

**TM CODES AND CHANGES DUE TO COVID-19**

Source: Kansas Department of Health and Environment

CODE DEFINITION	CPT/HCPC	Video prior to 3/12?	Video allowed post 3/12?	Telephonic allowed effective 3/12?	Originating site of Home allowed post 3/12?
<b>OCK SERVICE CODES (E2019-013-A1) bulletin #20047</b>					
Comprehensive Care Management (completion of the HAP - one time only)	S0280 U1	NO	YES	YES	
Comprehensive Care Management	S0281 U1	NO	YES	YES	
Care Coordination	S0311 U1	NO	YES	YES	
Health Promotion	G9148 U1	NO	YES	YES	
Comprehensive Transitional Care	G9149 U1	NO	YES	YES	
Patient and Family Support	G9150 U1	NO	YES	YES	
Referral to Community and Social Supports	S0221 U1	NO	YES	YES	
<b>WHEELCHAIR SEATING ASSESSMENTS (E2020-059) bulletin #20076</b>					
Wheelchair management	97542	NO	YES	NO	YES
Assistive Technology assessment	97755	NO	YES	NO	YES
Orthotic(s) management and training	97760	NO	YES	NO	YES
<b>SMOKING CESSATION (E2020-054) bulletin #20067</b>					
Smoking and Tobacco use cessation 3 - 10 minutes	99406	NO	YES	YES	
Smoking and Tobacco use cessation 10 minutes or more	99407	NO	YES	YES	
Smoking cessation classes	S9453	NO	YES	YES	
<b>Originating site fee</b>	Q3014				
<b>SED WAIVER SERVICES (E2020-039, E2020-055) bulletins #20070/20051</b>					
Wraparound Facilitation	H2021	NO	YES	YES	YES
Parent Support and Training (individual)	S5110	NO	YES	YES	YES
Parent Support and Training (group)	S5110TJ	NO	YES	YES	YES
MH Attendant Care	T1019HK	NO	YES	YES	YES
Independent Living/Skill Building	T2038	NO	YES	YES	YES
<b>BRAIN INJURY WAIVER (E2020-039, E2020-053) bulletins #20051/20068</b>					
Cognitive Rehabilitation	97129	YES	YES	YES	YES
Cognitive Rehabilitation	97130	YES	YES	YES	YES
Physical Therapy	G0151	NO	YES	YES	YES
Occupational Therapy	G0152	NO	YES	YES	YES
Speech Therapy	G0153	NO	YES	YES	YES
Behavior Therapy	H0004	NO	YES	YES	YES
<b>AUTISM WAIVER SERVICES (E2020-036, 036-A1, E2020-039) # indicates SPA service bulletins #20046/20051/20120</b>					
Family Adjustment Counseling	S9482	NO	YES	YES	YES
Parent Support (Individual)	T1027	NO	YES	YES	YES
Behavior Identification Assessment by a Qualified Health Professional, 15 minutes#	97151	NO	YES	NO	YES
Behavior Identification Assessment by a Technician, 15 minutes#	97152	NO	YES	NO	YES
Adaptive behavior Treatment with protocol, administered by a technician, 15 minutes#	97153	NO	YES	NO	YES
Adaptive behavior Treatment with protocol#	97155	NO	YES	YES	YES
Family adaptive behavior treatment guidance#	97156	NO	YES	YES	YES
<b>FRAIL ELDERLY WAIVER SERVICES (E2020-039) bulletin #20051</b>					
Wellness Monitoring	S5190	NO	YES	YES	YES
Nursing Evaluation Visit	T1001	NO	YES	YES	YES
<b>TA WAIVER SERVICES (E2020-039) bulletin #20051</b>					

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Health Maintenance Monitoring	T1001	NO	YES	NO	YES
<b>IDD WAIVER SERVICES (E2020-039) bulletins #20051/20102</b>					
Supported Employment	H2023	NO	YES	YES	YES
Wellness Monitoring	S5190	NO	YES	YES	YES
Adult Day Supports	T2021	NO	YES	NO	YES
<b>SUD SERVICES (E2020-036, E2020-049) bulletins #20046/20065</b>					
Assessment and Referral	H0001	YES	YES	YES	YES
Individual Outpatient	H0004	YES	YES	YES	YES
Group Outpatient	H0005 U5	YES	YES	YES	YES
Person-Centered Case Management	H0006 U5	YES	YES	YES	YES
Alcohol and/or drug services; crisis intervention (outpatient)	H0007	YES	YES	YES	YES
Intensive Outpatient Adult/Youth	H0015 U5	NO	YES	YES	YES
Peer Support	H0038	YES	YES	YES	YES
Peer Support, group	H0038 HQ	YES	YES	YES	YES
SBIRT Alcohol and/or Drug Screening	H0049	NO	YES	YES	YES
SBIRT Alcohol and/or Brief Intervention	H0050	NO	YES	YES	YES
SBIRT Alcohol and/or Drug Screening and Brief Intervention	99408	NO	YES	YES	YES
SBIRT Alcohol and/or Drug Screening and Brief Intervention	99409	NO	YES	YES	YES
<b>MENTAL HEALTH SERVICES (E2020-036, E2020-049, 049-A1) bulletins #20046/20065/20086/20120</b>					
Interactive Complexity, list in addition to the code for Primary Procedure	90785	YES	YES	NO	YES
Psychiatric diagnostic evaluation	90791	YES	YES	YES	YES
Psychiatric diagnostic evaluation with medical services	90792	YES	YES	YES	YES
Psychotherapy, 30 minutes w/patient/family	90832	YES	YES	YES	YES
Psychotherapy, 30 minutes w/patient/family & E/M service	90833	YES	YES	YES	YES
Psychotherapy, 45 minutes, with patient/family	90834	YES	YES	YES	YES
Psychotherapy, 45 minutes, with patient/family & E/M service	90836	YES	YES	YES	YES
Psychotherapy, 60 minutes, with patient/family	90837	YES	YES	YES	YES
Psychotherapy, 60 minutes, with patient/family & E/M service	90838	YES	YES	YES	YES
Psychotherapy for crisis, first 60 minutes	90839	YES	YES	YES	YES
Psychotherapy for each additional 30 minutes	90840	YES	YES	YES	YES
Family Psychotherapy (with patient present)	90847	YES	YES	YES	YES
Psychotherapy, group	90853	NO	YES	YES	YES
Pharmacological management	90863	YES	YES	YES	YES
Case Conference with Patient and/or family, 30 minutes or more	99366	YES	YES	YES	YES
Medical Team Conference/physician 30 minutes or more	99367	YES	YES	YES	YES
Medical Team Conference/non-physician	99368	YES	YES	YES	YES
<b>MENTAL HEALTH SERVICES cont'd (E2020-036, E2020-049, 049-A1) bulletins #20046/20065/20086/20120</b>					
MH Service Plan development by non-physician	H0032 HA	YES	YES	YES	YES
CPST, 15 minutes	H0036	NO	YES	YES	YES
CPST child/adolescent	H0036 HA	NO	YES	YES	YES
CPST Adult non-geriatric	H0036 HB	NO	YES	YES	YES
CPST High Risk	H0036 HK	NO	YES	YES	YES
Peer Support	H0038	YES	YES	YES	YES
Peer Support, group	H0038 HQ	YES	YES	YES	YES
Crisis Intervention, basic level	H2011	NO	YES	YES	YES
Crisis Intervention, intermediate level	H2011 HK	NO	YES	YES	YES
Crisis Intervention, advanced level	H2011 HO	YES	YES	YES	YES
Psychosocial rehabilitation-individual	H2017	NO	YES	YES	YES
Psychosocial rehabilitation group-adult	H2017 HQ	NO	YES	YES	YES
Psychosocial rehabilitation group-child	H2017 TJ	NO	YES	YES	YES

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MH Attendant Care	T1019 HE	NO	YES	YES	YES
<b>ECI/LEA SERVICES (E2020-043) *indicates ECI only service bulletin #20062</b>					
Nursing Assessment/Evaluation	T1001	NO	YES	YES	
Targeted Case Management, 15 minutes*	T1017	NO	YES	YES	
Family Training and Counseling for Child Development, 15 minutes*	T1027	NO	YES	YES	
Preventive Medicine Counseling, 30 minutes	99402	NO	YES	YES	
Preventive Medicine Counseling, 60 minutes*	99404	NO	YES	YES	
<b>EVALUATION AND MANAGEMENT SERVICES (E2020-037, 037-A1) bulletins #20046/20072</b>					
Office or other OP visit, new patient 10 minutes	99201	YES	YES	YES	YES
Office or other OP visit, new patient 20 minutes	99202	YES	YES	YES	YES
Office or other OP visit, new patient 30 minutes	99203	YES	YES	YES	YES
Office or other OP visit, new patient 45 minutes	99204	YES	YES	YES	YES
Office or other OP visit, est patient 5 minutes	99211	YES	YES	YES	YES
Office or other OP visit, est patient 10 minutes	99212	YES	YES	YES	YES
Office or other OP visit, est patient 15 minutes	99213	YES	YES	YES	YES
Office or other OP visit, est patient 25 minutes	99214	YES	YES	YES	YES
<b>THERAPY SERVICES (E2020-060) bulletins #20073/20120</b>					
Treatment of speech, language, voice, communication; individual	92507	YES	YES	NO	YES
Treatment of speech, language, voice, communication; group	92508	YES	YES	NO	NO
Evaluation of Speech Fluency	92521	YES	YES	YES	YES
Evaluation of Speech Sound Production	92522	YES	YES	YES	YES
Evaluation of Speech Sound Production w/ eval of Language Comprehension	92523	YES	YES	YES	YES
Behavioral and Qualitative Analysis of Voice and Resonance	92524	YES	YES	YES	YES
Treatment of swallowing dysfunction	92526	YES	YES	NO	YES
Therapeutic Exercise, each 15 minute	97110	NO	YES	NO	YES
Therapeutic Procedure, each 15 minute	97112	NO	YES	NO	YES
<b>THERAPY SERVICES cont'd (E2020-060) bulletins #20073/20120</b>					
Manual (Physical) Therapy techniques to 1 or more regions, 15 minutes	97140	NO	YES	NO	YES
Evaluation of PT low complexity, 20 minutes	97161	NO	YES	NO	YES
Evaluation of PT moderate complexity, 30 minutes	97162	NO	YES	NO	YES
Evaluation of PT high complexity, 45 minutes	97163	NO	YES	NO	YES
Re-evaluation of PT, 20 minutes	97164	NO	YES	NO	YES
Evaluation of OT, low complexity 30 minutes	97165	NO	YES	NO	YES
Evaluation of OT, moderate complexity 45 minutes	97166	NO	YES	NO	YES
Evaluation of OT, high complexity 60 minutes	97167	NO	YES	NO	YES
Re-Evaluation of OT, 30 minutes	97168	NO	YES	NO	YES
Therapeutic Activities to improve function, 15 minutes	97530	NO	YES	NO	YES
Sensory integrative techniques	97533	YES	YES	NO	YES
Self-care or home management training, 15 minutes	97535	NO	YES	NO	YES
Physical Performance test or measurement, with report, 15 minutes	97750	NO	YES	NO	YES
<b>CODES ALLOWED VIA TM WITH NO CHGS TO COVERAGE R/T COVID 19</b>					
Remote Imaging for detection of retinal disease	92227	YES	YES		
Remote Imaging for monitoring and management of retinal disease	92228	YES	YES		
Tympanometry and reflex threshold measurements	92550	YES	YES		
Screening test, pure tone air only	92551	YES	YES		
Pure tone audiometry, air only	92552	YES	YES		
Pure tone audiometry, air and bone	92553	YES	YES		
Speech Audiometry threshold	92555	YES	YES		

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Speech Audiometry threshold; with speech recognition	92556	YES	YES		
Comprehensive audiometry threshold eval and speech recognition	92557	YES	YES		
Bekey Auidometry; diagnostic	92561	YES	YES		
Tone decay test	92563	YES	YES		
Stenger test, pure tone	92565	YES	YES		
Tympanometry (impedance testing)	92567	YES	YES		
Acoustic reflex testing; threshold	92568	YES	YES		
Electrocochleography	92584	YES	YES		
Auditory evoked potentials; comprehensive	92585	YES	YES		
Auditory evoked potentials; limited	92586	YES	YES		
Distortion product evoked otoacoustic emission, limited evaluation	92587	YES	YES		
Diagnostic analysis of cochlear implant, under 7 yrs of age with programming	92601	YES	YES		
Diagnostic analysis of cochlear implant, under 7 yrs of age subsequent programming	92602	YES	YES		
Diagnostic analysis of cochlert implant, 7 years and older w/programing	92603	YES	YES		
Diagnostic analysis of cochlear implant, 7 yrs and older w/subsequent programming	92604	YES	YES		
Assessment of tinnitus	92625	YES	YES		
Evaluation of auditory rehabilitation status, first hour	92626	YES	YES		
Evaluation of auditory rehabilitation status, each add'l 15 minutes	92627	YES	YES		
Auditory Rehabilaitation; pre-lingual hearing loss	92630	YES	YES		
Auditory Rehabilaitation; post-lingual hearing loss	92633	YES	YES		
Assessment of aphasia	96105	YES	YES		
<b>CODES ALLOWED VIA TM WITH NO CHGS TO COVERAGE R/T COVID 19</b>					
Developmental screening	96110	YES	YES		
Developmental test first hour	96112	YES	YES		
Developmental test each additional hour	96113	YES	YES		
Neurobehavioral status examination	96116	YES	YES		
Standardized thought processing testing, interpretation and report per hour	96125	YES	YES		
Evaluation for prescription of aug-comm device; first hour	92605	YES	YES		
Therapeutic services for the use of an aug-comm device; including programming/mc	92606	YES	YES		
Evaluation for prescription of aug-comm device; each add'l hour	92618	YES	YES		
Medical Nutrition Therapy, 15 minutes	97802	YES	YES		
Medical Nutrition Therapy re-assessment, 15 minutes	97803	YES	YES		
Office or other OP visit, new patient 60 minutes	99205	YES	YES		
Office or other OP visit, est patient 40 minutes	99215	YES	YES		
Initial Hospital IP care, 30 minutes/day	99221	YES	YES		
Initial Hospital IP care, 50 minutes/day	99222	YES	YES		
Initial Hospital IP care, 70 minutes/day	99223	YES	YES		
Subsequent Hospital IP care, 15 minutes/day	99231	YES	YES		
Subsequent Hospital IP care, 25 minutes/day	99232	YES	YES		
Subsequent Hospital IP care, 35 minutes/day	99233	YES	YES		
Initial Nursing Faciity Visit, 25 minutes/day	99304	YES	YES		
Initial Nursing Faciity Visit, 35 minutes/day	99305	YES	YES		
Initial Nursing Facility Visit, 45 minutes/day	99306	YES	YES		
Subsequent NF visit, 10 minutes/day	99307	YES	YES		
Subsequent NF visit, 15 minutes/day	99308	YES	YES		
Subsequent NF visit, 25 minutes/day	99309	YES	YES		
Subsequent NF visit, 35 minutes/day	99310	YES	YES		
Prolonged service in the office or other OP setting, first hour	99354	YES	YES		
Prolonged service in the office or other OP setting, each add'l 30 minutes	99355	YES	YES		
Transitional Care Management, within 14 days of discharge	99495	YES	YES		
Transitional Care Management within 7 days of discharge	99496	YES	YES		
F/U IP consultaton via telehealth, 15 minutes	G0406	YES	YES		
F/U IP consultaton via telehealth, 25 minutes	G0407	YES	YES		

**CODE DEFINITION**

F/U IP consultaion via telehealth, 35 minutes

Telehealth consultation, ED 30 minutes

Telehealth consultation, ED 50 minutes

Telehealth consultaion, ED 70 minutes

Telehealth consultaion, CC initial 60 minutes

Telehealth consultation, CC subsequent 50 minutes

Mental Health Assessment by non physician

Screening to determine program placement

Nsg Care in the home, by RN per diem

Nsg Care in the home, by LPN per diem

**CPT/HCPC****Video prior to 3/12?**

G0408 YES

G0425 YES

G0426 YES

G0427 YES

G0508 YES

G0509 YES

H0031HO YES

T1023 YES

T1030 YES

T1031 YES

**Video allowed post 3/12?**

YES

YES

YES

YES

YES

YES

YES

YES

YES

YES

**Telephonic allowed effective 3/12?****Originating site of Home allowed post 3/12?**