

# MHNet MNC Crosswalk for West Virginia Medicaid

## TABLE OF CONTENTS

<u>ADULT INPATIENT CARE</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Adult Psychiatric Services	ND004	510.4.2.3; 527.11.3.1
– Adult Psychiatric Services	DG003	510.4.2.3; 527.11.3.1
– Individual Psychotherapy 45-50 minutes (facility or residential)	90818	521.7.1b
– Individual Psychotherapy 20-30 minutes (facility or residential)	90816	521.7.1b
<u>ADULT REHABILITATION UNIT FOR SUBSTANCE-RELATED DISORDERS</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– INPATIENT REHABILITATION SERVICES		503; 510; 527.11.2
<u>CHILD &amp; ADOLESCENT INPATIENT CARE</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Inpatient Psych Facility Acute Psych Under 21	ND004	510.4.2.1; 527.11.3.2
– Inpatient Psych Facility Acute Psych Under 21	DG003	510.4.2.1; 527.11.3.2
– Individual Psychotherapy 45-50 minutes (facility or residential)	90818	521.7.1b
– Individual Psychotherapy 20-30 minutes (facility or residential)	90816	521.7.1b
<u>CHILD &amp; ADOLESCENT REHABILITATION FACILITY</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– INPATIENT REHABILITATION SERVICES		503; 510; 527.11.2
<u>RESIDENTIAL TREATMENT FOR ADULTS - PSYCHIATRIC</u>		
<u>RESIDENTIAL TREATMENT FOR ADULTS – SUBSTANCE ABUSE</u>		
<u>RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS - PSYCHIATRIC</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
<u>(Carved Out of Contract)</u>		
– Inpatient Psychiatric Residential Treatment Facility	RF002	510.4.2.2
– Individual Psychotherapy 45-50 minutes (facility or residential)	90818	521.7.1b
– Individual Psychotherapy 20-30 minutes (facility or residential)	90816	521.7.1b

RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS – SUBSTANCE ABUSE

EATING DISORDERS

ACUTE HOSPITAL CARE FOR SUBSTANCE ABUSE

<u>CHILD/ADOLESCENT PARTIAL HOSPITALIZATION PROGRAM</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– ACUTE CARE HOSPITAL OUTPATIENT SERVICES		510.7
Partial Hospitalization, per diem (Minimum - 4 hours)	H0035	
Partial Hosp. Intensive Group Therapy (two hour session)	90853	
Partial Hosp. Treatment Session, per hour (maximum - 3 hours)	H0015	
– Community Psychiatric Supportive Treatment	H0036	502.11.2; 503.11.2

<u>ADULT AND GERIATRIC PARTIAL HOSPITALIZATION PROGRAM</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– ACUTE CARE HOSPITAL OUTPATIENT SERVICES		510.7
Partial Hospitalization, per diem (Minimum - 4 hours)	H0035	
Partial Hosp. Intensive Group Therapy (two hour session)	90853	
Partial Hosp. Treatment Session, per hour (maximum - 3 hours)	H0015	
– Community Psychiatric Supportive Treatment	H0036	502.11.2; 503.11.2

<u>PARTIAL HOSPITALIZATION PROGRAM – SUBSTANCE ABUSE</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– ACUTE CARE HOSPITAL OUTPATIENT SERVICES		510.7
Partial Hospitalization, per diem (Minimum - 4 hours)	H0035	
Partial Hosp. Intensive Group Therapy (two hour session)	90853	
Partial Hosp. Treatment Session, per hour (maximum - 3 hours)	H0015	
– Community Psychiatric Supportive Treatment	H0036	502.11.2; 503.11.2

<u>STRUCTURED INTENSIVE OUTPATIENT PROGRAM FOR PSYCHIATRIC DISORDERS</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Behavioral Health Counseling, Professional, Individual, Intensive Program	H0004HO IS	502.8.1; 503.8.1
– Behavioral Health Counseling, Professional, Group, Intensive Program	H0004HO HQ IS	502.8.2; 503.8.2
– Behavioral Health Counseling, Supportive, Individual, Intensive Program	H0004 IS	502.8.3; 503.8.3
– Behavioral Health Counseling, Supportive, Group, Intensive Program	H0004HQ IS	502.8.4; 503.8.4

**STRUCTURED INTENSIVE OUTPATIENT PROGRAM FOR SUBSTANCE ABUSE AND DEPENDENCY DISORDERS**

	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
- Behavioral Health Counseling, Professional, Individual, Intensive Program	H0004HO IS	502.8.1; 503.8.1
- Behavioral Health Counseling, Professional, Group, Intensive Program	H0004HO HQ IS	502.8.2; 503.8.2
- Behavioral Health Counseling, Supportive, Individual, Intensive Program	H0004 IS	502.8.3; 503.8.3
- Behavioral Health Counseling, Supportive, Group, Intensive Program	H0004HQ IS	502.8.4; 503.8.4

**OUTPATIENT SERVICES**

	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
- Behavioral Health Counseling, Professional, Individual	H0004HO	502.8.1; 503.8.1
- Behavioral Health Counseling, Professional, Group	H0004HO HQ	502.8.2; 503.8.2
- Behavioral Health Counseling, Supportive, Individual	H0004	502.8.3; 503.8.3
- Behavioral Health Counseling, Supportive, Group	H0004HQ	502.8.4; 503.8.4
- Individual Psychotherapy 20-30 minutes	90804	519.11.3 Attachment 9; 521.7.1c; 527.12.3B
- Individual Psychotherapy 20-30 minutes (MSW or LPC)	90804AJ	519.11.3 Attachment 9
- Individual Psychotherapy 45-50 minutes	90806	519.11.3 Attachment 9; 521.7.1a; 527.12.3 B
- Individual Psychotherapy 45-50 minutes (MSW or LPC)	90806AJ	519.11.3 Attachment 9
- Individual Psychotherapy with Medical Evaluation and Management Services 45-50 minutes	90807	519.11.3 Attachment 9; 527.12.3 B
- Family Psychotherapy (without patient present)	90846	519.11.3 Attachment 9; 521.7.2b
- Family Psychotherapy (with patient present)	90847	519.11.3 Attachment 9; 521.7.2a; 527.12.3 B
- Family Psychotherapy (with patient present) (MSW or LPC)	90847AJ	519.11.3 Attachment 9
- Group Psychotherapy 75-80 minutes	90853	519.11.3 Attachment 9; 521.7.3a; 527.12.3 B
- Group Psychotherapy 75-80 minutes (MSW or LPC)	90853 AJ	519.11.3 Attachment 9
- Individual Psychotherapy Biofeedback 20-30 minutes	90875	519.11.3 Attachment 9
- Individual Psychotherapy Biofeedback 45-50 minutes	90876	519.11.3 Attachment 9
-Mental Health Assessment by Non-Physician	H0031	502.6.1; 503.6.1;
-Mental Health Assessment by Non-Physician (MSW or Licensed Counselor)	H0031AJ	519.11.3 Attachment 9
- Crisis Intervention	H2011	502.11.1; 503.11.1
- Therapeutic Behavioral Services – Development	H2019HO	502.12.1; 503.13.1
- Therapeutic Behavioral Services – Implementation	H2019	502.12.2; 503.13.2

**PSYCHOLOGICAL TESTING**

	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
- Psychological Testing with Interpretation and Report	96101	502.6.2; 503.6.2; 521.10.1
- Developmental Testing; Limited	96110	502.6.53; 503.6.5; 521.10.2
- Developmental Testing; Extended	96111	521.10.3
- Neurobehavioral Status Exam with Interpretation and Report	96116	521.10.4
- Neuropsychological Testing Battery with Interpretation and Report	96118	521.10.5
- Special Evaluation Services	90899	519.11.3 Attachment 9; 521.11.1

<u>IN-HOME SERVICES</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Home Health Services		508; 527.14.1

<u>TARGETED CASE MANAGEMENT</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Targeted Case Management	T1017	523
– Targeted Case Management	T1017CM	523

ECT CRITERIA

GLOBAL EXCLUSIONARY CRITERIA

MNC FOR AUTISM

WEST VIRGINIA MEDICAID REIMBURSIBLE OUTPATIENT SERVICES

<u>TEAM TREATMENT PLANNING</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Mental Health Service Plan Development	H0032	502.7.13; 503.7.1
– Mental Health Service Plan Development by Psychologist	H0032AH	503.7.2
	H0032AH PP	503.7.2
– Physician Coordinated Care Oversight Services	G9008	502.7.2; 503.7.3

<u>CASE CONSULTATION SERVICES</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Case Consultation	90887	502.7.3; 503.7.4

<u>SKILLS TRAINING AND DEVELOPMENT</u>	<u>CPT/HCPCS</u>	<u>DHHR Manual Section #</u>
– Skills Training 1:1 by Paraprofessional	H2014 U4	503.8.5
– Skills Training 1:2-4 by Paraprofessional	H2014 U1	503.8.5
– Skills Training 1:1 by Professional	H2014 HN U4	503.8.5
– Skills Training 1:2-4 by Professional	H2014 HN U1	503.8.5

### ASSERTIVE COMMUNITY TREATMENT

– Assertive Community Treatment (ACT)

CPT/HCPCS

H0040

DHHR Manual Section #

503.10.1

### COMPREHENSIVE COMMUNITY SUPPORT

– Comprehensive Community Support Services

CPT/HCPCS

H2015

H2015U1

DHHR Manual Section #

503.10.2

### BEHAVIORAL HEALTH CLINIC DAY TREATMENT

– Day Treatment

CPT/HCPCS

H2012

H2012MR

DHHR Manual Section #

502.10; 503.10.3

502.10; 503.10.3

### SERVICES THAT WILL NOT REQUIRE AUTHORIZATION

– Psychiatric Diagnostic Interview Evaluation

90801

502.6.3; 503.6.3; 519.11.3 Attachment 9; 521.8.1; 527.12.3B

– Screening by Licensed Psychologist

T1023HE

502.6.4; 503.6.4

– Pharmacologic Management

90862

502.9.1; 503.9.1; 519.11.3 Attachment 9; 527.12.3 B

– Injection, Haloperidol (Haldol)

J1630

502.9.2; 503.9.2

– Injection, Haloperidol Decanoate (Haldol Decanoate)

J1631

502.9.3; 503.9.3

– Injection, Fluphenazine Decanoate (Prolixin Decanoate)

J2680

502.9.4; 503.9.4

– Injection, Chlorpromazine HCl (Thorazine)

J3230

502.9.5; 503.9.5

– Injection, Perphenazine Decanoate (Trilafon)

J3310

502.9.6; 503.9.6

– Injection, Risperidone, long acting

J2794

502.9.6.1; 503.9.6.1

– Comprehensive Medication Services; Mental Health

H2010

502.9.7; 503.9.7

– Individual Psychotherapy with Medical Evaluation and Management Services 20-30 minutes

90805

519.11.3 Attachment 9; 527.12.3 B