

**Michigan Department of Health and Human Services**  
**Telemedicine Audio-Only Services Database**  
**May 12, 2023**

<b>Revenue Code</b>	<b>Short Description</b>	<b>Non-Fac Fee</b>	<b>Facility Fee</b>	<b>Comments</b>
0780	Telemedicine	\$0.00	\$0.00	
Note: Audio-only telemedicine services (listed in this section) must be reported with the POS that would be reported if the service were provided in-person and no modifier per MDHHS policy. See Medicaid Provider Manual for additional information.				
<b>HCPCS Code</b>	<b>Short Description</b>	<b>Non-Fac Fee</b>	<b>Facility Fee</b>	<b>Comments</b>
99441	Phone E/M Phys/Qhp 5-10 Min	\$32.88	\$20.40	Note: Rate varies by program see specific fee schedule.
99442	Phone E/M Phys/Qhp 11-20 Min	\$53.09	\$38.63	Note: Rate varies by program see specific fee schedule.
99443	Phone E/M Phys/Qhp 21-30 Min	\$74.68	\$56.66	Note: Rate varies by program see specific fee schedule.
98966	Hc Pro Phone Call 5-10 Min	\$7.73	\$6.54	Note: Rate varies by program see specific fee schedule.
98967	Hc Pro Phone Call 11-20 Min	\$14.07	\$12.88	Note: Rate varies by program see specific fee schedule.
98968	Hc Pro Phone Call 21-30 Min	\$19.61	\$18.23	Note: Rate varies by program see specific fee schedule.
G2251	Brief Chkin, 5-10, Non-E/M	\$8.32	\$7.33	Note: Rate varies by program see specific fee schedule.
Note: Audio-only telemedicine services (listed below) must be reported with the POS that would be reported if the service were provided in-person and modifier 93 per MDHHS policy. See Medicaid Provider Manual for additional information.				
<b>HCPCS Code</b>	<b>Short Description</b>	<b>Non-Fac Fee</b>	<b>Facility Fee</b>	<b>Comments</b>
90785	Psytx Complex Interactive	\$8.72	\$7.73	Note: Rate varies by program see specific fee schedule.
90832	Psytx W Pt 30 Minutes	\$44.18	\$38.83	Note: Rate varies by program see specific fee schedule.
90834	Psytx W Pt 45 Minutes	\$58.44	\$51.51	Note: Rate varies by program see specific fee schedule.
90839	Psytx Crisis Initial 60 Min	\$82.61	\$73.10	Note: Rate varies by program see specific fee schedule.
90840	Psytx Crisis Ea Addl 30 Min	\$41.01	\$36.65	Note: Rate varies by program see specific fee schedule.
96040	Genetic Counseling 30 Min	\$28.92	\$28.92	
96160	Pt-Focused Hlth Risk Assmt	\$1.58	N/A	
96161	Caregiver Health Risk Assmt	\$1.58	N/A	
96167	Hlth Bhv Ivntj Fam 1st 30	\$40.41	\$35.46	Audio-only Telemedicine allowed for MIHP Only
96168	Hlth Bhv Ivntj Fam Ea Addl	\$14.26	\$12.48	Audio-only Telemedicine allowed for MIHP Only
99212	Office O/P Est Sf 10-19 Min	\$33.28	\$20.80	Note: Rate varies by program see specific fee schedule.
99401	Preventive Counseling Indiv	\$22.78	\$14.07	Note: Rate varies by program see specific fee schedule.
99402	Preventive Counseling Indiv	\$36.85	\$28.13	Note: Rate varies by program see specific fee schedule.

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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, MMP Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

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99403	Preventive Counseling Indiv	\$50.71	\$42.20	Note: Rate varies by program see specific fee schedule.
99404	Preventive Counseling Indiv	\$64.58	\$56.06	Note: Rate varies by program see specific fee schedule.
99406	Behav Chng Smoking 3-10 Min	\$8.72	\$6.93	Note: Rate varies by program see specific fee schedule.
99407	Behav Chng Smoking > 10 Min	\$16.24	\$14.66	Note: Rate varies by program see specific fee schedule.
99408	Audit/Dast 15-30 Min	\$20.40	\$18.62	Note: Rate varies by program see specific fee schedule.
99409	Audit/Dast Over 30 Min	\$39.03	\$37.24	Note: Rate varies by program see specific fee schedule.
99495	Transj Care Mgmt Mod F2f 14d	\$120.05	\$81.82	Note: Rate varies by program see specific fee schedule.
99496	Transj Care Mgmt High F2f 7d	\$162.64	\$111.53	Note: Rate varies by program see specific fee schedule.
G0108	Diab Manage Trn Per Indiv	\$32.09	N/A	Note: Rate varies by program see specific fee schedule.
G0406	Inpt/Tele Follow Up 15	N/A	\$24.37	Note: Rate varies by program see specific fee schedule.
G0407	Inpt/Tele Follow Up 25	N/A	\$42.39	Note: Rate varies by program see specific fee schedule.
G0408	Inpt/Tele Follow Up 35	N/A	\$61.81	Note: Rate varies by program see specific fee schedule.
G2012	Brief Check In By Md/Qhp	\$8.32	\$7.33	Note: Rate varies by program see specific fee schedule.
H1000	Prenatal Care Atrisk Assessm	\$87.90	\$87.90	
H2000	Comp Multidisipln Evluation	\$108.98	\$108.98	
T1023	Program Intake Assessment	\$87.90	\$87.90	

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