



Detroit Wayne Integrated Health Network

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BULLETIN NUMBER: 20-002

ISSUED/REVISED: 03/20/2020

EFFECTIVE: 03/01/2020

SUBJECT: Use of Telepractice, per MSA Bulletins 20-12 and 20-13,
COVID-19 Encounter Code Chart

SERVICE AFFECTED: Various services, as permitted by MDHHS, funded by
Medicaid, Children Special Health Care Services, Flint
Waiver, Healthy Michigan Plan

BACKGROUND

On 03/18/20, MDHHS issued a new "COVID-19 Encounter Code Chart" (also known as the "COVID-19 Telemedicine Services Update") subsequent to the Michigan Medical Services Administrations publication of Bulletin 20-12, "COVID-19 Response: Relaxing Face-to-Face Requirements". The text of the MSA Bulletin 20-12 and the COVID-19 Encounter Code Chart will appear further down in this document. These changes are effective for a limited period. 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.

PROCEDURE

Rates:

DWIHN has added the "GT" modifier to the MDHHS-approved procedure codes that are currently used in the MH-WIN information system. These modifiers are setup as "Informational" modifiers that do not change the rate paid for a service. DWIHN will pay the same rate for a face-to-face service, whether it was provided in-person or via a telecommunication system.

Authorizations:

Our current practices for authorization of services, either via prior authorization or via Service Utilization Guidelines, remains unchanged. No additional authorization is required to provide services via telepractice, during the temporary period of this guidance.

Claims:

Providers should submit telepractice claims in the same manner as they usually do for non-telepractice services. The provider will need to add the "GT" modifier and the Place of Service (POS) code "02" to the telepractice claims prior to submission to DWIHN. The provider must also

add a comment to the claim to indicate that alternative methods were used (ex., “Services provided via telephone (audio only)” or “Services provided via telemedicine and video technology”).

Text of MSA Bulletin 20-12

“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.

This policy impacts Home Help, MI Choice, Program of All-Inclusive Care for the Elderly (PACE), Maternal Infant Health Program, MI Health Link, Medicaid Health Plans, Children’s Special Health Care Services, Flint Waiver, PIHPs, and CMHSPs. These changes are effective for a limited period.

Face-to-Face Communication

The purpose of this guidance is to allow flexibility related to in-person communication 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.

During this time, providers may use telephonic, telemedicine and video technology commonly available on smart phones for program functions that require in-person communication so long as they meet Health Insurance Portability and Accountability Act (HIPAA) compliance standards and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Nursing Facility Level of Care Determinations, Preadmission Screening and Resident Review (PASARR) assessments, care planning meetings, home visits, case management, and provider assessment and monitoring.

This does not include personal care services, home health, or other services designed to support Activities of Daily Living. The use of these alternative methods must be documented as a comment on the provider claim and in the beneficiary record, as appropriate. Providers must ensure the privacy of the beneficiary and the security of any information shared via telephonic, telemedicine and video technology. If a beneficiary is unable to communicate over the phone, these activities may be completed with a guardian or other representative of the beneficiary that is familiar with their needs.

For initial assessments, it is recommended that the staff person initiate contacts in addition to the beneficiary, such as family members, guardians, caregivers, and friends. It is also recommended that the staff person request two pieces of identifying information such as date of birth and first or last four numbers of the Social Security Number. In lieu of the required written consent or beneficiary signatures, verbal permission may be obtained and must be documented. Required written consent or signatures must be obtained at the next in-person opportunity.

Providers should use their judgement regarding the risk to beneficiaries and employees, and the relative need for in-person communication with beneficiaries that have complex care needs. Communication with

beneficiaries to assess these factors prior to any in-person contacts is required. At a minimum, providers should ask the following questions before in-person activities:

1. Do you or anyone in your household have symptoms of Coronavirus including fever, cough, sore throat or shortness of breath?
2. Have you or anyone in your household traveled in the last 14 days? If so, where?
3. Have you or anyone in your household been in close contact with others who have symptoms, are being assessed or monitored for Coronavirus, or who have travelled in the last 14 days?
4. Have you or anyone in your household been at a large gathering of 50 people or more in the last 14 days?
5. Are you uncomfortable having a provider enter your home during the Coronavirus outbreak?

If the beneficiary or employee answer “yes” to any of the above questions, a postponement of in-person activities is strongly recommended and a referral to a healthcare provider or Local Health Department should be facilitated. The individual conducting outreach to the beneficiary shall assist in securing transportation services to the healthcare provider or Local Health Department if needed.

Following the termination of these COVID-19 conditions, in-person contacts should be made as soon as feasible to validate information gathered telephonically or through telemedicine and to reassess as appropriate. There will be no penalty for delayed contacts.

See Section 17 of the Practitioner Chapter of the Michigan Medicaid Provider Manual for general definitions, telemedicine policy, and billing/reimbursement processes...”

(Note: Public Comment, Manual Maintenance, Questions and Approval sections were not included, see MSA Bulletin 20-12 for more information.)

Text of MSA Bulletin 20-13 (Limited to PIHP/CMHSP information)

“...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 of 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 20-09 and the Medicaid Provider Manual must be followed...”

COVID-19 ENCOUNTER CODE CHART

Detroit Wayne Integrated Healthcare Network
 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	Currently Allowable via Telemed/ Telehealth	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
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	YES	YES
Assessment	90833		YES	YES
Mental Health: Outpatient Care	90834		YES	YES
Substance Use Disorder: Outpatient Care	90834	HF	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	YES	YES
Therapy-Family Therapy	90847		YES	YES
Substance Use Disorder: Outpatient Treatment	90847	HF	YES	YES
Therapy-Family Therapy	90849		NO	YES
Therapy-Family Therapy	90849	HS	NO	YES
Substance Use Disorder: Outpatient Treatment	90849	HF	NO	YES
Therapy-Group Therapy	90853		NO	YES
Substance Use Disorder: Outpatient Treatment	90853	HF	NO	YES
Pharmacological Management (SED Waiver)	90863		NO	YES
Assessments-Other	90887		NO	YES
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
ABA Behavior Identification Assessment (new code effective 1/1/19)	97151	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
Assessment or Health Services	97802		NO	YES
Assessment or Health Services	97803		NO	YES
Health Services	97804		No	YES
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
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
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	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 Management	99605		NO	YES
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
Substance Use Disorder: Individual Assessment	H0001		NO	YES
Assessment	H0002		NO	YES
Substance Use Disorder: Outpatient Treatment	H0004		NO	YES
Substance Use Disorder: Outpatient Treatment	H0005		NO	YES
Substance Use Disorder: Intensive Outpatient Care	H0015		NO	YES
Crisis Residential Services	H0018		NO	YES
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
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
Peer Directed and Operated Support Services	H0046		NO	YES
Substance Use Disorder: Outpatient Treatment	H0050		NO	YES
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
Behavior Services	H2019		NO	YES
Wraparound	H2021		NO	YES
Wraparound (SED Waiver)	H2022		NO	YES
Supported Employment Services	H2023		NO	YES

Mental Health Therapy	H2027		NO	YES
Substance Use Disorder: Outpatient Care	H2027	HF	NO	YES
Clubhouse Psychosocial Rehabilitation Programs	H2030		NO	YES
Home Based Services	H2033		NO	YES
Substance Use Disorder: Outpatient Care	H2035	HF	NO	YES
Substance Use Disorder: Outpatient Care	H2036	HF	NO	YES
Telemedicine Facility Fee	Q3014	GT	YES	YES
Family Training - EBP	S5110		NO	YES
Family Training	S5111		NO	YES
Family Training	S5111	HA	NO	YES
Family Training	S5111	HM	NO	YES
Home Care Training, Non-Family (Children's Waiver)	S5116		NO	YES
Foster Care	S5140		NO	YES
Foster Care	S5145		NO	YES
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
Assessment	T1001		NO	YES
Health Services	T1002		NO	YES
Substance Use Disorder: Treatment Planning	T1007	HF	NO	YES
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
Assessments	T1023		YES	YES
Targeted Case Management (Children's Waiver)	T2023		NO	YES
Wraparound Services	T5999		NO	YES

REFERENCES:

MDHHS/MSA Telemedicine Services Database

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151022--,00.html

Michigan Medicaid Provider Manual

http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html

MDHHS Website: PIHP/CMHSP Reporting Cost Per Code and Code Chart

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

MDHHS Website: PIHP/CMHSP Provider Qualifications Chart

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html