

Behavioral Health Procedure Code Crosswalk

MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
<i>Physician's Services</i>														
01	70	90870	Same	90870	31	339	11, 21			ECT Therapy (includes necessary monitoring) - Single Seizure	Same	Same	Same	
01	70	90871	Same	90871	31	339	11, 21			ECT Therapy (includes necessary monitoring) - Multiple Seizures, per day	Same	Same	Same	
01	70	99201	Same	99201	31	339	11		U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	Same	Same	Same	
01	70	99202	Same	99202	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Low to Moderate, face to face w/ patient and/or family	Same	Same	Same	
01	70	99203	Same	99203	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face w/ patient and/or family	Same	Same	Same	
01	70	99204	Same	99204	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family	Same	Same	Same	
01	70	99205	Same	99205	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of New Patient, Problem Moderate to High, face to face w/ patient and/or family	Same	Same	Same	
01	70	99211	Same	99211	31	339	11		U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Minimal, face to face w/ patient and/or family	Same	Same	Same	
01	70	99212	Same	99212	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	Same	Same	Same	
01	70	99213	Same	99213	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Low to Moderate, face to face w/ patient and/or family	Same	Same	Same	
01	70	99214	Same	99214	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	Same	Same	Same	
01	70	99215	Same	99215	31	339	11	U7	U1	OV/OP Visit for Eval & Mgmt of Established Patient, Problem Moderate to High, face to face w/ patient and/or family	Same	Same	Same	

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01	70	99221	Same	99221	31	339	21			Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem Low, at bedside	Same	Same	Same	
01	70	99222	Same	99222	31	339	21			Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem Moderate, at bedside	Same	Same	Same	
01	70	99223	Same	99223	31	339	21			Initial Hospital Care, per Day, for Eval & Mgmt of Patient, Problem High, at bedside	Same	Same	Same	
01	70	99231	Same	99231	31	339	21			Sub Hospital Care, per Day, for Eval & Mgmt of Patient, Stable, Recovering, or Improving, at bedside	Same	Same	Same	
01	70	99232	Same	99232	31	339	21			Sub Hospital Care, per Day, for Eval & Mgmt of Patient, Response Inadequate or Minor Complications, at bedside	Same	Same	Same	
01	70	99233	Same	99233	31	339	21			Sub Hospital Care, per Day, for Eval & Mgmt of Patient, Unstable or Significant Complications, at bedside	Same	Same	Same	
01	70	99238	Same	99238	31	339	21			Hospital Discharge Day Mgmt, 30 minutes or less	Same	Same	Same	
01	70	99241	Same	99241	31	339	11, 12, 23, 24, 31, 32, 54, 65			Office Consult for New or Established Patient, Problem Self Ltd or Minor, face to face w/ patient and/or family	Same	Same	Same	
01	70	99242	Same	99242	31	339	11, 12, 23, 24, 31, 32, 54, 65			Office Consult for New or Established Patient, Problem Low, face to face w/ patient and/or family	Same	Same	Same	
01	70	99243	Same	99243	31	339	11, 12, 23, 24, 31, 32, 54, 65			Office Consult for New or Established Patient, Problem Moderate, face to face w/ patient and/or family	Same	Same	Same	
01	70	99244	Same	99244	31	339	11, 12, 23, 24, 31, 32, 54, 65			Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	Same	Same	Same	
01	70	99245	Same	99245	31	339	11, 12, 23, 24, 31, 32, 54, 65			Office Consult for New or Established Patient, Problem Moderate to High, face to face w/ patient and/or family	Same	Same	Same	

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TYPE	TOS	Code			TYPE	SPEC	POS							
01	70	99251	Same	99251	31	339	21, 31, 32			Initial Inpatient Consult for New or Established Patient, Problem Self Ltd or Minor, at bedside	Same	Same	Same	
01	70	99252	Same	99252	31	339	21, 31, 32			Initial Inpatient Consult for New or Established Patient, Problem Low, at bedside	Same	Same	Same	
01	70	99253	Same	99253	31	339	21, 31, 32			Initial Inpatient Consult for New or Established Patient, Problem Moderate, at bedside	Same	Same	Same	
01	70	99254	Same	99254	31	339	21, 31, 32			Initial Inpatient Consult for New or Established Patient, Problem Moderate to High, at bedside	Same	Same	Same	
01	70	99255	Same	99255	31	339	21, 31, 32			Initial Inpatient Consult for New or Established Patient, Problem Moderate to High, at bedside	Same	Same	Same	
01	70	99271	Same	99271	31	339	11, 12, 21, 23, 31, 32, 54, 65			Confirmatory Consult for New or Established Patient, Problem Self Ltd or Minor	Same	Same	Same	
01	70	99272	Same	99272	31	339	11, 12, 21, 23, 31, 32, 54, 65			Confirmatory Consult for New or Established Patient, Problem Low	Same	Same	Same	
01	70	99273	Same	99273	31	339	11, 12, 21, 23, 31, 32, 54, 65			Confirmatory Consult for New or Established Patient Problem Moderate	Same	Same	Same	
01	70	99274	Same	99274	31	339	11, 12, 21, 23, 31, 32, 54, 65			Confirmatory Consult for New or Established Patient Problem Moderate to High	Same	Same	Same	
01	70	99275	Same	99275	31	339	11, 12, 21, 23, 31, 32, 54, 65			Confirmatory Consult for New or Established Patient Problem Moderate to High	Same	Same	Same	
01	70	99281	Same	99281	31	339	23		U1	ER Visit for Eval & Mgmt of Patient, Problem Self Ltd or Minor	Same	Same	Same	
01	70	99282	Same	99282	31	339	23			ER Visit for Eval & Mgmt of Patient, Problem Low to Moderate	Same	Same	Same	

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TYPE	TOS	Code			TYPE	SPEC	POS							
01	70	99283	Same	99283	31	339	23			ER Visit for Eval & Mgmt of Patient, Problem Moderate	Same	Same	Same	
01	70	99284	Same	99284	31	339	23			ER Visit for Eval & Mgmt of Patient, Problem High/Urgent	Same	Same	Same	
01	70	99285	Same	99285	31	339	23			ER Visit for Eval & Mgmt of Patient, Problem High/Threat to Life	Same	Same	Same	
01	70	99291	Same	99291	31	339	21, 23			Critical Care, eval & mgmt, first hour	Same	Same	Same	
01	70	99292	Same	99292	31	339	21, 23			Critical Care, eval & mgmt, each additional 30 minutes	Same	Same	Same	
01	70	99301	Same	99301	31	339	31, 32			Eval & Mgmt of New or Established Patient Stable, Recovering, or Improving, at bedside	Same	Same	Same	
01	70	99302	Same	99302	31	339	31, 32			Eval & Mgmt of New or Established Patient Unstable or Significant Complication, at bedside	Same	Same	Same	
01	70	99303	Same	99303	31	339	31, 32			Eval & Mgmt of New or Established Patient Moderate to High Complexity, at bedside	Same	Same	Same	
01	70	99311	Same	99311	31	339	31, 32			Subsequent Nursing Facility Care, per Day, for Eval & Mgmt of New or Established Patient, Stable, Recovering, or Improving, at bedside	Same	Same	Same	
01	70	99312	Same	99312	31	339	31, 32			Subsequent Nursing Facility Care, per Day, for Eval & Mgmt of New or Established Patient, Response Inadequate or Minor Complications, at bedside	Same	Same	Same	
01	70	99313	Same	99313	31	339	31, 32			Subsequent Nursing Facility Care, per Day, for Eval & Mgmt of New or Established Patient, Significant Complication or New Problem, at bedside	Same	Same	Same	
01	70	99341	Same	99341	31	339	12			Home Visit for Eval & Mgmt of New Patient, Problem Low, face to face with the patient and/or family	Same	Same	Same	
01	70	99342	Same	99342	31	339	12			Home Visit for Eval & Mgmt of New Patient, Problem Moderate, face to face with the patient and/or family	Same	Same	Same	

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01	70	99343	Same	99343	31	339	12			Home Visit for Eval & Mgmt of New Patient, Problem High, face to face with the patient and/or family	Same	Same	Same	
01	70	W0841	Generally Accepted Individual Measurements	96100	31	339	11, 21	UB	U1	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$31.00	No	
01	70	W0842	Generally Accepted Individual Measurements for Organicity	96117	31	339	11, 21		U1	Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
01	70	W0843	Generally Accepted Projective Technique	96100	31	339	11, 21	TF	U1	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	
01	70	W0844	Generally Accepted Graphic Technique	96100	31	339	11, 21		U1	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
01	70	W0845	Generally Accepted Personality Inventories	96100	31	339	11, 21	UB	U1	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$31.00	No	
01	70	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	31	339	11, 21	TG	U1	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	
01	70	W0981	Group Psychotherapy, 2 - 10 persons in the group	90853	31	339	11	UB	U1	Group Psychotherapy (other than of a multiple-family group)	15 min	\$3.50	No	Provide a minimum of 60 min. MIN 4 units
01	70	W0983	Family Psychotherapy	90847	31	339	11	UB	U1	Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units

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01	70	W0984	Collateral Family Psychotherapy	90846	31	339	11	UB	U1	Family psychotherapy (without the patient present)	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units
01	70	W9633	Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility	99203	31	All spec	11	U7	U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a detailed focused history; • a detailed examination; and • medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. 	30 min visit	\$20.00	No	
01	70	W9633	Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility	99204	31	All spec	11	U7	U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • an comprehensive examination; • medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided c/w the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face w/ patient and/or family. 	45 min visit	\$20.00	No	

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01	70	W9633	Comprehensive Medical Exam by General Practitioner when Requested by the Department to Determine Eligibility	99205	31	All spec	11	U7	U1	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • an comprehensive examination; • medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided c/w the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face w/ patient and/or family. 	60 min visit	\$30.00	No	
01	70	W9801	Individual Psychotherapy	90804	31	339	11	UB	U1	Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 20-30 mins FTF w/ pt	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
01	70	W9801	Individual Psychotherapy	90805	31	339	11	UB	U1	Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 20-30 mins FTF w/ pt with medical evaluation and management services	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
01	70	W9801	Individual Psychotherapy	90806	31	339	11	UB	U1	Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 45-50 mins FTF w/ pt	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
01	70	W9801	Individual Psychotherapy	90807	31	339	11	UB	U1	Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 45-50 mins FTF w/ pt with medical evaluation and management services	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
01	70	W9801	Individual Psychotherapy	90808	31	339	11	UB	U1	Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 75-80 mins FTF w/ pt	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.

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TYPE	TOS	Code			TYPE	SPEC	POS							
01	70	W9801	Individual Psychotherapy	90809	31	339	11	UB	U1	Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 75-80 mins FTF w/ pt with medical evaluation and management services	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
01	70	W9801	Individual Psychotherapy	90810	31	339	11		U1	Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 20-30 mins FTF w/ pt.	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
01	70	W9801	Individual Psychotherapy	90811	31	339	11		U1	Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 20-30 mins FTF w/ pt; with medical evaluation and management services	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
01	70	W9801	Individual Psychotherapy	90812	31	339	11		U1	Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 45-50 mins FTF w/ pt.	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
01	70	W9801	Individual Psychotherapy	90813	31	339	11		U1	Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 45-50 mins FTF w/ pt; with medical evaluation and management services	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
01	70	W9801	Individual Psychotherapy	90814	31	339	11		U1	Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 75-80 mins FTF w/ pt.	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.

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01	70	W9801	Individual Psychotherapy	90815	31	339	11		U1	Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 75-80 mins FTF w/ pt; with medical evaluation and management services	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
<i>Clozapine Support Services for Physician's</i>														
01	70	W1857	Clozapine Support Services - Psychiatrist	H2010	31	339	11, 12		HK & U1	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
<i>BHRS for Physician's</i>														
01	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	31	548	12, 99	UB	HA & U1	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
01	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	31	548	12, 99	UB	U1	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
01	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	31	548	12, 23, 99	UB	U1	Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
01	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	31	559	11, 12, 23, 99	HP	U1	MH service plan development by non-physician	15 min	\$15.75	No	
01	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	31	559	11, 12, 23, 99		HO & U1	MH service plan development by non-physician	15 min	\$12.25	No	
01	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	31	549	12, 99	UB	U1	Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
<i>BHRS for FQHC's and RHC's</i>														
50	SP	W1867	Summer Therapeutic Activities Program	H2012	08	803	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
50	SP	W1867	Summer Therapeutic Activities Program	H2012	08	807	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	

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26	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	08	800	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
26	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	08	804	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
26	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	08	800	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
26	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	08	804	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
26	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	08	800	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
26	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	08	804	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
26	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	08	802	12, 23, 50, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
26	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	08	806	12, 23, 72, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
26	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	08	802	12, 23, 50, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
26	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	08	806	12, 23, 72, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	

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26	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	08	801	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
26	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	08	805	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
<i>Drug & Alcohol Clinic Services</i>														
28	AF	W0841	Generally Accepted Individual Measurements	96100	08	184	12, 57	UB		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$31.00	No	
28	AF	W0842	Generally Accepted Individual Measurements for Organicity	96117	08	184	12, 57			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
28	AF	W0843	Generally Accepted Projective Technique	96100	08	184	12, 57	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	
28	AF	W0844	Generally Accepted Graphic Technique	96100	08	184	12, 57			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
28	AF	W0845	Generally Accepted Personality Inventories	96100	08	184	12, 57	UB		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$31.00	No	
28	AF	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	08	184	12, 57	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISE			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
28	AF	W0857	Chemotherapy Visit for Admin & Eval of Drugs Other Than Methadone or Drugs for Opiate Detox	90862	08	184	57	U7		Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	15 min	\$6.00	No	
28	AF	W0858	Opiate Detox Visit for Admin & Eval of Drugs for Ambulatory Opiate Detox	H0014	08	184	57	HG		Alcohol and/or Drug Svcs; Ambulatory Detoxification	15 min	\$6.00	No	
28	AF	W0859	Drug-Free Clinic Visit	T1015	08	184	57	UB		Clinic Visit/ Encounter All-inclusive	visit	\$6.00	No	
28	AF	W0981	Group Psychotherapy, 2 - 10 persons in the group	90853	08	184	57	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	\$3.50	No	Provide a minimum of 60 min. MIN 4 units
28	AF	W0983	Family Psychotherapy	90847	08	184	12, 57	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units
28	AF	W0987	Psychiatric Eval; Exam & Eval of Patient	90801	08	184	12, 57	UB		Psychiatric diagnostic interview examination	occurrence	\$75.00	No	
28	AF	W0987	Psychiatric Eval; Exam & Eval of Patient	90802	08	184	12, 57	UB		Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	occurrence	\$75.00	No	
28	AF	W0989	Comprehensive Medical Exam & Eval	99204	08	184	12, 57	U7		Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; • medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided c/w the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face w/ patient and/or family.	45 min visit	\$20.00	No	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
28	AF	W0989	Comprehensive Medical Exam & Eval	99215	08	184	12, 57	U7		Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: •a comprehensive history; •a comprehensive examination; and •medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and or family's needs. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	40 min visit	\$20.00	No	
28	AF	W9801	Individual Psychotherapy	90804	08	184	12, 57	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 20-30 mins FTF w/ pt	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
28	AF	W9801	Individual Psychotherapy	90806	08	184	12, 57	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 45-50 mins FTF w/ pt	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
28	AF	W9801	Individual Psychotherapy	90808	08	184	12, 57	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 75-80 mins FTF w/ pt	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
28	AF	W9801	Individual Psychotherapy	90810	08	184	12, 57			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 20-30 mins FTF w/ pt.	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
28	AF	W9801	Individual Psychotherapy	90812	08	184	12, 57			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 45-50 mins FTF w/ pt.	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
28	AF	W9801	Individual Psychotherapy	90814	08	184	12, 57			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 75-80 mins FTF w/ pt.	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
28	AF	W9971	Medication Mgmt Visit (effective 8/1/98)	H0034	08	184	57			Medication training and support, per 15 mins	15 min	\$20.00	No	
<i>Drug & Alcohol Clinic Methadone Services</i>														
28	AG	H0020	Alcohol and/or Drug Svcs; Methadone Administration and/or svc (provision of the drug by a licensed program) (Take Home)	H0020	08	084	57	HG		Alcohol and/or Drug Svcs; Methadone Administration and/or svc (provision of the drug by a licensed program) (Take Home)	15 min	\$7.50	No	
28	AG	W0856	Methadone Maintenance Clinic Visit for Administration and Evaluation of Methadone	H0020	08	084	57	UB		Alcohol and/or Drug Svcs; Methadone Administration and/or svc (provision of the drug by a licensed program)	15 min	\$7.50	No	
28	AG	W7029	Methadone Maintenance Comprehensive Services - Includes Transportation	T1015	08	084	57	HG		Clinic Visit/ Encounter All-inclusive	visit	\$57.00	No	
<i>Psychiatric Outpatient Clinic Services</i>														
29	70	90870	Same	90870	08	110	49			ECT Therapy (includes necessary monitoring) - Single Seizure	Same	Same	Same	
29	70	90871	Same	90871	08	110	49			ECT Therapy (includes necessary monitoring) - Multiple Seizures, per day	Same	Same	Same	
29	70	95816	Same	95816	08	110	49			EEG including recording awake & drowsy	Same	Same	Same	
29	70	95819	Same	95819	08	110	49			EEG including recording awake & asleep	Same	Same	Same	
29	70	95822	Same	95822	08	110	49			EEG recording in coma or sleep only	Same	Same	Same	
29	70	95827	Same	95827	08	110	49			EEG all night recording	Same	Same	Same	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
29	70	W0841	Generally Accepted Individual Measurements	96100	08	110	12, 49	UB		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$31.00	No	
29	70	W0842	Generally Accepted Individual Measurements for Organicity	96117	08	110	12, 49			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
29	70	W0843	Generally Accepted Projective Technique	96100	08	110	12, 49	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	
29	70	W0844	Generally Accepted Graphic Technique	96100	08	110	12, 49			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
29	70	W0845	Generally Accepted Personality Inventories	96100	08	110	12, 49	UB		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$31.00	No	
29	70	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	08	110	12, 49	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	
29	70	W0981	Group Psychotherapy, 2 - 10 persons in the group	90853	08	110	49	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	\$3.50	No	Provide a minimum of 60 min. MIN 4 units
29	70	W0983	Family Psychotherapy	90847	08	110	12, 49	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units
29	70	W0984	Collateral Family Psychotherapy	90846	08	110	12, 49	UB		Family psychotherapy (without the patient present)	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units

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MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
29	70	W0987	Psychiatric Eval; Exam & Eval of Patient	90801	08	110	12, 49	UB		Psychiatric diagnostic interview examination	occurrence	\$75.00	No	
29	70	W0987	Psychiatric Eval; Exam & Eval of Patient	90802	08	110	12, 49	UB		Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	occurrence	\$75.00	No	
29	70	W1855	Psychiatric Clinic Med Visit for Drug Admin & Eval	90862	08	110	49	UB		Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	15 min	\$15.00	No	
29	70	W9801	Individual Psychotherapy	90804	08	110	12, 49	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 20-30 mins FTF w/ pt	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
29	70	W9801	Individual Psychotherapy	90806	08	110	12, 49	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 45-50 mins FTF w/ pt	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
29	70	W9801	Individual Psychotherapy	90808	08	110	12, 49	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 75-80 mins FTF w/ pt	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
29	70	W9801	Individual Psychotherapy	90810	08	110	12, 49			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 20-30 mins FTF w/ pt.	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
29	70	W9801	Individual Psychotherapy	90812	08	110	12, 49			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 45-50 mins FTF w/ pt.	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
29	70	W9801	Individual Psychotherapy	90814	08	110	12, 49			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 75-80 mins FTF w/ pt.	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
29	70	W9970	Medication Mgmt Visit	H0034	08	110	49			Medication training and support, per 15 mins	15 min	\$20.00	No	
<i>Clozapine Support Services in a Psychiatric Outpatient Clinic</i>														
29	70	W1856	Clozaril Monitor & Eval Visit	H0034	08	110	49		HK	Medication training and support, per 15 mins	15 min	\$20.00	No	
29	70	W1858	Clozapine Support Service - Outpatient Psychiatric Clinic	H2010	08	110	12, 49		HK	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
<i>BHRS for Psychitric Oupatient Clinics</i>														
50	PS	W0841	Generally Accepted Individual Measurements	96100	08	110	11, 12			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0842	Generally Accepted Individual Measurements for Organicity	96117	08	110	11, 12			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
50	PS	W0843	Generally Accepted Projective Technique	96100	08	110	11, 12	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	
50	PS	W0844	Generally Accepted Graphic Technique	96100	08	110	11, 12			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	

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MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
50	PS	W0845	Generally Accepted Personality Inventories	96100	08	110	11, 12	AH		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$30.00	No	
50	PS	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	08	110	11, 12	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	
50	SP	W1867	Summer Therapeutic Activities Program	H2012	08	811	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
50	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	08	808	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
29	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	08	808	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
29	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	08	808	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
50	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	08	808	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
50	ES	Y9600	Diagnostic Intellectual Eval	96100	08	110	11, 12, 99	U7		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 5 units

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MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
50	ES	Y9601	Individual Diagnostic Personality Eval	96100	08	110	11, 12, 99	U7	HA	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 8 units
50	ES	Y9602	Comprehensive Diagnostic Psychological Eval	96100	08	110	11, 12, 99	U7	TJ	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 10 units
50	ES	Y9603	Comprehensive Neuropsychological Eval	96117	08	110	11, 12, 99	UB		Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9604	Comprehensive Neuropsychological Eval w/ Personality Assessment	96115	08	110	11, 12, 99			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation & report, per hour	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9606	Psychological Eval	90801	08	110	11, 12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
50	ES	Y9606	Psychological Eval	90802	08	110	11, 12, 99			Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	30 min	\$26.25	No	MIN 1 MAX 6 units
50	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	08	808	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
50	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	08	810	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
50	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	08	810	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
50	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	08	809	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
Targeted Case Management														
32	CH	W9068	Mental Health/Mental Retardation Case Mgmt (ICM)	T1017	21	222	11, 12, 99	UB		Targeted Case Management, each 15 mins	15 min	\$12.45	No	Intensive Case Management (ICM)
32	CH	W9068	Mental Health/Mental Retardation Case Mgmt (ICM-CTT)	T1017	21	222	11, 12, 99		HT	Targeted Case Management, each 15 mins	15 min	\$12.45	No	ICM-CTT
32	CH	W9790	Mental Health Services During Psych Inpatient Admission	T1017	21	222	21	UB	HK	Targeted Case Management, each 15 mins	15 min	\$12.45	No	Intensive Case Management (ICM)
32	CH	W9790	Mental Health Services During Psych Inpatient Admission (ICM-CTT)	T1017	21	222	21		HK & HT	Targeted Case Management, each 15 mins	15 min	\$12.45	No	ICM-CTT
32	CH	W9791	Mental Health Services During Non-Psych Inpatient Admission	T1017	21	222	21, 31, 32	UB	HE & HK	Targeted Case Management, each 15 mins	15 min	\$12.45	No	Intensive Case Management (ICM)
32	CH	W9791	Mental Health Services During Non-Psych Inpatient Admission (ICM-CTT)	T1017	21	222	21, 31, 32		HE, HK, & HT	Targeted Case Management, each 15 mins	15 min	\$12.45	No	ICM-CTT
32	CH	W9070	Resource Mgmt	T1017	21	221	11, 12, 99	TF		Targeted Case Management, each 15 mins	15 min	\$12.24	No	Resource Coordination
32	CH	W9790	Mental Health Services During Psych Inpatient Admission	T1017	21	221	21	TF	HK	Targeted Case Management, each 15 mins	15 min	\$12.24	No	Resource Coordination
32	CH	W9791	Mental Health Services During Non-Psych Inpatient Admission	T1017	21	221	21, 31, 32	TF	HE & HK	Targeted Case Management, each 15 mins	15 min	\$12.24	No	Resource Coordination
32	RE	W7012	MH Intensive case management service	T1017	21	222	11, 12, 99	UB	UC	Targeted Case Management, each 15 mins	15 min	\$12.45	No	ICM blended model.
32	RE	W7019	MH services during psychiatric inpatient admissions	T1017	21	222	21	UB	UC & HK	Targeted Case Management, each 15 mins	15 min	\$12.45	No	ICM blended model.
32	RE	W7020	MH services during non-psychiatric inpatient admissions	T1017	21	222	21, 31, 32	UB	UC & HE & HK	Targeted Case Management, each 15 mins	15 min	\$12.45	No	ICM blended model.
Psychiatric Partial Hospitalization Services														
33	AH	W0860	Licensed Adult Psychiatric Partial Program - Adult	H0035	11	114	52	U7		Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$14.00	No	

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33	AH	W0861	Licensed Adult Psychiatric Partial Program - Child	H0035	11	114	52	UB	HA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$15.00	No	
33	AH	W0862	Psychiatric Partial Program; Non-Covered Medicare Hours - Adult Licensed Partial Program	H0035	11	114	52	U7	U2	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$14.00	No	
33	AH	W0863	Psychiatric Partial Program; Non-Covered Medicare Hours, Child	H0035	11	113	52		U2 & UA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$9.50	No	
33	AH	W0864	Licensed Children's Psych Partial Program - Adult	H0035	11	113	52	U7	UA & HB	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$14.00	No	
33	AH	W0865	Licensed Children's Psych Partial Program - Child	H0035	11	113	52	UB	UA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$15.00	No	
33	AH	W0866	Licensed Children's Psychiatric Partial Hospitalization Program; Child (15 through 20 years of age)	H0035	11	113	52	UB	UA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$15.00	No	
33	AH	W0867	Licensed Adult Psychiatric Partial Hospitalization Program; Child (0-20 years of age) (Services beyond 720 hours)	H0035	11	114	52	UB	HA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$15.00	Yes (Program Exception)	Budget Change: New limit - 520 hrs
33	AH	W0868	Licensed Child Psychiatric Partial Hospitalization Program; (Child 0-14 years of age per hour) (Services beyond 720 hrs)	H0035	11	113	52	UB	UA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$15.00	Yes (Program Exception)	Budget Change: New limit - 520 hrs

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
33	AH	W0869	Licensed Child Psychiatric Partial Hospitalization Program; Child (15-20 years of age) (Services beyond 720 hours)	H0035	11	113	52	UB	UA	Mental health partial hospitalization, treatment less than 24 hrs	1 hr	\$15.00	Yes (Program Exception)	Budget Change: New limit - 520 hrs
<i>Clozapine Support Services in a Psychiatric Partial Hospitalization</i>														
33	AH	W1859	Clozapine Support Service - Partial Hospitalization	H2010	11	113	52		HK	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
33	AH	W1859	Clozapine Support Service - Partial Hospitalization	H2010	11	114	52		HK	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
<i>BHRS for Psychiatric Partial Hospitalization Programs</i>														
50	PS	W0841	Generally Accepted Individual Measurements	96100	11	113	11, 12			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0841	Generally Accepted Individual Measurements	96100	11	114	11, 12			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0842	Generally Accepted Individual Measurements for Organicity	96117	11	113	11, 12			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
50	PS	W0842	Generally Accepted Individual Measurements for Organicity	96117	11	114	11, 12			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
50	PS	W0843	Generally Accepted Projective Technique	96100	11	113	11, 12	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISE			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
50	PS	W0843	Generally Accepted Projective Technique	96100	11	114	11, 12	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	
50	PS	W0844	Generally Accepted Graphic Technique	96100	11	113	11, 12			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0844	Generally Accepted Graphic Technique	96100	11	114	11, 12			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0845	Generally Accepted Personality Inventories	96100	11	113	11, 12	AH		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$30.00	No	
50	PS	W0845	Generally Accepted Personality Inventories	96100	11	114	11, 12	AH		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$30.00	No	
50	PS	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	11	113	11, 12	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
50	PS	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	11	114	11, 12	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	
50	SP	W1867	Summer Therapeutic Activities Program	H2012	11	445	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
50	SP	W1867	Summer Therapeutic Activities Program	H2012	11	449	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
33	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	442	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
33	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	446	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
50	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	442	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
50	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	446	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
33	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	442	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience
33	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	446	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience

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MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
50	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	442	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience
50	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	446	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience
50	ES	Y9600	Diagnostic Intellectual Eval	96100	11	113	11, 12, 99	U7		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 5 units
50	ES	Y9600	Diagnostic Intellectual Eval	96100	11	114	11, 12, 99	U7		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN1 MAX 5 units
50	ES	Y9601	Individual Diagnostic Personality Eval	96100	11	113	11, 12, 99	U7	HA	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 8 units
50	ES	Y9601	Individual Diagnostic Personality Eval	96100	11	114	11, 12, 99	U7	HA	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 8 units
50	ES	Y9602	Comprehensive Diagnostic Psychological Eval	96100	11	113	11, 12, 99	U7	TJ	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 10 units

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
50	ES	Y9602	Comprehensive Diagnostic Psychological Eval	96100	11	114	11, 12, 99	U7	TJ	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 10 units
50	ES	Y9603	Comprehensive Neuropsychological Eval	96117	11	113	11, 12, 99	UB		Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9603	Comprehensive Neuropsychological Eval	96117	11	114	11, 12, 99	UB		Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9604	Comprehensive Neuropsychological Eval w/ Personality Assessment	96115	11	113	11, 12, 99			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation & report, per hour	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9604	Comprehensive Neuropsychological Eval w/ Personality Assessment	96115	11	114	11, 12, 99			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation & report, per hour	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9606	Psychological Eval	90801	11	113	11, 12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
50	ES	Y9606	Psychological Eval	90802	11	113	11, 12, 99			Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	30 min	\$26.25	No	MIN 1 MAX 6 units
50	ES	Y9606	Psychological Eval	90801	11	114	11, 12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
50	ES	Y9606	Psychological Eval	90802	11	114	11, 12, 99			Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	30 min	\$26.25	No	MIN 1 MAX 6 units
50	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	11	442	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provie in 2 unit increments

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
50	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	11	446	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Y	Provie in 2 unit increments
50	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	11	444	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
50	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	11	448	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
50	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	11	444	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
50	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	11	448	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
50	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	11	443	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
50	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	11	447	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
<i>Psychologist's Services</i>														
41	PS	W0841	Generally Accepted Individual Measurements	96100	19	190	11, 12, 21			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
41	PS	W0842	Generally Accepted Individual Measurements for Organicity	96117	19	190	11, 12, 21			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
41	PS	W0843	Generally Accepted Projective Technique	96100	19	190	11, 12, 21	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
41	PS	W0844	Generally Accepted Graphic Technique	96100	19	190	11, 12, 21			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
41	PS	W0845	Generally Accepted Personality Inventories	96100	19	190	11, 12, 21	AH		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$30.00	No	
41	PS	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	19	190	11, 12, 21	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	
41	PS	W0981	Group Psychotherapy, 2 - 10 persons in the group	90853	19	190	11	UB		Group Psychotherapy (other than of a multiple-family group)	15 min	\$3.50	No	Provide a minimum of 60 min. MIN 4 units
41	PS	W0983	Family Psychotherapy	90847	19	190	11	UB		Family Psychotherapy (conjoint psychotherapy) w/ patient present	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units
41	PS	W0984	Collateral Family Psychotherapy	90846	19	190	11	UB		Family psychotherapy (without the patient present)	15 min	\$13.00	No	Provide a minimum of 30 min. MIN 2 units
41	PS	W9801	Individual Psychotherapy	90804	19	190	11	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 20-30 mins FTF w/ pt	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
41	PS	W9801	Individual Psychotherapy	90806	19	190	11	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 45-50 mins FTF w/ pt	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
41	PS	W9801	Individual Psychotherapy	90808	19	190	11	UB		Individ Psychotherapy, insight oriented, beh modifying, and/or supportive, in office or outpt facility, approx 75-80 mins FTF w/ pt	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.

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MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
41	PS	W9801	Individual Psychotherapy	90810	19	190	11			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 20-30 mins FTF w/ pt.	30 min	\$26.00	No	Provide a minimum of 30 min face to face with patient. For 60 min face to face with patient, bill 2 units.
41	PS	W9801	Individual Psychotherapy	90812	19	190	11			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 45-50 mins FTF w/ pt.	45 min	\$39.00	No	Provide a minimum of 45 min face to face with patient.
41	PS	W9801	Individual Psychotherapy	90814	19	190	11			Individ Psychotherapy, interactive, using play equipment, physical devices, lang interpreter, or other mechanisms of non-verb comm. in office or outpt facility, approx 75-80 mins FTF w/ pt.	75 min	\$65.00	No	Provide a minimum of 75 min face to face with patient.
<i>BHRS for Psychologists</i>														
41	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	19	548	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
41	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	19	548	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
41	PS	Y9600	Diagnostic Intellectual Eval	96100	19	190	11, 12, 21, 99	U7		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 5 units

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
41	PS	Y9601	Individual Diagnostic Personality Eval	96100	19	190	11, 12, 21, 99	U7	HA	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 8 units
41	PS	Y9602	Comprehensive Diagnostic Psychological Eval	96100	19	190	11, 12, 21, 99	U7	TJ	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 10 units
41	PS	Y9603	Comprehensive Neuropsychological Eval	96117	19	190	11, 12, 21, 99	UB		Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per hour	\$52.50	No	MIN 1 MAX 12 units
41	PS	Y9604	Comprehensive Neuropsychological Eval w/ Personality Assessment	96115	19	190	11, 12, 21, 99			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation & report, per hour	per hour	\$52.50	No	MIN 1 MAX 12 units
41	PS	Y9606	Psychological Eval	90801	19	190	11, 12, 21, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
41	PS	Y9606	Psychological Eval	90802	19	190	11, 12, 21, 99			Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	30 min	\$26.25	No	MIN 1 MAX 6 units
41	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	19	548	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
41	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	19	559	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
41	BS	Y9609	Behavioral Specialist Consultant (Master's Level) (Incl travel & admin)	H0032	19	559	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
41	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	19	549	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.

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MAMIS			Local Code Description	National Code	PROMISE			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
<i>Family Based Mental Health Services</i>														
48	FB	W0870	Team Member w/ Consumer	H0004	11	115	12, 99	UB	HE	Behavioral Health Counseling and Therapy, per 15 mins	15 min	\$26.93	No	
48	FB	W0871	Team Member w/ Family of Consumer	H0004	11	115	12, 99	UB	UK	Behavioral Health Counseling and Therapy, per 15 mins	15 min	\$26.93	No	
48	FB	W0872	Team Member w/collateral and/or other agencies	T1016	11	115	12, 99	UB	UK	Case Management, each 15 mins	15 min	\$26.93	No	
48	FB	W0873	Team with Consumer and/or Family	H0004	11	115	12, 99	UB	HT	Behavioral Health Counseling and Therapy, per 15 mins	15 min	\$26.93	No	
48	FB	W0874	Team with Collateral and/or Other Agencies	T1016	11	115	12, 99	UB	HT	Case Management, each 15 mins	15 min	\$26.93	No	
48	FB	W9790	Mental Health Services During Psych Inpatient Admission	H0004	11	115	21	UB	HK	Behavioral Health Counseling and Therapy, per 15 mins	15 min	\$26.93	No	
48	FB	W9790	Mental Health Services During Psych Inpatient Admission	T1016	11	115	21	UB	HK	Case management, each 15 mins	15 min	\$26.93	No	
48	FB	W9791	Mental Health Services During Non-Psych Inpatient Admission	H0004	11	115	21, 31, 32	UB	HE & HK	Behavioral Health Counseling and Therapy, per 15 mins	15 min	\$26.93	No	
48	FB	W9791	Mental Health Services During Non-Psych Inpatient Admission	T1016	11	115	21, 31, 32	UB		Case management, each 15 mins	15 min	\$26.93	No	
<i>BHRS for Family Based Mental Health Services</i>														
50	PS	W0841	Generally Accepted Individual Measurements	96100	11	115	12, 99			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0842	Generally Accepted Individual Measurements for Organicity	96117	11	115	12, 99			Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per occurrence	\$40.00	No	
50	PS	W0843	Generally Accepted Projective Technique	96100	11	115	12, 99	TF		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$40.00	No	

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MAMIS			Local Code Description	National Code	PROMISE			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
50	PS	W0844	Generally Accepted Graphic Technique	96100	11	115	12, 99			Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$20.00	No	
50	PS	W0845	Generally Accepted Personality Inventories	96100	11	115	12, 99	AH		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$30.00	No	
50	PS	W0846	Any Combination of Four or More Intellectual or Personality Evals Listed	96100	11	115	12, 99	TG		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per occurrence	\$80.00	No	
50	SP	W1867	Summer Therapeutic Activities Program	H2012	11	453	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
48	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	450	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
50	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	450	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
48	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	450	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
50	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	450	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.

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MAMIS			Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
TYPE	TOS	Code			TYPE	SPEC	POS							
48	FB	Y9600	Diagnostic Intellectual Eval	96100	11	115	12, 99	U7		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 5 units
50	ES	Y9600	Diagnostic Intellectual Eval	96100	11	115	12, 99	U7		Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 5 units
48	FB	Y9601	Individual Diagnostic Personality Eval	96100	11	115	12, 99	U7	HA	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 8 units
50	ES	Y9601	Individual Diagnostic Personality Eval	96100	11	115	12, 99	U7	HA	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 8 units
48	FB	Y9602	Comprehensive Diagnostic Psychological Eval	96100	11	115	12, 99	U7	TJ	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 10 units
50	ES	Y9602	Comprehensive Diagnostic Psychological Eval	96100	11	115	12, 99	U7	TJ	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS-R, Rorschach, MMPI) with interpretation and report (per hour)	per hour	\$52.50	No	MIN 1 MAX 10 units
48	FB	Y9603	Comprehensive Neuropsychological Eval	96117	11	115	12, 99	UB		Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per hour	\$52.50	No	MIN 1 MAX 12 units

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					TYPE	SPEC	POS							
50	ES	Y9603	Comprehensive Neuropsychological Eval	96117	11	115	12, 99	UB		Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.	per hour	\$52.50	No	MIN 1 MAX 12 units
48	FB	Y9604	Comprehensive Neuropsychological Eval w/ Personality Assessment	96115	11	115	12, 99			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation & report, per hour	per hour	\$52.50	No	MIN 1 MAX 12 units
50	ES	Y9604	Comprehensive Neuropsychological Eval w/ Personality Assessment	96115	11	115	12, 99			Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation & report, per hour	per hour	\$52.50	No	MIN 1 MAX 12 units
48	FB	Y9606	Psychological Eval	90801	11	115	12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
48	FB	Y9606	Psychological Eval	90802	11	115	12, 99			Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	30 min	\$26.25	No	MIN 1 MAX 6 units
50	ES	Y9606	Psychological Eval	90801	11	115	12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
50	ES	Y9606	Psychological Eval	90802	11	115	12, 99			Interactive psychiatric diagnostic interview examination using play equipment, physical devices, lang interpreter, or other mechanisms of communication	30 min	\$26.25	No	MIN 1 MAX 6 units
48	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	11	450	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
50	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	11	450	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
48	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	11	452	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
50	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	11	452	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
48	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	11	452	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
50	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	11	452	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
48	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	11	451	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
50	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	11	451	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
<i>Mental Health Crisis Intervention Services</i>														
48	CI	W9792	Telephone Crisis	H0030	11	118	11			Behavioral Health Hotline Service	15 min	Rate determined based on geographic region	No	Please refer to rates published in OMHSAS-01-03.
48	CI	W9793	Walk-in Crisis	H2011	11	118	11			Crisis Intervention Service, per 15 min	15 min		No	Please refer to rates published in OMHSAS-01-03.
48	CI	W9794	Mobile Crisis, Individual Delivered	H2011	11	118	15		HE	Crisis Intervention service, per 15 min	15 min		No	Please refer to rates published in OMHSAS-01-03.
48	CI	W9795	Mobile Crisis, Team Delivered	H2011	11	118	15		HT	Crisis Intervention Service, per 15 min	15 min		No	Please refer to rates published in OMHSAS-01-03.
48	CI	W9796	Crisis In-Home Support	S9484	11	118	12, 99			Crisis Intervention mental health services, per hour	per hour		No	MIN 4 units Please refer to rates published in OMHSAS-01-03.
48	CI	W9797	Medical Mobile Crisis, Team Delivered	H2011	11	118	15		HK	Crisis Intervention service, per 15 min	15 min		No	Please refer to rates published in OMHSAS-01-03.
48	CI	W9798	Crisis Residential	S9485	11	118	12			Crisis Intervention mental health services, per diem	per diem		No	Each per diem is 8 hours and 1 unit would be minimum of 4 hours and a maximum of 8 hours. MIN 1 MAX 3 per day Please refer to rates published in OMHSAS-01-03.
<i>BHRS for CRNPs</i>														
49	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	09	548	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.

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					TYPE	SPEC	POS							
49	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	09	548	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience.
49	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	09	548	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
49	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	09	559	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
49	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	09	559	11, 12, 23, 99	HO		MH service plan development by non-physician	15 min	\$12.25	No	
49	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	09	549	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
Social Services														
50	SS	W0203	Other Service by Social Worker, Psychiatric Nurse, etc.	H0046	11	116	11, 12, 99	UB		Mental Health Services, not otherwise specified	15 min	\$6.25	Yes	Provide in a minimum of 4 units and in increments of 4 units.
50	SS	W0203	Other Service by Social Worker, Psychiatric Nurse, etc.	H0046	11	117	11, 12, 99	UB		Mental Health Services, not otherwise specified	15 min	\$6.25	Yes	Provide in a minimum of 4 units and in increments of 4 units.
50	SS	W0203	Other Service by Social Worker, Psychiatric Nurse, etc.	H0046	16	162	11, 12, 99	UB		Mental Health Services, not otherwise specified	15 min	\$6.25	Yes	Provide in a minimum of 4 units and in increments of 4 units.
Therapists														
50	ES	Y9918	Art Therapy by Registered Art Therapist	H2032	17	174	11	UB		Activity therapy, per 15 mins	15 min	\$11.25	No	MIN 2 MAX 4 units. Provide and bill in 2 unit increments
50	ES	Z9870	Music Therapy	G0176	17	175	11	UB		Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care & treatment of patient's disabling mental health problems, per session (45 minutes or more)	1 hour	\$10.00	No	MIN 1 MAX 1. Provide minimum of 60 minutes
MA Case Management														
50	CM	W0052	Case Management	T1016	21	212	11, 12, 21	U8		Case Management, each 15 mins	15 min	\$7.50	Yes	

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					TYPE	SPEC	POS							
<i>Other BHRS</i>														
50	SP	W1867	Summer Therapeutic Activities Program	H2012	34	340	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
50	TS	W7038	Assessment & Assistance to a Newly Hired TSS Worker with Less Than 6 Months of TSS Experience	H2014	11	548	12, 99	UB	HA	Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 24 per newly hired TSS worker with less than six months of TSS experience.
50	TS	W7039	Assessment & Assistance to a TSS Worker Newly Hired by an Agency with Six or More Months of TSS Experience	H2014	11	548	12, 99	UB		Skill training and development, per 15 mins	15 min	\$2.50	No	Provide in a minimum of 4 units and in increments of 4 units. MAX 12 per newly hired TSS worker with six or more months of TSS experience
50	TS	Y9607	Therapeutic Staff Support Svc (Incl travel & admin)	H2021	11	548	12, 23, 99	UB		Community-based wrap-around svcs per 15 mins	15 min	\$7.50	Yes	Provide in 2 unit increments
50	BS	Y9608	Behavioral Specialist Consultant (Doctoral Level) (Incl travel & admin)	H0032	11	559	11, 12, 23, 99	HP		MH service plan development by non-physician	15 min	\$15.75	No	
50	BS	Y9609	Behavioral Specialist Consultant (Master's Level)(Incl travel & admin)	H0032	11	559	11, 12, 23, 99		HO	MH service plan development by non-physician	15 min	\$12.25	No	
50	MT	Y9610	Mobile Therapy Services (Incl travel & admin)	H2019	11	549	12, 99	UB		Therapeutic behavioral services, per 15 mins	15 min	\$10.50	No	MIN 2 units. Provide in 2 unit increments.
50	ES	Z9893	Treatment Services Children and Adolescent (Host Home)	H0019	52	523	12		HA	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board	per diem		Yes (Program Exception)	Host Home
50	ES	Z9889	Treatment Services Children and Adolescent (Group Home)	H0019	52	520	12		HQ	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board	per diem		Yes (Program Exception)	Group Home
50	ES	W0614	RTF - Non-JCAHO - No Room and Board	H0019	56	560	56		SC	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board	per diem		Yes (Program Exception)	Non-JCAHO RTF

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MAMIS TYPE	TOS	Code	Local Code Description	National Code	PROMISe			Pricing Mod	Inform Mod	National Code Definition	MA Unit of Service	MA Fee	Prior Auth	Comments
					TYPE	SPEC	POS							
50	ES	Z9893	Treatment Services Children and Adolescent (Therapeutic Family Care)	H0019	52	523	12		TT	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days) without room and board	per diem		Yes (Program Exception)	Therapeutic Family Care