

**Behavioral Health Local Code to National Code Crosswalk**

Attachment

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
W0052	50	CM	Case Management	T1016	21	212	11, 12, 21	U8		Case Management, each 15 mins	15 min	\$7.50	Yes	
W0203	50	SS	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.
W0203	50	SS	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.
W0203	50	SS	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.
W0841	41	PS	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	
W0841	50	PS	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	
W0841	50	PS	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	
W0841	50	PS	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	

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W0841	50	PS	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	
W0841	1	70	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	
W0841	28	AF	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	
W0841	29	70	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	
W0842	1	70	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	
W0842	28	AF	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	
W0842	29	70	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	
W0842	41	PS	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	
W0842	50	PS	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	

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W0842	50	PS	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	
W0842	50	PS	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	
W0842	50	PS	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	
W0843	1	70	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	
W0843	28	AF	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	
W0843	29	70	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	
W0843	41	PS	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	
W0843	50	PS	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	

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W0843	50	PS	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	
W0843	50	PS	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	
W0843	50	PS	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	
W0844	1	70	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	
W0844	28	AF	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	
W0844	29	70	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	
W0844	41	PS	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	

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W0844	50	PS	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	
W0844	50	PS	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	
W0844	50	PS	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	
W0844	50	PS	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	
W0845	41	PS	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	
W0845	50	PS	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	
W0845	50	PS	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	

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W0845	50	PS	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	
W0845	50	PS	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	
W0845	1	70	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	
W0845	28	AF	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	
W0845	29	70	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	
W0846	1	70	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	
W0846	28	AF	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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W0846	29	70	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	
W0846	41	PS	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	
W0846	50	PS	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	
W0846	50	PS	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	
W0846	50	PS	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	
W0846	50	PS	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	
W0856	28	AG	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	

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W0857	28	AF	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	
W0858	28	AF	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	
W0859	28	AF	Drug-Free Clinic Visit	T1015	08	184	57	UB		Clinic Visit/ Encounter All-inclusive	visit	\$6.00	No	
W0860	33	AH	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	
W0861	33	AH	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	
W0862	33	AH	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	
W0863	33	AH	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	
W0864	33	AH	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	
W0865	33	AH	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	
W0866	33	AH	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	
W0867	33	AH	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)	

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W0868	33	AH	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)	
W0869	33	AH	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)	
W0870	48	FB	Team Member w/ Consumer	H0004	11	115	12, 99	UB	HE	Behavioral Health Counseling and Therapy, per 15 mins	15 min	\$26.93	No	
W0871	48	FB	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	
W0872	48	FB	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	
W0873	48	FB	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	
W0874	48	FB	Team with Collateral and/or Other Agencies	T1016	11	115	12, 99	UB	HT	Case Management, each 15 mins	15 min	\$26.93	No	
W0981	1	70	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
W0981	28	AF	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
W0981	29	70	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

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W0981	41	PS	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
W0983	1	70	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
W0983	28	AF	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
W0983	29	70	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
W0983	41	PS	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
W0984	1	70	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
W0984	29	70	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
W0984	41	PS	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

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W0987	28	AF	Psychiatric Eval; Exam & Eval of Patient	90801	08	184	12, 57	UB		Psychiatric diagnostic interview examination	occurrence	75	No	
W0987	29	70	Psychiatric Eval; Exam & Eval of Patient	90801	08	110	12, 49	UB		Psychiatric diagnostic interview examination	occurrence	\$75.00	No	
W0987	28	AF	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	
W0987	29	70	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	
W0989	28	AF	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: • 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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W0989	28	AF	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	
W1855	29	70	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	
W1856	29	70	Clozaril Monitor & Eval Visit	H0034	08	110	49		HK	Medication training and support, per 15 mins	15 min	\$20.00	No	
W1857	1	70	Clozapine Support Services - Psychiatrist	H2010	31	339	11, 12		HK & U1	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
W1858	29	70	Clozapine Support Service - Outpatient Psychiatric Clinic	H2010	08	110	12, 49		HK	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
W1859	33	AH	Clozapine Support Service - Partial Hospitalization	H2010	11	113	52		HK	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	
W1859	33	AH	Clozapine Support Service - Partial Hospitalization	H2010	11	114	52		HK	Comprehensive Medication Services, per 15 minutes	15 min	\$30.00	No	

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W1867	50	SP	Summer Therapeutic Activities Program	H2012	08	803	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W1867	50	SP	Summer Therapeutic Activities Program	H2012	08	807	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W1867	50	SP	Summer Therapeutic Activities Program	H2012	08	811	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W1867	50	SP	Summer Therapeutic Activities Program	H2012	11	445	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W1867	50	SP	Summer Therapeutic Activities Program	H2012	11	449	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W1867	50	SP	Summer Therapeutic Activities Program	H2012	11	453	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W1867	50	SP	Summer Therapeutic Activities Program	H2012	34	340	99	UB		Behavioral health day treatment, per hour	1 hour	\$9.50	No	
W7012	32	RE	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.
W7019	32	RE	MH services during psychiatric inpatient admissions	T1017	21	222	21	UB	UC & HK	Targeted Case Management, each 15 mins	15 mins	\$12.45	No	ICM blended model.
W7020	32	RE	MH services during non-psychiatric inpatient admissions	T1017	21	222	21, 31, 32	UB	UC & HE & HK	Targeted Case Management, each 15 mins	15 mins	\$12.45	No	ICM blended model.
W7029	28	AG	Methadone Maintenance Comprehensive Services - Includes Transportation	T1015	08	084	57	HG		Clinic Visit/ Encounter All-inclusive	visit	\$57.00	No	

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W7038	1	TS	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.
W7038	26	TS	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.
W7038	26	TS	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.
W7038	29	TS	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.
W7038	33	TS	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.
W7038	33	TS	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.
W7038	41	TS	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.
W7038	48	TS	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.
W7038	49	TS	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.
W7038	50	TS	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.

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W7038	50	TS	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.
W7038	50	TS	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.
W7038	50	TS	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.
W7038	50	TS	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.
W7039	1	TS	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.
W7039	26	TS	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.
W7039	26	TS	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.
W7039	29	TS	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.
W7039	33	TS	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.

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W7039	33	TS	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.
W7039	41	TS	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.
W7039	48	TS	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.
W7039	49	TS	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.
W7039	50	TS	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.
W7039	50	TS	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.
W7039	50	TS	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.
W7039	50	TS	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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W7039	50	TS	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.
W9068	32	CH	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)
W9070	32	CH	Resource Mgmt	T1017	21	221	11, 12, 99	TF		Targeted Case Management, each 15 mins	15 mins	\$12.24	No	Resource Coordination
W9633	1	70	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"> <li>• a detailed focused history;</li> <li>• a detailed examination; and</li> <li>• 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.</li> </ul>	30 min visit	\$20.00	No	
W9633	1	70	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: • 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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W9633	1	70	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: • 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	
W9790	48	FB	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	
W9790	48	FB	Mental Health Services During Psych Inpatient Admission	T1016	11	115	21	UB	HK	Case management, each 15 mins	15 mins	\$26.93	No	
W9790	32	CH	Mental Health Services During Psych Inpatient Admission	T1017	21	221	21	TF	HK	Targeted Case Management, each 15 mins	15 mins	\$12.24	No	Resource Coordination
W9790	32	CH	Mental Health Services During Psych Inpatient Admission	T1017	21	222	21	UB	HK	Targeted Case Management, each 15 mins	15 mins	\$12.45	No	Intensive Case Management (ICM)
W9791	48	FB	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	
W9791	48	FB	Mental Health Services During Non-Psych Inpatient Admission	T1016	11	115	21, 31, 32	UB		Case management, each 15 mins	15 mins	\$26.93	No	
W9791	32	CH	Mental Health Services During Non-Psych Inpatient Admission	T1017	21	221	21, 31, 32	TF	HE & HK	Targeted Case Management, each 15 mins	15 mins	\$12.24	No	Resource Coordination
W9791	32	CH	Mental Health Services During Non-Psych Inpatient Admission	T1017	21	222	21, 31, 32	UB	HE & HK	Targeted Case Management, each 15 mins	15 mins	\$12.45	No	Intensive Case Management (ICM)

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W9792	48	CI	Telephone Crisis	H0030	11	118	11			Behavioral Health Hotline Service	15 min	Rate determined based upon geographic region	No	Please refer to rates published in OMHSAS-01-03.
W9793	48	CI	Walk-in Crisis	H2011	11	118	11			Crisis Intervention Service, per 15 min	15 min	Rate determined based upon geographic region	No	Please refer to rates published in OMHSAS-01-03.
W9794	48	CI	Mobile Crisis, Individual Delivered	H2011	11	118	15		HE	Crisis Intervention service, per 15 min	15 min	Rate determined based upon geographic region	No	Please refer to rates published in OMHSAS-01-03.
W9795	48	CI	Mobile Crisis, Team Delivered	H2011	11	118	15		HT	Crisis Intervention Service, per 15 min	15 min	Rate determined based upon geographic region	No	Please refer to rates published in OMHSAS-01-03.
W9796	48	CI	Crisis In-Home Support	S9484	11	118	12, 99			Crisis Intervention mental health services, per hour	per hour	Rate determined based upon geographic region	No	MIN 4 units Please refer to rates published in OMHSAS-01-03.
W9797	48	CI	Medical Mobile Crisis, Team Delivered	H2011	11	118	15		HK	Crisis Intervention service, per 15 min	15 min	Rate determined based upon geographic region	No	Please refer to rates published in OMHSAS-01-03.
W9798	48	CI	Crisis Residential	S9485	11	118	12			Crisis Intervention mental health services, per diem	per diem	Rate determined based upon geographic region	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.
W9801	1	70	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.

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W9801	28	AF	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.
W9801	29	70	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.
W9801	41	PS	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.
W9801	1	70	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.
W9801	1	70	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.
W9801	28	AF	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.
W9801	29	70	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.
W9801	41	PS	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.

**Behavioral Health Local Code to National Code Crosswalk**

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
W9801	1	70	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.
W9801	1	70	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.
W9801	28	AF	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.
W9801	29	70	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.
W9801	41	PS	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.
W9801	1	70	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.
W9801	1	70	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.
W9801	28	AF	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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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informati onal Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
W9801	29	70	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.
W9801	41	PS	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.
W9801	1	70	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.
W9801	1	70	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.
W9801	28	AF	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.
W9801	29	70	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.
W9801	41	PS	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.

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W9801	1	70	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.
W9801	1	70	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.
W9801	28	AF	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.
W9801	29	70	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.
W9801	41	PS	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.
W9801	1	70	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.
W9970	29	70	Medication Mgmt Visit	H0034	08	110	49			Medication training and support, per 15 mins	15 min	\$20.00	No	

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
W9971	28	AF	Medication Mgmt Visit (effective 8/1/98)	H0034	08	184	57			Medication training and support, per 15 mins	15 min	\$20.00	No	
Y9600	41	PS	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
Y9600	48	FB	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
Y9600	50	ES	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
Y9600	50	ES	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
Y9600	50	ES	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	MIN 1 MAX 5 units
Y9600	50	ES	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

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9601	41	PS	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
Y9601	48	FB	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
Y9601	50	ES	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
Y9601	50	ES	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
Y9601	50	ES	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
Y9601	50	ES	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
Y9602	41	PS	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

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9602	48	FB	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
Y9602	50	ES	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
Y9602	50	ES	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
Y9602	50	ES	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
Y9602	50	ES	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
Y9603	41	PS	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
Y9603	48	FB	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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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9603	50	ES	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
Y9603	50	ES	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
Y9603	50	ES	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
Y9603	50	ES	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
Y9604	41	PS	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
Y9604	48	FB	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
Y9604	50	ES	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
Y9604	50	ES	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

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9604	50	ES	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
Y9604	50	ES	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
Y9606	41	PS	Psychological Eval	90801	19	190	11, 12, 21, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
Y9606	48	FB	Psychological Eval	90801	11	115	12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
Y9606	50	ES	Psychological Eval	90801	08	110	11, 12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
Y9606	50	ES	Psychological Eval	90801	11	113	11, 12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
Y9606	50	ES	Psychological Eval	90801	11	114	11, 12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units
Y9606	50	ES	Psychological Eval	90801	11	115	12, 99			Psychiatric diagnostic interview examination	30 min	\$26.25	No	MIN 1 MAX 6 units

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9606	41	PS	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
Y9606	48	FB	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
Y9606	50	ES	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
Y9606	50	ES	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
Y9606	50	ES	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
Y9606	50	ES	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
Y9607	1	TS	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
Y9607	26	TS	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
Y9607	26	TS	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
Y9607	41	TS	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
Y9607	48	TS	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

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9607	49	TS	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
Y9607	50	TS	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
Y9607	50	TS	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	Provide in 2 unit increments
Y9607	50	TS	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	Yes	Provide in 2 unit increments
Y9607	50	TS	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
Y9607	50	TS	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
Y9608	1	BS	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	
Y9608	26	BS	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	
Y9608	26	BS	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	
Y9608	41	BS	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	
Y9608	48	BS	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	
Y9608	49	BS	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	

**Behavioral Health Local Code to National Code Crosswalk**

Attachment

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9608	50	BS	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	
Y9608	50	BS	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	
Y9608	50	BS	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	
Y9608	50	BS	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	
Y9608	50	BS	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	
Y9609	1	BS	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	
Y9609	26	BS	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	
Y9609	26	BS	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	
Y9609	41	BS	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	
Y9609	48	BS	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	
Y9609	49	BS	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	
Y9609	50	BS	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	

**Behavioral Health Local Code to National Code Crosswalk**

Attachment

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Y9609	50	BS	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	
Y9609	50	BS	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	
Y9609	50	BS	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	
Y9609	50	BS	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	
Y9610	1	MT	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.
Y9610	26	MT	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.
Y9610	26	MT	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.
Y9610	41	MT	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.
Y9610	48	MT	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.
Y9610	49	MT	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.
Y9610	50	MT	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.
Y9610	50	MT	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.
Y9610	50	MT	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.
Y9610	50	MT	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.
Y9610	50	MT	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.
Y9918	50	ES	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.

**Behavioral Health Local Code to National Code Crosswalk**

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Code Definition	MA Unit of Service	MA Fee	Requires Prior Authorization	Comments
Z9870	50	ES	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 mins.