APPENDIX 3
WMAP ALLOWABLE PROCEDURE CODES FOR 51.42 BOARD PROVIDERS

The following table lists the HCPCS procedure codes and descriptions to be used for billing mental health and AODA services, who may bill the codes, what limitations apply, and their allowable diagnoses. The only allowable type of service is TOS 1.

Proc. Code	Description	Who May Provide Service	Limitations**	Allowable Diagnoses
W8927	Individual/Family Psychotherapy	Ph.D.	PA	290-316
W8928	Individual/Family Psychotherapy	M.S.	PA, ***	290-316
W8930	Individual/Family Psychotherapy	M.D.*	PA	290-316
W8931	Psychiatric Evaluation	Ph.D.	6 hrs./2 yrs.	All
W8932	Psychiatric Evaluation	M.S.	6 hrs./2 yrs, ***	All
W8933	Psychiatric Evaluation	M.D.*	6 hrs./2 yrs.	All
W8934	Group Psychotherapy	Ph.D.	PA, ***	290-316
W8935	Group Psychotherapy	M.S.	PA, ***	290-316
W8936	Group Psychotherapy	M.D.*	PA, ***	290-316
W8937	Psychotherapy Medication Management (Medication Check) (15 minutes)	R.N.	30 min./day 4/month,***	290-316
W8938	Psychotherapy Medication Management (Medication Check) (15 minutes)	M.D.	2/day 4/month,***	290-316
W8972	Individual/Family AODA	Ph.D.	PA	290-316

* Physician must be a psychiatrist in order to bill this code.

** Codes with the "PA" limitation accumulate toward the 15 hours/$500 yearly threshold per recipient beyond which prior authorization is required.

*** POS 1 (inpatient hospital) is NOT an allowable Place of Service.

NOTE: Prior authorization is not required for services provided at the inpatient hospital setting (POS 1).

Proc. Code	Description	Who May Provide Service	Limitations**	Allowable Diagnoses
W8973	Individual/Family AODA	M.S.	PA, ***	290-316
W8974	Individual/Family AODA	M.D.	PA	290-316
W8975	Individual/Family AODA	A.C.	PA, ***	290-316
W8976	Group AODA	Ph.D.	PA, ***	290-316
W8977	Group AODA	M.S.	PA, ***	290-316
W8978	Group AODA	M.D.	PA, ***	290-316
W8979	Group AODA	A.C.	PA, ***	290-316
W8987	Limitation-Exceeded Psychotherapy/AODA Evaluation	M.D.,* Ph.D., M.S.	PA	All

* Physician must be a psychiatrist in order to bill this code.

** Codes with the "PA" limitation accumulate toward the 15 hours/$500 yearly threshold per recipient beyond which prior authorization is required.

*** POS 1 (inpatient hospital) is NOT an allowable Place of Service.

NOTE: Prior authorization is not required for services provided at the inpatient hospital setting (POS 1).