

Bulletin Number: MSA 20-13

Distribution: Practitioners, Hospitals, Nursing Facilities, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Medicaid Health Plans, Tribal Health Centers

Issued: March 20, 2020

Subject: COVID-19 Response: Telemedicine Policy Expansion; Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Services Programs (CMHSPs) Implications

Effective: March 1, 2020

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes offer flexibility for providers to meet the needs of beneficiaries through alternative means while protecting the health and welfare of both parties.

The purpose of this guidance is to allow flexibility related to telemedicine audio/visual requirements to protect the health and welfare of beneficiaries and providers while maintaining access to vital services during the COVID-19 pandemic. This guidance will be in effect for 30 days following the termination of the Governor's Declaration of a State of Emergency Order (2020-04, COVID-19), or on the first of the following month, whichever is later.

General Telemedicine Policy Expansion

Current telemedicine policy requires both audio and visual service delivery, and when all possibilities to provide services using both audio and visual have been deemed not possible, due to the COVID-19 pandemic the Michigan Department of Health and Human Services (MDHHS) is expanding telemedicine policy.

During the period with dates of service referenced above, all codes on the telemedicine database (which encompass primary care, behavioral health, etc.) will be allowed for the service delivery method **telephonic (audio) only**. (See telemedicine database attached.)

All other requirements of telemedicine policy, including scope of practice requirements, as represented in Bulletin MSA 20-09 and the Medicaid Provider Manual must be followed unless otherwise indicated by the Center for Medicare & Medicaid Services (CMS).

When reporting these services via telephone the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) code (as represented on the current telemedicine database), Place of Service 02—Telehealth and the GT—interactive modifier must be used. Also, “services provided via telephone” must be included in the remarks section. For Federally Qualified Health Centers (FQHC)/and Rural Health Centers (RHCs) please use the GT modifier and the remarks section as indicated in this addendum.

Please be advised that this is a temporary change to the current policy and will discontinue 30 days from the discontinuation of the state emergency or the first of the following month, whichever is later.

Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Service Providers (CMHSPs) only

During the period with dates of service starting March 1, 2020, and extending until 30 days after the state emergency has ended (or the first of the next month, whichever is later), all identified codes on the Behavioral Health and Developmental Disabilities Administration (BHDDA) COVID-19 Encounter Code Chart issued on March 18, 2020, will be allowed for the service delivery method **telephonic (audio) only**.

Please continue to report these codes as current policy states but include the statement “services provided via telephone” in the comments section.

All other requirements of telemedicine policy, including scope of practice requirements, as represented in Bulletin MSA 20-06 and the Medicaid Provider Manual must be followed.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Laura Kilfoyle
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: KilfoyleL@michigan.gov

If responding by e-mail, please include “COVID-19 Response: Telemedicine Policy Expansion; Prepaid Inpatient Health Plans (PIHPs)/Community Mental Health Service Providers (CMHSPs) Implications” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration

MDHHS
Telemedicine Services Database
January 2020

| Revenue Code | Mod | Short Description | Non-Fac Fee | Fac Fee | Comments |
|--------------|-----|------------------------------|-------------|----------|---|
| 0780 | GT | Telemedicine | \$0.00 | \$0.00 | |
| HCPSC Code | Mod | Short Description | Non-Fac Fee | Fac Fee | Comments |
| 90785 | GT | Psytx Complex Interactive | \$8.52 | \$7.73 | Note: Rate varies by program see specific fee schedule. |
| 90791 | GT | Psych Diagnostic Evaluation | \$79.83 | \$70.13 | Note: Rate varies by program see specific fee schedule. |
| 90792 | GT | Psych Diag Eval W/Med Srvcs | \$88.35 | \$78.45 | Note: Rate varies by program see specific fee schedule. |
| 90832 | GT | Psytx W Pt 30 Minutes | \$39.03 | \$35.06 | Note: Rate varies by program see specific fee schedule. |
| 90833 | GT | Psytx W Pt W E/M 30 Min | \$40.02 | \$36.45 | Note: Rate varies by program see specific fee schedule. |
| 90834 | GT | Psytx W Pt 45 Minutes | \$51.90 | \$46.75 | Note: Rate varies by program see specific fee schedule. |
| 90836 | GT | Psytx W Pt W E/M 45 Min | \$50.71 | \$46.16 | Note: Rate varies by program see specific fee schedule. |
| 90837 | GT | Psytx W Pt 60 Minutes | \$77.66 | \$69.93 | Note: Rate varies by program see specific fee schedule. |
| 90838 | GT | Psytx W Pt W E/M 60 Min | \$66.56 | \$60.62 | Note: Rate varies by program see specific fee schedule. |
| 90839 | GT | Psytx Crisis Initial 60 Min | \$81.02 | \$73.10 | Note: Rate varies by program see specific fee schedule. |
| 90840 | GT | Psytx Crisis Ea Addl 30 Min | \$38.83 | \$35.06 | Note: Rate varies by program see specific fee schedule. |
| 90846 | GT | Family Psytx W/O Pt 50 Min | \$65.88 | NA | Note: Rate varies by program see specific fee schedule. |
| 90847 | GT | Family Psytx W/Pt 50 Min | \$58.84 | \$58.64 | Note: Rate varies by program see specific fee schedule. |
| 90951 | GT | Esrd Serv 4 Visits P Mo <2yr | \$526.95 | \$526.95 | |
| 90952 | GT | Esrd Serv 2-3 Vsts P Mo <2yr | \$526.95 | \$526.95 | |
| 90954 | GT | Esrd Serv 4 Vsts P Mo 2-11 | \$457.02 | \$457.02 | |
| 90955 | GT | Esrd Srv 2-3 Vsts P Mo 2-11 | \$257.53 | \$257.53 | |
| 90957 | GT | Esrd Srv 4 Vsts P Mo 12-19 | \$362.52 | \$362.52 | |
| 90958 | GT | Esrd Srv 2-3 Vsts P Mo 12-19 | \$246.24 | \$246.24 | |
| 90960 | GT | Esrd Srv 4 Visits P Mo 20+ | \$159.87 | \$159.87 | |
| 90961 | GT | Esrd Srv 2-3 Vsts P Mo 20+ | \$134.31 | \$134.31 | |
| 90963 | GT | Esrd Home Pt Serv P Mo <2yrs | \$306.26 | \$306.26 | |
| 90964 | GT | Esrd Home Pt Serv P Mo 2-11 | \$267.83 | \$267.83 | |
| 90965 | GT | Esrd Home Pt Serv P Mo 12-19 | \$255.95 | \$255.95 | |
| 90966 | GT | Esrd Home Pt Serv P Mo 20+ | \$134.11 | \$134.11 | |
| 90967 | GT | Esrd Svc Pr Day Pt <2 | \$10.10 | \$10.10 | |
| 90968 | GT | Esrd Svc Pr Day Pt 2-11 | \$8.91 | \$8.91 | |
| 90969 | GT | Esrd Svc Pr Day Pt 12-19 | \$8.52 | \$8.52 | |
| 90970 | GT | Esrd Svc Pr Day Pt 20+ | \$4.56 | \$4.56 | |
| 92227 | GT | Remote Dx Retinal Imaging | \$7.53 | NA | |
| 92228 | GT | Remote Retinal Imaging Mgmt | \$19.02 | NA | |

CPT codes, descriptions and two-digit modifiers are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Telemedicine Services Database
January 2020

| HCPCS Code | Mod | Short Description | Non-Fac Fee | Fac Fee | Comments |
|-------------------|------------|------------------------------|--------------------|----------------|---|
| 96116 | GT | Nubhvl Xm Phys/Qhp 1st Hr | \$54.68 | \$47.54 | Note: Rate varies by program see specific fee schedule. |
| 96156 | GT | Hlth Bhv Assmt/Reassessment | \$54.87 | \$49.72 | Note: Rate varies by program see specific fee schedule. |
| 96158 | GT | Hlth Bhv Ivntj Indiv 1st 30 | \$37.44 | \$33.88 | Note: Rate varies by program see specific fee schedule. |
| 96159 | GT | Hlth Bhv Ivntj Indiv Ea Addl | \$13.07 | \$11.69 | Note: Rate varies by program see specific fee schedule. |
| 96160 | GT | Pt-Focused Hlth Risk Assmt | \$1.39 | NA | |
| 96161 | GT | Caregiver Health Risk Assmt | \$1.39 | NA | |
| 96164 | GT | Hlth Bhv Ivntj Grp 1st 30 | \$4.16 | \$3.72 | Note: Rate varies by program see specific fee schedule. |
| 96165 | GT | Hlth Bhv Ivntj Grp Ea Addl | \$1.93 | \$1.63 | Note: Rate varies by program see specific fee schedule. |
| 96167 | GT | Hlth Bhv Ivntj Fam 1st 30 | \$30.17 | \$27.19 | Note: Rate varies by program see specific fee schedule. |
| 96168 | GT | Hlth Bhv Ivntj Fam Ea Addl | \$10.70 | \$9.66 | Note: Rate varies by program see specific fee schedule. |
| 99201 | GT | Office/Outpatient Visit New | \$25.55 | \$14.86 | Note: Rate varies by program see specific fee schedule. |
| 99202 | GT | Office/Outpatient Visit New | \$42.39 | \$28.33 | Note: Rate varies by program see specific fee schedule. |
| 99203 | GT | Office/Outpatient Visit New | \$60.02 | \$42.39 | Note: Rate varies by program see specific fee schedule. |
| 99204 | GT | Office/Outpatient Visit New | \$91.72 | \$72.50 | Note: Rate varies by program see specific fee schedule. |
| 99205 | GT | Office/Outpatient Visit New | \$115.89 | \$94.69 | Note: Rate varies by program see specific fee schedule. |
| 99211 | GT | Office/Outpatient Visit Est | \$12.88 | \$5.15 | Note: Rate varies by program see specific fee schedule. |
| 99212 | GT | Office/Outpatient Visit Est | \$25.36 | \$14.46 | Note: Rate varies by program see specific fee schedule. |
| 99213 | GT | Office/Outpatient Visit Est | \$41.80 | \$28.72 | Note: Rate varies by program see specific fee schedule. |
| 99214 | GT | Office/Outpatient Visit Est | \$60.62 | \$44.18 | Note: Rate varies by program see specific fee schedule. |
| 99215 | GT | Office/Outpatient Visit Est | \$81.42 | \$62.40 | Note: Rate varies by program see specific fee schedule. |
| 99231 | GT | Subsequent Hospital Care | NA | \$21.99 | |
| 99232 | GT | Subsequent Hospital Care | NA | \$40.41 | |
| 99233 | GT | Subsequent Hospital Care | NA | \$58.24 | |
| 99241 | GT | Office Consultation | \$26.74 | \$18.42 | |
| 99242 | GT | Office Consultation | \$50.52 | \$38.83 | |
| 99243 | GT | Office Consultation | \$69.14 | \$54.28 | |
| 99244 | GT | Office Consultation | \$103.61 | \$87.36 | |
| 99245 | GT | Office Consultation | \$126.19 | \$107.96 | |
| 99251 | GT | Inpatient Consultation | NA | \$27.93 | |
| 99252 | GT | Inpatient Consultation | NA | \$42.20 | |

CPT codes, descriptions and two-digit modifiers are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Telemedicine Services Database
January 2020

| HCPCS Code | Mod | Short Description | Non-Fac Fee | Fac Fee | Comments |
|-------------------|------------|------------------------------|--------------------|----------------|---|
| 99253 | GT | Inpatient Consultation | NA | \$65.17 | |
| 99254 | GT | Inpatient Consultation | NA | \$94.89 | |
| 99255 | GT | Inpatient Consultation | NA | \$114.11 | |
| 99307 | GT | Nursing Fac Care Subseq | \$24.56 | \$24.56 | Note: Rate varies by program see specific fee schedule. |
| 99308 | GT | Nursing Fac Care Subseq | \$38.63 | \$38.63 | Note: Rate varies by program see specific fee schedule. |
| 99309 | GT | Nursing Fac Care Subseq | \$50.91 | \$50.91 | Note: Rate varies by program see specific fee schedule. |
| 99310 | GT | Nursing Fac Care Subseq | \$75.08 | \$75.08 | Note: Rate varies by program see specific fee schedule. |
| 99354 | GT | Prolong E&M/Psych Serv O/P | \$72.50 | \$68.15 | |
| 99355 | GT | Prolong E&M/Psych Serv O/P | \$55.07 | \$51.31 | |
| 99356 | GT | Prolonged Service Inpatient | NA | \$51.70 | |
| 99357 | GT | Prolonged Service Inpatient | NA | \$52.10 | |
| 99406 | GT | Behav Chng Smoking 3-10 Min | \$8.52 | \$6.93 | |
| 99407 | GT | Behav Chng Smoking > 10 Min | \$15.85 | \$14.46 | |
| 99408 | GT | Audit/Dast 15-30 Min | \$20.21 | \$18.82 | Note: Rate varies by program see specific fee schedule. |
| 99409 | GT | Audit/Dast Over 30 Min | \$39.22 | \$37.84 | Note: Rate varies by program see specific fee schedule. |
| 99495 | GT | Trans Care Mgmt 14 Day Disch | \$103.01 | \$68.94 | |
| 99496 | GT | Trans Care Mgmt 7 Day Disch | \$136.09 | \$90.93 | |
| 99497 | GT | Advncd Care Plan 30 Min | \$47.74 | \$44.18 | |
| 99498 | GT | Advncd Care Plan Addl 30 Min | \$41.80 | \$41.60 | |
| G0108 | GT | Diab Manage Trn Per Indiv | \$31.30 | NA | |
| G0109 | GT | Diab Manage Trn Ind/Group | \$8.72 | NA | |
| G0406 | GT | Inpt/Tele Follow Up 15 | NA | \$21.79 | Service denied without modifier |
| G0407 | GT | Inpt/Tele Follow Up 25 | NA | \$40.41 | Service denied without modifier |
| G0408 | GT | Inpt/Tele Follow Up 35 | NA | \$57.85 | Service denied without modifier |
| G0420 | GT | Ed Svc Ckd Ind Per Session | \$62.80 | NA | |
| G0421 | GT | Ed Svc Ckd Grp Per Session | \$14.66 | NA | |
| G0425 | GT | Inpt/Ed Teleconsult30 | NA | \$55.86 | Service denied without modifier |
| G0426 | GT | Inpt/Ed Teleconsult50 | NA | \$75.87 | Service denied without modifier |
| G0427 | GT | Inpt/Ed Teleconsult70 | NA | \$112.52 | Service denied without modifier |
| G0459 | GT | Telehealth Inpt Pharm Mgmt | NA | \$23.38 | Service denied without modifier |
| G0508 | GT | Crit Care Telehea Consult 60 | NA | \$117.67 | Service denied without modifier |
| G0509 | GT | Crit Care Telehea Consult 50 | NA | \$108.56 | Service denied without modifier |
| G2086 | GT | Off Base Opioid Tx 70min | \$226.82 | \$165.41 | |
| G2087 | GT | Off Base Opioid Tx, 60 M | \$202.26 | \$161.25 | |
| G2088 | GT | Off Base Opioid Tx, Add30 | \$38.43 | \$19.22 | |
| Q3014 | GT | Telehealth Facility Fee | \$24.52 | \$24.52 | Service denied without modifier |

CPT codes, descriptions and two-digit modifiers are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

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

| Description | HCPSCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|-----------------|----------|----------------------------------|---------------------------------|---------------------------------|
| 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 | NO |
| Outpatient Partial Hospitalization | | | 0913 | NO | NO |
| 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 |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|------------------------------------|---------------------------------|---------------------------------|
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | 0362T | U5 | | NO | YES |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | 0373T | U5 | | NO | YES |
| 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 |
| Substance Use Disorder: Outpatient Treatment | 90846 | HF | 0900, 0906, 0914, 0915, 0916, 0919 | YES | YES |
| Therapy-Family Therapy | 90847 | | | YES | YES |
| Substance Use Disorder: Outpatient Treatment | 90847 | HF | 0900, 0906, 0914, 0915, 0916, 0919 | YES | YES |
| Therapy-Family Therapy | 90849 | | | NO | YES |
| Therapy-Family Therapy | 90849 | HS | | NO | YES |
| Substance Use Disorder: Outpatient Treatment | 90849 | HF | 0900, 0906, 0914, 0915, 0916, 0919 | NO | YES |

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

| Description | HCPSC/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|--|----------------|----------|------------------------------------|---------------------------------|---------------------------------|
| Therapy-Group Therapy | 90853 | | | NO | YES |
| Substance Use Disorder: Outpatient Treatment | 90853 | HF | 0900, 0906, 0914, 0915, 0916, 0919 | NO | YES |
| 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 | NO |
| Speech & Language Therapy | 92508 | | | NO | NO |
| Speech & Language Therapy | 92521 | | | NO | NO |
| Speech & Language Therapy | 92522 | | | NO | NO |
| Speech & Language Therapy | 92523 | | | NO | NO |
| Speech & Language Therapy | 92524 | | | NO | NO |
| 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 | NO |
| Evaluation of Auditory Rehabilitation Status (Children's Waiver) | 92627 | | | NO | NO |
| Auditory Rehabilitation Preling Hearing Loss (Children's Waiver) | 92630 | | | NO | NO |
| Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver) | 92633 | | | NO | NO |
| 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 |
| 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 |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|--------------|---------------------------------|---------------------------------|
| Occupational or Physical Therapy | 97110 | | | NO | NO |
| Occupational or Physical Therapy | 97112 | | | NO | NO |
| Occupational or Physical Therapy | 97113 | | | NO | NO |
| Occupational or Physical Therapy | 97116 | | | NO | NO |
| 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 | NO |
| ABA Group Adaptive Behavior Treatment (new code effective 1/1/19) | 97154 | U5 | | NO | NO |
| 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 | NO |
| Physical Therapy | 97162 | | | NO | NO |
| Physical Therapy | 97163 | | | NO | NO |
| Physical Therapy | 97164 | | | NO | NO |
| Occupational Therapy | 97165 | | | NO | NO |
| Occupational Therapy | 97166 | | | NO | NO |
| Occupational Therapy | 97167 | | | NO | NO |
| Occupational Therapy | 97168 | | | NO | NO |
| Occupational or Physical Therapy | 97530 | | | NO | NO |
| Occupational or Physical Therapy | 97533 | | | NO | NO |
| Occupational or Physical Therapy | 97535 | | | NO | NO |
| 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 | NO |
| Prosthetic Training (Children's Waiver) | 97761 | | | NO | NO |
| Occupational or Physical Therapy | 97763 | | | NO | NO |
| 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 |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|--------------|---------------------------------|---------------------------------|
| 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 |
| 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 |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|------------------------------------|---------------------------------|---------------------------------|
| 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 | |
| Activity Therapy (Children's Waiver) | 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: 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 | YES |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|--|---------------------------------|---------------------------------|
| 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 |
| 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 | NO |
| Community Living Supports in Independent living/own home | H0043 | TF | | NO | NO |
| Community Living Supports in Independent living/own home | H0043 | TG | | NO | NO |
| Community Living Supports in Independent living/own home | H0043 | TT | | NO | NO |
| Community Living Supports in Independent living/own home | H0043 | TF/TT | | NO | NO |
| Community Living Supports in Independent living/own home | H0043 | TG/TT | | NO | NO |
| 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 | NO |
| Community Living Supports (15 Minutes) | H2015 | TT | | NO | NO |
| Community Living Supports (Daily) | H2016 | | | NO | NO |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|------------------------------------|---------------------------------|---------------------------------|
| Behavior Services | H2019 | | | NO | YES |
| Behavior Services | H2019 | TT | | NO | NO |
| 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 | NO |
| Home Care Training, Non-Family (Children's Waiver) | S5116 | | | NO | YES |
| 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 |

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

| Description | HCPCS/CPT Code | Modifier | Revenue Code | Currently Allowable via Telemed | COVID-19 Face-to-Face Allowance |
|---|----------------|----------|--------------|---------------------------------|---------------------------------|
| 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 | NO |
| 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 | |
| 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 |