management	99214	HF		YES	YES	
Established Patient Evaluation and Management	99215			YES	YES	
Substance Use Disorder: Established Patient Evaluation and Management	99215	HF		YES	YES	
Additional Codes-Physician Services	99221			NO	YES	
Additional Codes-Physician Services	99222			NO	YES	
Additional Codes-Physician Services	99223			NO	YES	
Additional Codes-Physician Services	99224			NO	YES	
Additional Codes-Physician Services	99225			NO	YES	

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Additional Codes-Physician Services	99226			NO	YES	
Additional Codes-Physician Services	99231			YES	YES	
Additional Codes-Physician Services	99232			YES	YES	
Additional Codes-Physician Services	99233			YES	YES	
Additional Codes-Physician Services	99238			NO	NO	
Additional Codes-Physician Services	99239			NO	NO	
Substance Use Disorder: Physician Consultations	99241	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99242	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99243	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99244	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99245	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99251	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99252	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99253	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99254	HF		YES	YES	
Substance Use Disorder: Physician Consultations	99255	HF		YES	YES	
Nursing Facility Services evaluation and management	99304			NO	NO	
Nursing Facility Services evaluation and management	99305			NO	NO	
Nursing Facility Services evaluation and management	99306			NO	NO	
Nursing Facility Services evaluation and management	99307			YES	YES	
Nursing Facility Services evaluation and management	99308			YES	YES	
Nursing Facility Services evaluation and management	99309			YES	YES	
Nursing Facility Services evaluation and management	99310			YES	YES	
Assessment	99324			NO	YES	
Assessment	99325			NO	YES	
Assessment	99326			NO	YES	
Assessment	99327			NO	YES	
Assessment	99328			NO	YES	
Assessment	99334			NO	YES	
Assessment	99335			NO	YES	
Assessment	99336			NO	YES	
Assessment	99337			NO	YES	
Assessment	99341			NO	YES	
Assessment	99342			NO	YES	
Assessment	99343			NO	YES	
Assessment	99344			NO	YES	
Assessment	99345			NO	YES	
Assessment	99347			NO	YES	
Assessment	99348			NO	YES	
Assessment	99349			NO	YES	
Assessment	99350			NO	YES	
Medication Administration	99506			NO	NO	
Medication Management	99605			NO	YES	
Transportation	A0080			NO	NO	
Transportation	A0090			NO	NO	
Transportation	A0100			NO	NO	
Substance Use Disorder: Transportation	A0100	HF		NO	NO	
Transportation	A0110			NO	NO	
Substance Use Disorder: Transportation	A0110	HF		NO	NO	
Transportation	A0120			NO	NO	
Transportation	A0130			NO	NO	
Transportation	A0140			NO	NO	
Transportation	A0170			NO	NO	
Additional Codes-Transportation	A0425			NO	NO	
Additional Codes-Transportation	A0427			NO	NO	
Enhanced Medical Equipment-Supplies	E1399			NON Face-to-Face Currently		

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Activity Therapy (Children's Waiver & SEDW)	G0176			NO	YES	
Family Training/Support EBP only	G0177			NO	YES	
Substance Use Disorder: Recovery Support Services	G0409			NO	YES	
Occupational Therapy	G0515			NO	NO	
Substance Use Disorder: MAT	G2067			NO	YES	
Substance Use Disorder: MAT	G2068			NO	YES	
Substance Use Disorder: MAT	G2073			NO	YES	
Substance Use Disorder: MAT	G2074			NO	YES	
Substance Use Disorder: MAT	G2076			NO	YES	
Substance Use Disorder: MAT	G2077			NO	YES	
Substance Use Disorder: MAT	G2080			NO	YES	
Substance Use Disorder: Individual Assessment	H0001			NO	YES	
Assessment	H0002			NO	YES	
Substance Use Disorder: Laboratory	H0003			NO	NO	
Substance Use Disorder: Outpatient Treatment	H0004		0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Substance Use Disorder: Outpatient Treatment	H0005		0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Substance Use Disorder: Case Management	H0006			NON Face-to-Face Currently		
Substance Use Disorder: Sub-Acute Detoxification	H0010		1002	NO	NO	
Substance Use Disorder: Sub-Acute Detoxification	H0012		1002	NO	NO	
Substance Use Disorder: Sub-Acute Detoxification	H0014		1002	NO	NO	
Substance Use Disorder: Intensive Outpatient Care	H0015		0906	NO	YES	
Crisis Residential Services	H0018			NO	NO	
Substance Use Disorder: Residential	H0018	HF	1002	NO	NO	
Substance Use Disorder: Residential	H0019	HF	1002	NO	NO	
Substance Use Disorder: Methadone	H0020			NO	NO	
Substance Use Disorder: Early Intervention	H0022			NO	YES	
Peer Directed and Operated Support Services	H0023			NO	YES	
Substance Use Disorder: Recovery Support Services	H0023	HF		NO	YES	
Prevention Services - Direct Model	H0025			NO	YES	
Assessment	H0031			YES	YES	
Assessment for Autism	H0031	U5		NO	YES	
Support Intensity Scale (SIS) Face-to-Face Assessment	H0031	HW		YES	YES	
Treatment Planning	H0032			NO	YES	
Monitoring of Treatment - Clinician	H0032	TS		NO	YES	
Substance Use Disorder: Pharmacological Support - Suboxone	H0033			NO	NO	
Health Services	H0034			NO	YES	
Home Based Services	H0036			NO	YES	
Home Based Services - consumer not present	H0036	HS		NO	YES	
PMTO	H0036	HA		NO	YES	
PMTO	H0036	HA & TT		NO	YES	
Home Based Services	H0036	ST		NO	YES	
Peer Directed and Operated Support Services	H0038			NO	YES	
Peer Directed and Operated Support Services	H0038	TJ		NO	YES	
Substance Use Disorder: Recovery Support Services	H0038	HF		NO	YES	
Peer Directed and Operated Support Services	NA			NO	YES	
Assertive Community Treatment (ACT)	H0039			YES	YES	
Assertive Community Treatment (ACT)	H0039	TG		YES	YES	
Community Living Supports in Independent living/own home	H0043			NO	YES	
Community Living Supports in Independent living/own home	H0043	TF		NO	YES	
Community Living Supports in Independent living/own home	H0043	TG		NO	YES	

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Community Living Supports in Independent living/own home	H0043	TT		NO	YES	
Community Living Supports in Independent living/own home	H0043	TF/TT		NO	YES	
Community Living Supports in Independent living/own home	H0043	TG/TT		NO	YES	
Respite	H0045			NO	NO	
Peer Directed and Operated Support Services	H0046			NO	YES	
Substance Use Disorder: Laboratory	H0048			NO	NO	
Substance Use Disorder: Outpatient Treatment	H0050		0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Behavior Treatment Plan Review	H2000			NON Face-to-Face Currently		
Behavior Treatment Plan Review - Monitoring Activities	H2000	TS		NO	YES	
Comprehensive Medication Services - EBP only	H2010			NO	YES	
Crisis Intervention	H2011			NO	YES	
Crisis Intervention	H2011	HB		NO	YES	
Crisis Intervention	H2011	HC		NO	YES	
Substance Use Disorder: Crisis Intervention, per 15 minutes	H2011	HF		NO	YES	
Crisis Intervention	H2011	TJ		NO	YES	
Skill-Building and Out of Home Non Vocational Habilitation	H2014			NO	YES	
Out of Home Non Vocational Habilitation	H2014	HK		NO	YES	
Community Living Supports (15 Minutes)	H2015			NO	YES	
Community Living Supports (15 Minutes)	H2015	TT		NO	YES	
Community Living Supports (Daily)	H2016			NO	NO	
Behavior Services	H2019			NO	YES	
Behavior Services	H2019	TT		NO	YES	
Wraparound	H2021			NO	YES	
Wraparound (SED Waiver)	H2022			NO	YES	
Wraparound (SED Waiver)	H2022	TT		NO	NO	
Supported Employment Services	H2023			NO	YES	
Mental Health Therapy	H2027			NO	YES	
Substance Use Disorder: Outpatient Care	H2027	HF	0900, 0914, 0915, 0916, 0919	NO	YES	
Clubhouse Psychosocial Rehabilitation Programs	H2030			NO	YES	
Home Based Services	H2033			NO	YES	
Substance Use Disorder: Recovery Housing	H2034			NO	NO	
Substance Use Disorder: Outpatient Care	H2035	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Substance Use Disorder: Outpatient Care	H2036	HF	0900, 0906, 0914, 0915, 0916, 0919	NO	YES	
Repair/Svc DME Non-Oxygen Equipment (Children's Waiver)	K0739			NO	NO	
Telemedicine Facility Fee	Q3014	GT		YES	YES	
Transportation	S0209			NO	NO	
Transportation	S0215			NO	NO	
Substance Use Disorder: Transportation	S0215	HF		NO	NO	
Family Training - EBP	S5110			NO	YES	
Family Training	S5111			NO	YES	
Family Training	S5111	HA		NO	YES	
Family Training	S5111	HM		NO	YES	
Family Training (multiple consumers)	S5111	TT		NO	YES	
Home Care Training, Non-Family (Children's Waiver)	S5116			NO	YES	

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Foster Care	S5140			NO	YES	
Foster Care	S5145			NO	YES	
Respite	S5150			NO	NO	
Respite	S5151			NO	NO	
Personal Emergency Response System (PERS)	S5160			NON Face-to-Face Currently		
Personal Emergency Response System (PERS)	S5161			NON Face-to-Face Currently		
Environmental Modification	S5165			NON Face-to-Face Currently		
Enhanced Medical Equipment-Supplies	S5199			NON Face-to-Face Currently		
Occupational or Physical Therapy	S8990			NO	NO	
Private Duty Nursing	S9123		0582	NO	NO	
Private Duty Nursing	S9123			NO	NO	
Private Duty Nursing	S9123	TT		NO	NO	
Private Duty Nursing	S9124		0582	NO	NO	
Private Duty Nursing	S9124			NO	NO	
Private Duty Nursing	S9124	TT		NO	NO	
Health Services	S9445			NO	YES	
Health Services	S9446			NO	YES	
Health Services	S9470			NO	YES	
Prevention Services - Direct Model	S9482			NO	YES	
Intensive Crisis Stabilization-Enrolled Program	S9484			NO	YES	
Residential Room and Board	S9976			NO	NO	
Substance Use Disorder: Residential Room and Board	S9976	HF		NO	NO	
Private Duty Nursing	T1000			NO	NO	
Private Duty Nursing	T1000	TD		NO	NO	
Private Duty Nursing	T1000	TE		NO	NO	
Assessment	T1001			NO	YES	
Health Services	T1002			NO	YES	
Respite Care	T1005			NO	NO	
Respite Care	T1005	TD		NO	NO	
Respite Care	T1005	TE		NO	NO	
Respite Care (Children's Waiver & SED Waiver)	T1005	TT		NO	NO	
Substance Use Disorder: Treatment Planning	T1007	HF		NO	YES	
Substance Use Disorder: Child Sitting Services	T1009			NO	NO	
Substance Use Disorder: Recovery Support Services	T1012			NO	YES	
Family Psycho-Education - EBP	T1015			NO	YES	
Supports Coordination/Wrap Facilitation	T1016			NO	YES	
Targeted Case Management	T1017			NO	YES	
Nursing Home Mental Health Monitoring	T1017	SE		NO	YES	
Personal Care in Licensed Specialized Residential Setting	T1020			NO	NO	
Assessments	T1023			YES	YES	
Prevention Services - Direct Model	T1027			NON Face-to-Face Currently		
Enhanced Medical Supplies or Pharmacy	T1999			NON Face-to-Face Currently		
Transportation	T2001			NO	NO	
Substance Use Disorder: Transportation	T2001	HF		NO	NO	
Transportation	T2002			NO	NO	
Substance Use Disorder: Transportation	T2002	HF		NO	NO	
Transportation	T2003			NO	NO	
Substance Use Disorder: Transportation	T2003	HF		NO	NO	
Transportation	T2004			NO	NO	
Substance Use Disorder: Transportation	T2004	HF		NO	NO	
Transportation	T2005			NO	NO	
Substance Use Disorder: Transportation	T2005	HF		NO	NO	
Out of Home Prevocational Service	T2015			NO	YES	
Targeted Case Management (Children's Waiver)	T2023			NO	YES	
Prevention Services - Direct Model	T2024			NON Face-to-Face Currently		
Fiscal Intermediary Services	T2025			NON Face-to-Face Currently		

MICHIGAN PIHP/CMHSP
 COVID-19 Encounter Code Chart
 Effective March 1, 2020

NOTE: Modifier GT and Place of Service Code of 02 are required on ALL services reported for the COVID-19 Face-to-Face Allowance

Description	HCPCS/CPT Code	Modifier	Revenue Code	Currently Allowable via Telemed/ Telehealth	COVID-19 Face-to-Face Allowance	Update Made
Overnight Health & Safety (under 18)	T2027			NO	NO	
Overnight Health & Safety (adult)	T2027	HB		NO	NO	
Enhanced Medical Equipment-Supplies	T2028			NON Face-to-Face Currently		
Enhanced Medical Equipment-Supplies	T2029			NON Face-to-Face Currently		
Respite Care	T2036			NO	NO	
Respite Care	T2037			NO	NO	
Housing Assistance	T2038			NON Face-to-Face Currently		
Enhanced Medical Equipment-Supplies	T2039			NON Face-to-Face Currently		
Goods and Services	T5999	HK		NON Face-to-Face Currently		
Wraparound Services	T5999			NO	YES	

Legend:

* The white rows are not available for any type of telehealth practices.

* The green rows reflect currently allowable telehealth practices and can also now be provided through the means in the COVID-19 face-to-face guidance.

* The yellow rows reflect currently unallowable telehealth practices that can now be provided through telehealth practices and through the means in COVID-19 face-to-face guidance.

****Per the April 3, 2020 and April 7, 2020 memos from Jeff Wieferich, services that are not billable or encounterable due to totaling 1-14 minutes can be billed/reported as one unit of service if the service is provided virtually through telehealth.**