

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W1770	1	HB	Postpartum obstetric home care	99050	31	All spec	11, 12		HD	Services requested after office hours in addition to basic service	45 minute visit	\$120.00 per visit	
W1770	9	HB	Postpartum obstetric home care	99050	47	470	12, 25		HD	As above	45 minute visit	\$120.00 per visit	
W1770	10	HB	Postpartum obstetric home care	99050	08	082	12, 49		HD	As above	45 minute visit	\$120.00 per visit	
W1770	11	HB	Postpartum obstetric home care	99050	01	010	22		HD	As above	45 minute visit	\$120.00 per visit	
W1770	23	HB	Postpartum obstetric home care	99050	05	050	12		HD	As above	45 minute visit	\$120.00 per visit	
W1770	26	HB	Postpartum obstetric home care	99050	08	080	12, 50		HD	As above	45 minute visit	\$120.00 per visit	
W1770	26	HB	Postpartum obstetric home care	99050	08	081	12, 72		HD	As above	45 minute visit	\$120.00 per visit	
W1770	30	HB	Postpartum obstetric home care	99050	08	083	12, 49		HD	As above	45 minute visit	\$120.00 per visit	
W1770	31	HB	Postpartum obstetric home care	99050	33	335	11, 12, 21, 23		HD	As above	45 minute visit	\$120.00 per visit	
W1771	1	HB	Postpartum home assessment/client education	99501	31	All spec	12		HD	Home visit for postnatal assessment and follow-up care	45 minute visit	\$75.00 per visit	
W1771	9	HB	Postpartum home assessment/client education	99501	47	470	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	10	HB	Postpartum home assessment/client education	99501	08	082	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	11	HB	Postpartum home assessment/client education	99501	01	010	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	23	HB	Postpartum home assessment/client education	99501	05	050	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	26	HB	Postpartum home assessment/client education	99501	08	080	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	26	HB	Postpartum home assessment/client education	99501	08	081	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	30	HB	Postpartum home assessment/client education	99501	08	083	12		HD	As above	45 minute visit	\$75.00 per visit	
W1771	31	HB	Postpartum home assessment/client education	99501	33	335	12		HD	As above	45 minute visit	\$75.00 per visit	

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W1772	1	HB	Postpartum home nursing care	G0154	31	All Spec	11, 12	U9	HD	Services of skilled nurse in home health setting, each 15 minutes	45 minute visit	\$74.00 per visit	
W1772	9	HB	Postpartum home nursing care	G0154	47	470	11, 25	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	10	HB	Postpartum home nursing care	G0154	08	082	12, 22, 49	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	11	HB	Postpartum home nursing care	G0154	01	010	22	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	23	HB	Postpartum home nursing care	G0154	05	050	12	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	26	HB	Postpartum home nursing care	G0154	08	080	12, 50	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	26	HB	Postpartum home nursing care	G0154	08	081	12, 72	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	30	HB	Postpartum home nursing care	G0154	08	083	22, 49	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1772	31	HB	Postpartum home nursing care	G0154	33	335	11, 12	U9	HD	As above	45 minute visit	\$74.00 per visit	
W1773	1	HB	Postpartum home health aide care	G0156	31	All Spec	11, 12	U9	HD	Services of home health aide in home health setting, each 15 minutes	45 minute visit	\$45.00 per visit	
W1773	9	HB	Postpartum home health aide care	G0156	47	470	11, 25	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1773	10	HB	Postpartum home health aide care	G0156	08	082	12, 22, 49	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1773	11	HB	Postpartum home health aide care	G0156	01	010	22	U9	HD	As above	45 minute visit	\$45.00 per visit	

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W1773	23	HB	Postpartum home health aide care	G0156	05	050	12	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1773	26	HB	Postpartum home health aide care	G0156	08	080	12, 50	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1773	26	HB	Postpartum home health aide care	G0156	08	081	12, 72	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1773	30	HB	Postpartum home health aide care	G0156	08	083	22, 49	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1773	31	HB	Postpartum home health aide care	G0156	33	335	12	U9	HD	As above	45 minute visit	\$45.00 per visit	
W1774	1	HB	Postpartum personal care	99509	31	All spec	12		HD & SC	Home visit for assistance with activities of daily living and personal care	45 minute visit	\$40.00 per visit	
W1774	9	HB	Postpartum personal care	99509	47	470	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	10	HB	Postpartum personal care	99509	08	082	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	11	HB	Postpartum personal care	99509	01	010	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	23	HB	Postpartum personal care	99509	05	050	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	26	HB	Postpartum personal care	99509	08	080	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	26	HB	Postpartum personal care	99509	08	081	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	30	HB	Postpartum personal care	99509	08	083	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W1774	31	HB	Postpartum personal care	99509	33	335	12		HD & SC	As above	45 minute visit	\$40.00 per visit	
W5950	1	HB	Healthy Beginnings Plus Intake Package	T1001	31	All spec	11, 12	U9	HD	Nursing assessment/evaluation	1 visit	\$175.00 per visit	One per client per pregnancy
W5950	9	HB	Healthy Beginnings Plus Intake Package	T1001	47	470	11, 25	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5950	10	HB	Healthy Beginnings Plus Intake Package	T1001	08	082	22, 49	U9	HD	As above	1 visit	\$175.00 per visit	As above

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5950	11	HB	Healthy Beginnings Plus Intake Package	T1001	01	010	22	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5950	23	HB	Healthy Beginnings Plus Intake Package	T1001	05	050	12	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5950	26	HB	Healthy Beginnings Plus Intake Package	T1001	08	080	12, 50	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5950	26	HB	Healthy Beginnings Plus Intake Package	T1001	08	081	12, 72	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5950	30	HB	Healthy Beginnings Plus Intake Package	T1001	08	083	22, 49	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5950	31	HB	Healthy Beginnings Plus Intake Package	T1001	33	335	11	U9	HD	As above	1 visit	\$175.00 per visit	As above
W5951	1	HB	First Trimester Basic Maternity Care Package	99384	31	All spec	11, 12	U8	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12-17 years)	1 package	\$121.00 per package	Must provide at least 2 visits in 1st trimester to bill package.
W5951	9	HB	First Trimester Basic Maternity Care Package	99384	47	470	11, 25	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	10	HB	First Trimester Basic Maternity Care Package	99384	08	082	22, 49	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	11	HB	First Trimester Basic Maternity Care Package	99384	01	010	22	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	23	HB	First Trimester Basic Maternity Care Package	99384	05	050	12	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99384	08	080	12, 50	U8	HD	As above	1 package	\$121.00 per package	As above

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W5951	26	HB	First Trimester Basic Maternity Care Package	99384	08	081	12, 72	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	30	HB	First Trimester Basic Maternity Care Package	99384	08	083	22, 49	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	31	HB	First Trimester Basic Maternity Care Package	99384	33	335	11, 99	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	1	HB	First Trimester Basic Maternity Care Package	99385	31	All spec	11, 12	U8	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18 - 39 years	1 package	\$121.00 per package	Must provide at least 2 visits in 1st trimester to bill package.
W5951	9	HB	First Trimester Basic Maternity Care Package	99385	47	470	11, 25	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	10	HB	First Trimester Basic Maternity Care Package	99385	08	082	22, 49	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	11	HB	First Trimester Basic Maternity Care Package	99385	01	010	22	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	23	HB	First Trimester Basic Maternity Care Package	99385	05	050	12	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99385	08	080	12, 50	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99385	08	081	12, 72	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	30	HB	First Trimester Basic Maternity Care Package	99385	08	083	22, 49	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	31	HB	First Trimester Basic Maternity Care Package	99385	33	335	11, 99	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	1	HB	First Trimester Basic Maternity Care Package	99386	31	All spec	11, 12	U8	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	1 package	\$121.00 per package	Must provide at least 2 visits in 1st trimester to bill package.

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W5951	9	HB	First Trimester Basic Maternity Care Package	99386	47	470	11, 25	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	10	HB	First Trimester Basic Maternity Care Package	99386	08	082	22, 49	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	11	HB	First Trimester Basic Maternity Care Package	99386	01	010	22	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	23	HB	First Trimester Basic Maternity Care Package	99386	05	050	12	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99386	08	080	12, 50	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99386	08	081	12, 72	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	30	HB	First Trimester Basic Maternity Care Package	99386	08	083	22, 49	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	31	HB	First Trimester Basic Maternity Care Package	99386	33	335	11, 99	U8	HD	As above	1 package	\$121.00 per package	As above
W5951	1	HB	First Trimester Basic Maternity Care Package	99394	31	All spec	11, 12	U9	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years).	1 package	\$121.00 per package	Must provide at least 2 visits in 1st trimester to bill package.
W5951	9	HB	First Trimester Basic Maternity Care Package	99394	47	470	11, 25	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	10	HB	First Trimester Basic Maternity Care Package	99394	08	082	22, 49	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	11	HB	First Trimester Basic Maternity Care Package	99394	01	010	22	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	23	HB	First Trimester Basic Maternity Care Package	99394	05	050	12	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99394	08	080	12, 50	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99394	08	081	12, 72	U9	HD	As above	1 package	\$121.00 per package	As above

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W5951	30	HB	First Trimester Basic Maternity Care Package	99394	08	083	22, 49	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	31	HB	First Trimester Basic Maternity Care Package	99394	33	335	11, 99	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	1	HB	First Trimester Basic Maternity Care Package	99395	31	All spec	11, 12	U9	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18 - 39 years.	1 package	\$121.00 per package	Must provide at least 2 visits in 1st trimester to bill package.
W5951	9	HB	First Trimester Basic Maternity Care Package	99395	47	470	11, 25	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	10	HB	First Trimester Basic Maternity Care Package	99395	08	082	22, 49	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	11	HB	First Trimester Basic Maternity Care Package	99395	01	010	22	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	23	HB	First Trimester Basic Maternity Care Package	99395	05	050	12	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99395	08	080	12, 50	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99395	08	081	12, 72	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	30	HB	First Trimester Basic Maternity Care Package	99395	08	083	22, 49	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	31	HB	First Trimester Basic Maternity Care Package	99395	33	335	11, 99	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	1	HB	First Trimester Basic Maternity Care Package	99396	31	All spec	11, 12	U9	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40 - 64 years.	1 package	\$121.00 per package	Must provide at least 2 visits in 1st trimester to bill package.
W5951	9	HB	First Trimester Basic Maternity Care Package	99396	47	470	11, 25	U9	HD	As above	1 package	\$121.00 per package	As above

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W5951	10	HB	First Trimester Basic Maternity Care Package	99396	08	082	22, 49	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	11	HB	First Trimester Basic Maternity Care Package	99396	01	010	22	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	23	HB	First Trimester Basic Maternity Care Package	99396	05	050	12	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99396	08	080	12, 50	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	26	HB	First Trimester Basic Maternity Care Package	99396	08	081	12, 72	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	30	HB	First Trimester Basic Maternity Care Package	99396	08	083	22, 49	U9	HD	As above	1 package	\$121.00 per package	As above
W5951	31	HB	First Trimester Basic Maternity Care Package	99396	33	335	11, 99	U9	HD	As above	1 package	\$121.00 per package	As above
W5952	1	HB	Second Trimester Basic Maternity Care Package	99384	31	All spec	11, 12	UB	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12-17 years)	1 package	\$183.00 per package	Must provide at least 2 visits in 2nd trimester to bill package.
W5952	9	HB	Second Trimester Basic Maternity Care Package	99384	47	470	11, 25	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	10	HB	Second Trimester Basic Maternity Care Package	99384	08	082	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	11	HB	Second Trimester Basic Maternity Care Package	99384	01	010	22	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	23	HB	Second Trimester Basic Maternity Care Package	99384	05	050	12	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99384	08	080	12, 50	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99384	08	081	12, 72	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	30	HB	Second Trimester Basic Maternity Care Package	99384	08	083	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above

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W5952	31	HB	Second Trimester Basic Maternity Care Package	99384	33	335	11, 99	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	1	HB	Second Trimester Basic Maternity Care Package	99385	31	All spec	11, 12	UB	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18 - 39 years	1 package	\$183.00 per package	Must provide at least 2 visits in 2nd trimester to bill package.
W5952	9	HB	Second Trimester Basic Maternity Care Package	99385	47	470	11, 25	UB	HD	As above	1 package	\$183.00 per package	as above
W5952	10	HB	Second Trimester Basic Maternity Care Package	99385	08	082	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	11	HB	Second Trimester Basic Maternity Care Package	99385	01	010	22	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	23	HB	Second Trimester Basic Maternity Care Package	99385	05	050	12	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99385	08	080	12, 50	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99385	08	081	12, 72	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	30	HB	Second Trimester Basic Maternity Care Package	99385	08	083	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	31	HB	Second Trimester Basic Maternity Care Package	99385	33	335	11, 99	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	1	HB	Second Trimester Basic Maternity Care Package	99386	31	All spec	11, 12	UB	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations, laboratory/diagnostic procedures, new patient; 40-64 years	1 package	\$183.00 per package	Must provide at least 2 visits in 2nd trimester to bill package.
W5952	9	HB	Second Trimester Basic Maternity Care Package	99386	47	470	11, 25	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	10	HB	Second Trimester Basic Maternity Care Package	99386	08	082	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5952	11	HB	Second Trimester Basic Maternity Care Package	99386	01	010	22	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	23	HB	Second Trimester Basic Maternity Care Package	99386	05	050	12	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99386	08	080	12, 50	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99386	08	081	12, 72	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	30	HB	Second Trimester Basic Maternity Care Package	99386	08	083	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	31	HB	Second Trimester Basic Maternity Care Package	99386	33	335	11, 99	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	1	HB	Second Trimester Basic Maternity Care Package	99394	31	All spec	11, 12	UB	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years).	1 package	\$183.00 per package	Must provide at least 2 visits in 2nd trimester to bill package.
W5952	9	HB	Second Trimester Basic Maternity Care Package	99394	47	470	11, 25	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	10	HB	Second Trimester Basic Maternity Care Package	99394	08	082	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	11	HB	Second Trimester Basic Maternity Care Package	99394	01	010	22	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	23	HB	Second Trimester Basic Maternity Care Package	99394	05	050	12	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99394	08	080	12, 50	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99394	08	081	12, 72	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	30	HB	Second Trimester Basic Maternity Care Package	99394	08	083	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	31	HB	Second Trimester Basic Maternity Care Package	99394	33	335	11, 99	UB	HD	As above	1 package	\$183.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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W5952	1	HB	Second Trimester Basic Maternity Care Package	99395	31	All spec	11, 12	UB	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18 - 39 years.	1 package	\$183.00 per package	Must provide at least 2 visits in 2nd trimester to bill package.
W5952	9	HB	Second Trimester Basic Maternity Care Package	99395	47	470	11, 25	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	10	HB	Second Trimester Basic Maternity Care Package	99395	08	082	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	11	HB	Second Trimester Basic Maternity Care Package	99395	01	010	22	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	23	HB	Second Trimester Basic Maternity Care Package	99395	05	050	12	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99395	08	080	12, 50	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99395	08	081	12, 72	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	30	HB	Second Trimester Basic Maternity Care Package	99395	08	083	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	31	HB	Second Trimester Basic Maternity Care Package	99395	33	335	11, 99	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	1	HB	Second Trimester Basic Maternity Care Package	99396	31	All spec	11, 12	UB	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40 - 64 years.	1 package	\$183.00 per package	Must provide at least 2 visits in 2nd trimester to bill package.
W5952	9	HB	Second Trimester Basic Maternity Care Package	99396	47	470	11, 25	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	10	HB	Second Trimester Basic Maternity Care Package	99396	08	082	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	11	HB	Second Trimester Basic Maternity Care Package	99396	01	010	22	UB	HD	As above	1 package	\$183.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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W5952	23	HB	Second Trimester Basic Maternity Care Package	99396	05	050	12	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99396	08	080	12, 50	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	26	HB	Second Trimester Basic Maternity Care Package	99396	08	081	12, 72	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	30	HB	Second Trimester Basic Maternity Care Package	99396	08	083	22, 49	UB	HD	As above	1 package	\$183.00 per package	As above
W5952	31	HB	Second Trimester Basic Maternity Care Package	99396	33	335	11, 99	UB	HD	As above	1 package	\$183.00 per package	As above
W5953	1	HB	Third Trimester Basic Maternity Care Package	59400	31	All Spec	11, 12		HD	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	1 package	\$1786.00 per package	Must provide at least 5 visits in 3rd trimester to bill package.
W5953	9	HB	Third Trimester Basic Maternity Care Package	59400	47	470	11, 25		HD	As above	1 package	\$1786.00 per package	As above
W5953	10	HB	Third Trimester Basic Maternity Care Package	59400	08	082	49		HD	As above	1 package	\$1786.00 per package	As above
W5953	11	HB	Third Trimester Basic Maternity Care Package	59400	01	010	22		HD	As above	1 package	\$1786.00 per package	As above
W5953	23	HB	Third Trimester Basic Maternity Care Package	59400	05	050	12		HD	As above	1 package	\$1786.00 per package	As above
W5953	26	HB	Third Trimester Basic Maternity Care Package	59400	08	080	12, 50		HD	As above	1 package	\$1786.00 per package	As above
W5953	26	HB	Third Trimester Basic Maternity Care Package	59400	08	081	12, 72		HD	As above	1 package	\$1786.00 per package	As above
W5953	30	HB	Third Trimester Basic Maternity Care Package	59400	08	083	22, 49		HD	As above	1 package	\$1786.00 per package	As above
W5953	31	HB	Third Trimester Basic Maternity Care Package	59400	33	335	11		HD	As above	1 package	\$1786.00 per package	As above
W5953	1	HB	Third Trimester Basic Maternity Care Package	59510	31	All Spec	11, 12		HD	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	1 package	\$1786.00 per package	Must provide at least 5 visits in 3rd trimester to bill package.
W5953	9	HB	Third Trimester Basic Maternity Care Package	59510	47	470	11, 25		HD	As above	1 package	\$1786.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5953	10	HB	Third Trimester Basic Maternity Care Package	59510	08	082	49		HD	As above	1 package	\$1786.00 per package	As above
W5953	11	HB	Third Trimester Basic Maternity Care Package	59510	01	010	22		HD	As above	1 package	\$1786.00 per package	As above
W5953	23	HB	Third Trimester Basic Maternity Care Package	59510	05	050	12		HD	As above	1 package	\$1786.00 per package	As above
W5953	26	HB	Third Trimester Basic Maternity Care Package	59510	08	080	12, 50		HD	As above	1 package	\$1786.00 per package	As above
W5953	26	HB	Third Trimester Basic Maternity Care Package	59510	08	081	12, 72		HD	As above	1 package	\$1786.00 per package	As above
W5953	30	HB	Third Trimester Basic Maternity Care Package	59510	08	083	22, 49		HD	As above	1 package	\$1786.00 per package	As above
W5953	31	HB	Third Trimester Basic Maternity Care Package	59510	33	335	11		HD	As above	1 package	\$1786.00 per package	As above
W5953	1	HB	Third Trimester Basic Maternity Care Package	59610	31	All Spec	11, 12	U9	HD	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	1 package	\$1786.00 per package	Must provide at least 5 visits in 3rd trimester to bill package.
W5953	9	HB	Third Trimester Basic Maternity Care Package	59610	47	470	11, 25	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	10	HB	Third Trimester Basic Maternity Care Package	59610	08	082	49	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	11	HB	Third Trimester Basic Maternity Care Package	59610	01	010	22	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	23	HB	Third Trimester Basic Maternity Care Package	59610	05	050	12	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	26	HB	Third Trimester Basic Maternity Care Package	59610	08	080	12, 50	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	26	HB	Third Trimester Basic Maternity Care Package	59610	08	081	12, 72	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	30	HB	Third Trimester Basic Maternity Care Package	59610	08	083	22, 49	U9	HD	As above	1 package	\$1786.00 per package	As above
W5953	31	HB	Third Trimester Basic Maternity Care Package	59610	33	335	11	U9	HD	As above	1 package	\$1786.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5954	1	HB	First Trimester High Risk Maternity Care Package	99384	31	All spec	11, 12	U9	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12-17 years)	1 package	\$159.00 per package	One per client per pregnancy
W5954	9	HB	First Trimester High Risk Maternity Care Package	99384	47	470	11, 25	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	10	HB	First Trimester High Risk Maternity Care Package	99384	08	082	22, 49	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	11	HB	First Trimester High Risk Maternity Care Package	99384	01	010	22	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	23	HB	First Trimester High Risk Maternity Care Package	99384	05	050	12	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99384	08	080	12, 50	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99384	08	081	12, 72	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	30	HB	First Trimester High Risk Maternity Care Package	99384	08	083	22, 49	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	31	HB	First Trimester High Risk Maternity Care Package	99384	33	335	11, 99	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	1	HB	First Trimester High Risk Maternity Care Package	99385	31	All spec	11, 12	U9	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18 - 39 years	1 package	\$159.00 per package	One per client per pregnancy
W5954	9	HB	First Trimester High Risk Maternity Care Package	99385	47	470	11, 25	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	10	HB	First Trimester High Risk Maternity Care Package	99385	08	082	22, 49	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	11	HB	First Trimester High Risk Maternity Care Package	99385	01	010	22	U9	HD	As above	1 package	\$159.00 per package	As above

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October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5954	23	HB	First Trimester High Risk Maternity Care Package	99385	05	050	12	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99385	08	080	12, 50	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99385	08	081	12, 72	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	30	HB	First Trimester High Risk Maternity Care Package	99385	08	083	22, 49	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	31	HB	First Trimester High Risk Maternity Care Package	99385	33	335	11, 99	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	1	HB	First Trimester High Risk Maternity Care Package	99386	31	All spec	11, 12	U9	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations, laboratory/diagnostic procedures, new patient; 40-64 years	1 package	\$159.00 per package	One per client per pregnancy
W5954	9	HB	First Trimester High Risk Maternity Care Package	99386	47	470	11, 25	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	10	HB	First Trimester High Risk Maternity Care Package	99386	08	082	22, 49	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	11	HB	First Trimester High Risk Maternity Care Package	99386	01	010	22	U9	HD	As above	1 package	\$159.00 per package	As above
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W5954	26	HB	First Trimester High Risk Maternity Care Package	99386	08	081	12, 72	U9	HD	As above	1 package	\$159.00 per package	As above
W5954	30	HB	First Trimester High Risk Maternity Care Package	99386	08	083	22, 49	U9	HD	As above	1 package	\$159.00 per package	As above
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W5954	1	HB	First Trimester High Risk Maternity Care Package	99394	31	All spec	11, 12	TF	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years).	1 package	\$159.00 per package	One per client per pregnancy
W5954	9	HB	First Trimester High Risk Maternity Care Package	99394	47	470	11, 25	TF	HD	As above	1 package	\$159.00 per package	As above
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W5954	11	HB	First Trimester High Risk Maternity Care Package	99394	01	010	22	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	23	HB	First Trimester High Risk Maternity Care Package	99394	05	050	12	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99394	08	080	12, 50	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99394	08	081	12, 72	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	30	HB	First Trimester High Risk Maternity Care Package	99394	08	083	22, 49	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	31	HB	First Trimester High Risk Maternity Care Package	99394	33	335	11, 99	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	1	HB	First Trimester High Risk Maternity Care Package	99395	31	All spec	11, 12	TF	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18 - 39 years.	1 package	\$159.00 per package	One per client per pregnancy
W5954	9	HB	First Trimester High Risk Maternity Care Package	99395	47	470	11, 25	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	10	HB	First Trimester High Risk Maternity Care Package	99395	08	082	22, 49	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	11	HB	First Trimester High Risk Maternity Care Package	99395	01	010	22	TF	HD	As above	1 package	\$159.00 per package	As above

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W5954	26	HB	First Trimester High Risk Maternity Care Package	99395	08	080	12, 50	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99395	08	081	12, 72	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	30	HB	First Trimester High Risk Maternity Care Package	99395	08	083	22, 49	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	31	HB	First Trimester High Risk Maternity Care Package	99395	33	335	11, 99	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	1	HB	First Trimester High Risk Maternity Care Package	99396	31	All spec	11, 12	TF	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40 - 64 years.	1 package	\$159.00 per package	One per client per pregnancy
W5954	9	HB	First Trimester High Risk Maternity Care Package	99396	47	470	11, 25	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	10	HB	First Trimester High Risk Maternity Care Package	99396	08	082	22, 49	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	11	HB	First Trimester High Risk Maternity Care Package	99396	01	010	22	TF	HD	As above	1 package	\$159.00 per package	As above
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W5954	26	HB	First Trimester High Risk Maternity Care Package	99396	08	080	12, 50	TF	HD	As above	1 package	\$159.00 per package	As above
W5954	26	HB	First Trimester High Risk Maternity Care Package	99396	08	081	12, 72	TF	HD	As above	1 package	\$159.00 per package	As above
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October 1, 2005

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W5955	1	HB	Second Trimester High Risk Maternity Care Package	99384	31	All spec	11, 12	TG	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12-17 years)	1 package	\$297.00 per package	One per client per pregnancy
W5955	9	HB	Second Trimester High Risk Maternity Care Package	99384	47	470	11, 25	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	10	HB	Second Trimester High Risk Maternity Care Package	99384	08	082	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	11	HB	Second Trimester High Risk Maternity Care Package	99384	01	010	22	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	23	HB	Second Trimester High Risk Maternity Care Package	99384	05	050	12	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99384	08	080	12, 50	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99384	08	081	12, 72	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	30	HB	Second Trimester High Risk Maternity Care Package	99384	08	083	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	31	HB	Second Trimester High Risk Maternity Care Package	99384	33	335	11, 99	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	1	HB	Second Trimester High Risk Maternity Care Package	99385	31	All spec	11, 12	TG	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18 - 39 years	1 package	\$297.00 per package	One per client per pregnancy
W5955	9	HB	Second Trimester High Risk Maternity Care Package	99385	47	470	11, 25	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	10	HB	Second Trimester High Risk Maternity Care Package	99385	08	082	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	11	HB	Second Trimester High Risk Maternity Care Package	99385	01	010	22	TG	HD	As above	1 package	\$297.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5955	23	HB	Second Trimester High Risk Maternity Care Package	99385	05	050	12	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99385	08	080	12, 50	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99385	08	081	12, 72	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	30	HB	Second Trimester High Risk Maternity Care Package	99385	08	083	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	31	HB	Second Trimester High Risk Maternity Care Package	99385	33	335	11, 99	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	1	HB	Second Trimester High Risk Maternity Care Package	99386	31	All spec	11, 12	TG	HD	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations, laboratory/diagnostic procedures, new patient; 40-64 years	1 package	\$297.00 per package	One per client per pregnancy
W5955	9	HB	Second Trimester High Risk Maternity Care Package	99386	47	470	11, 25	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	10	HB	Second Trimester High Risk Maternity Care Package	99386	08	082	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	11	HB	Second Trimester High Risk Maternity Care Package	99386	01	010	22	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	23	HB	Second Trimester High Risk Maternity Care Package	99386	05	050	12	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99386	08	080	12, 50	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99386	08	081	12, 72	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	30	HB	Second Trimester High Risk Maternity Care Package	99386	08	083	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	31	HB	Second Trimester High Risk Maternity Care Package	99386	33	335	11, 99	TG	HD	As above	1 package	\$297.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5955	1	HB	Second Trimester High Risk Maternity Care Package	99394	31	All spec	11, 12	TG	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years).	1 package	\$297.00 per package	One per client per pregnancy
W5955	9	HB	Second Trimester High Risk Maternity Care Package	99394	47	470	11, 25	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	10	HB	Second Trimester High Risk Maternity Care Package	99394	08	082	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	11	HB	Second Trimester High Risk Maternity Care Package	99394	01	010	22	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	23	HB	Second Trimester High Risk Maternity Care Package	99394	05	050	12	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99394	08	080	12, 50	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99394	08	081	12, 72	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	30	HB	Second Trimester High Risk Maternity Care Package	99394	08	083	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	31	HB	Second Trimester High Risk Maternity Care Package	99394	33	335	11, 99	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	1	HB	Second Trimester High Risk Maternity Care Package	99395	31	All spec	11, 12	TG	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18 - 39 years.	1 package	\$297.00 per package	One per client per pregnancy
W5955	9	HB	Second Trimester High Risk Maternity Care Package	99395	47	470	11, 25	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	10	HB	Second Trimester High Risk Maternity Care Package	99395	08	082	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	11	HB	Second Trimester High Risk Maternity Care Package	99395	01	010	22	TG	HD	As above	1 package	\$297.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5955	23	HB	Second Trimester High Risk Maternity Care Package	99395	05	050	12	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99395	08	080	12, 50	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99395	08	081	12, 72	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	30	HB	Second Trimester High Risk Maternity Care Package	99395	08	083	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	31	HB	Second Trimester High Risk Maternity Care Package	99395	33	335	11, 99	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	1	HB	Second Trimester High Risk Maternity Care Package	99396	31	All spec	11, 12	TG	HD	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40 - 64 years.	1 package	\$297.00 per package	One per client per pregnancy
W5955	9	HB	Second Trimester High Risk Maternity Care Package	99396	47	470	11, 25	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	10	HB	Second Trimester High Risk Maternity Care Package	99396	08	082	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	11	HB	Second Trimester High Risk Maternity Care Package	99396	01	010	22	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	23	HB	Second Trimester High Risk Maternity Care Package	99396	05	050	12	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99396	08	080	12, 50	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	26	HB	Second Trimester High Risk Maternity Care Package	99396	08	081	12, 72	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	30	HB	Second Trimester High Risk Maternity Care Package	99396	08	083	22, 49	TG	HD	As above	1 package	\$297.00 per package	As above
W5955	31	HB	Second Trimester High Risk Maternity Care Package	99396	33	335	11, 99	TG	HD	As above	1 package	\$297.00 per package	As above
W5956	1	HB	Third Trimester High Risk Maternity Care Package	59400	31	All Spec	11, 12	U8	HD	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	1 package	\$2076.00 per package	One per client per pregnancy

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5956	9	HB	Third Trimester High Risk Maternity Care Package	59400	47	470	11, 25	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	10	HB	Third Trimester High Risk Maternity Care Package	59400	08	082	49	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	11	HB	Third Trimester High Risk Maternity Care Package	59400	01	010	22	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	23	HB	Third Trimester High Risk Maternity Care Package	59400	05	050	12	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	26	HB	Third Trimester High Risk Maternity Care Package	59400	08	080	12, 50	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	26	HB	Third Trimester High Risk Maternity Care Package	59400	08	081	12, 72	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	30	HB	Third Trimester High Risk Maternity Care Package	59400	08	083	22, 49	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	31	HB	Third Trimester High Risk Maternity Care Package	59400	33	335	11	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	1	HB	Third Trimester High Risk Maternity Care Package	59510	31	All Spec	11, 12	U8	HD	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	1 package	\$2076.00 per package	One per client per pregnancy
W5956	9	HB	Third Trimester High Risk Maternity Care Package	59510	47	470	11, 25	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	10	HB	Third Trimester High Risk Maternity Care Package	59510	08	082	49	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	11	HB	Third Trimester High Risk Maternity Care Package	59510	01	010	22	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	23	HB	Third Trimester High Risk Maternity Care Package	59510	05	050	12	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	26	HB	Third Trimester High Risk Maternity Care Package	59510	08	080	12, 50	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	26	HB	Third Trimester High Risk Maternity Care Package	59510	08	081	12, 72	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	30	HB	Third Trimester High Risk Maternity Care Package	59510	08	083	22, 49	U8	HD	As above	1 package	\$2076.00 per package	As above
W5956	31	HB	Third Trimester High Risk Maternity Care Package	59510	33	335	11	U8	HD	As above	1 package	\$2076.00 per package	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5956	1	HB	Third Trimester High Risk Maternity Care Package	59610	31	All Spec	11, 12	TG	HD	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	1 package	\$2076.00 per package	One per client per pregnancy
W5956	9	HB	Third Trimester High Risk Maternity Care Package	59610	47	470	11, 25	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	10	HB	Third Trimester High Risk Maternity Care Package	59610	08	082	49	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	11	HB	Third Trimester High Risk Maternity Care Package	59610	01	010	22	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	23	HB	Third Trimester High Risk Maternity Care Package	59610	05	050	12	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	26	HB	Third Trimester High Risk Maternity Care Package	59610	08	080	12, 50	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	26	HB	Third Trimester High Risk Maternity Care Package	59610	08	081	12, 72	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	30	HB	Third Trimester High Risk Maternity Care Package	59610	08	083	22, 49	TG	HD	As above	1 package	\$2076.00 per package	As above
W5956	31	HB	Third Trimester High Risk Maternity Care Package	59610	33	335	11	TG	HD	As above	1 package	\$2076.00 per package	As above
W5957	1	HB	Comprehensive Childbirth Preparation	S9436	31	All spec	11, 12		HD	Childbirth preparation/Lamaze classes, non-physician provider, per session	1 series	\$60.00 per series	Should only be billed for clients who have not previously attended such a program.
W5957	9	HB	Comprehensive Childbirth Preparation	S9436	47	470	11, 25		HD	As above	1 series	\$60.00 per series	As above
W5957	10	HB	Comprehensive Childbirth Preparation	S9436	08	082	22, 49		HD	As above	1 series	\$60.00 per series	As above
W5957	11	HB	Comprehensive Childbirth Preparation	S9436	01	010	22		HD	As above	1 series	\$60.00 per series	As above
W5957	23	HB	Comprehensive Childbirth Preparation	S9436	05	050	12		HD	As above	1 series	\$60.00 per series	As above
W5957	26	HB	Comprehensive Childbirth Preparation	S9436	08	080	12, 50		HD	As above	1 series	\$60.00 per series	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5957	26	HB	Comprehensive Childbirth Preparation	S9436	08	081	12, 72		HD	As above	1 series	\$60.00 per series	As above
W5957	30	HB	Comprehensive Childbirth Preparation	S9436	08	083	22, 49		HD	As above	1 series	\$60.00 per series	As above
W5957	31	HB	Comprehensive Childbirth Preparation	S9436	33	335	11		HD	As above	1 series	\$60.00 per series	As above
W5958	1	HB	Childbirth Preparation Review	S9437	31	All spec	11, 12		HD	Childbirth refresher classes, non-physician provider, per session	1 series	\$20.00 per review series	Should be used for a client who previously attended childbirth preparation classes
W5958	9	HB	Childbirth Preparation Review	S9437	47	470	11, 25		HD	As above	1 series	\$20.00 per review series	As above
W5958	10	HB	Childbirth Preparation Review	S9437	08	082	22, 49		HD	As above	1 series	\$20.00 per review series	As above
W5958	11	HB	Childbirth Preparation Review	S9437	01	010	22		HD	As above	1 series	\$20.00 per review series	As above
W5958	23	HB	Childbirth Preparation Review	S9437	05	050	12		HD	As above	1 series	\$20.00 per review series	As above
W5958	26	HB	Childbirth Preparation Review	S9437	08	080	12, 50		HD	As above	1 series	\$20.00 per review series	As above
W5958	26	HB	Childbirth Preparation Review	S9437	08	081	12, 72		HD	As above	1 series	\$20.00 per review series	As above
W5958	30	HB	Childbirth Preparation Review	S9437	08	083	22, 49		HD	As above	1 series	\$20.00 per review series	As above
W5958	31	HB	Childbirth Preparation Review	S9437	33	335	11		HD	As above	1 series	\$20.00 per review series	As above
W5960	1	HB	Prenatal Home Care	99500	31	All spec	12		HD	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	45 minutes	\$74.00 per visit	
W5960	9	HB	Prenatal Home Care	99500	47	470	12		HD	As above	45 minutes	\$74.00 per visit	
W5960	10	HB	Prenatal Home Care	99500	08	082	12		HD	As above	45 minutes	\$74.00 per visit	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5960	11	HB	Prenatal Home Care	99500	01	010	12		HD	As above	45 minutes	\$74.00 per visit	
W5960	23	HB	Prenatal Home Care	99500	05	050	12		HD	As above	45 minutes	\$74.00 per visit	
W5960	26	HB	Prenatal Home Care	99500	08	080	12		HD	As above	45 minutes	\$74.00 per visit	
W5960	26	HB	Prenatal Home Care	99500	08	081	12		HD	As above	45 minutes	\$74.00 per visit	
W5960	30	HB	Prenatal Home Care	99500	08	083	12		HD	As above	45 minutes	\$74.00 per visit	
W5960	31	HB	Prenatal Home Care	99500	33	335	12		HD	As above	45 minutes	\$74.00 per visit	
W5961	1	HB	Outreach Bonus for First Trimester Recruitment	99429	31	All spec	11, 12		HD	Unlisted preventive medicine service	Bonus payment	\$100.00	One per client per pregnancy when care initiated in 1st trimester and care continues with HBP Program provider through 2nd and 3rd trimester, delivery, and postpartum
W5961	9	HB	Outreach Bonus for First Trimester Recruitment	99429	47	470	11, 25		HD	As above	Bonus payment	\$100.00	As above
W5961	10	HB	Outreach Bonus for First Trimester Recruitment	99429	08	082	22		HD	As above	Bonus payment	\$100.00	As above
W5961	11	HB	Outreach Bonus for First Trimester Recruitment	99429	01	010	22		HD	As above	Bonus payment	\$100.00	As above
W5961	23	HB	Outreach Bonus for First Trimester Recruitment	99429	05	050	12		HD	As above	Bonus payment	\$100.00	As above
W5961	26	HB	Outreach Bonus for First Trimester Recruitment	99429	08	080	12, 50		HD	As above	Bonus payment	\$100.00	As above
W5961	26	HB	Outreach Bonus for First Trimester Recruitment	99429	08	081	12, 72		HD	As above	Bonus payment	\$100.00	As above
W5961	30	HB	Outreach Bonus for First Trimester Recruitment	99429	08	083	22, 49		HD	As above	Bonus payment	\$100.00	As above
W5961	31	HB	Outreach Bonus for First Trimester Recruitment	99429	33	335	11, 12		HD	As above	Bonus payment	\$100.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5962	1	HB	Nutrition Counseling	S9470	31	All spec	11, 12	U7	HD	Nutritional counseling, dietitian visit	15 minutes	\$15.00 per unit	
W5962	9	HB	Nutrition Counseling	S9470	47	470	11, 25	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	10	HB	Nutrition Counseling	S9470	08	082	22, 49	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	11	HB	Nutrition Counseling	S9470	01	010	22	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	23	HB	Nutrition Counseling	S9470	05	050	12	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	26	HB	Nutrition Counseling	S9470	08	080	12, 50	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	26	HB	Nutrition Counseling	S9470	08	081	12, 72	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	30	HB	Nutrition Counseling	S9470	08	083	22, 49	U7	HD	As above	15 minutes	\$15.00 per unit	
W5962	31	HB	Nutrition Counseling	S9470	33	335	11	U7	HD	As above	15 minutes	\$15.00 per unit	
W5963	1	HB	Smoking (Tobacco) Cessation Counseling	G9016	31	All Spec	11, 12		HD	Smoking cessation counseling, individual, in the absence of or in addition to any other valuation and management service, per session (6-10 minutes)	15 minutes	\$15.00 per unit	
W5963	9	HB	Smoking (Tobacco) Cessation Counseling	G9016	47	470	11, 25		HD	As above	15 minutes	\$15.00 per unit	
W5963	10	HB	Smoking (Tobacco) Cessation Counseling	G9016	08	082	12, 22, 49		HD	As above	15 minutes	\$15.00 per unit	
W5963	11	HB	Smoking (Tobacco) Cessation Counseling	G9016	01	010	22		HD	As above	15 minutes	\$15.00 per unit	
W5963	23	HB	Smoking (Tobacco) Cessation Counseling	G9016	05	050	12		HD	As above	15 minutes	\$15.00 per unit	
W5963	26	HB	Smoking (Tobacco) Cessation Counseling	G9016	08	080	12, 50		HD	As above	15 minutes	\$15.00 per unit	
W5963	26	HB	Smoking (Tobacco) Cessation Counseling	G9016	08	081	12, 72		HD	As above	15 minutes	\$15.00 per unit	
W5963	30	HB	Smoking (Tobacco) Cessation Counseling	G9016	08	083	22, 49		HD	As above	15 minutes	\$15.00 per unit	
W5963	31	HB	Smoking (Tobacco) Cessation Counseling	G9016	33	335	12		HD	As above	15 minutes	\$15.00 per unit	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5964	1	HB	Substance abuse problem identification and referral counseling	H0004	31	All Spec	11, 12	U9	HD	Behavioral health counseling and therapy, per 15 minutes	15 minutes	\$25.00 per unit	
W5964	9	HB	Substance abuse problem identification and referral counseling	H0004	47	470	11, 25	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	10	HB	Substance abuse problem identification and referral counseling	H0004	08	082	49	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	11	HB	Substance abuse problem identification and referral counseling	H0004	01	010	22	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	23	HB	Substance abuse problem identification and referral counseling	H0004	05	050	12	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	26	HB	Substance abuse problem identification and referral counseling	H0004	08	080	12, 50	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	26	HB	Substance abuse problem identification and referral counseling	H0004	08	081	12, 72	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	30	HB	Substance abuse problem identification and referral counseling	H0004	08	083	22, 49	U9	HD	As above	15 minutes	\$25.00 per unit	
W5964	31	HB	Substance abuse problem identification and referral counseling	H0004	33	335	11	U9	HD	As above	15 minutes	\$25.00 per unit	
W5965	1	HB	Genetic risk assessment, information and referral counseling	99205	31	All spec	11, 12	TF	HD	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 comprehensive history;</li> <li>• a comprehensive examination; and</li> <li>• medical decision making of high complexity.</li> </ul> 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 to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family	Visit	\$60.00	Limited to 2 per pregnancy
W5965	10	HB	Genetic risk assessment, information and referral counseling	99205	08	082	22, 49	TF	HD	As above	Visit	\$60.00	As above
W5965	11	HB	Genetic risk assessment, information and referral counseling	99205	01	010	22	TF	HD	As above	Visit	\$60.00	As above
W5965	23	HB	Genetic risk assessment, information and referral counseling	99205	05	050	12	TF	HD	As above	Visit	\$60.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5965	26	HB	Genetic risk assessment, information and referral counseling	99205	08	080	12, 50	TF	HD	As above	Visit	\$60.00	As above
W5965	26	HB	Genetic risk assessment, information and referral counseling	99205	08	081	12, 72	TF	HD	As above	Visit	\$60.00	As above
W5965	30	HB	Genetic risk assessment, information and referral counseling	99205	08	083	22, 49	TF	HD	As above	Visit	\$60.00	As above
W5965	31	HB	Genetic risk assessment, information and referral counseling	99205	33	335	11, 99	TF	HD	As above	Visit	\$60.00	As above
W5966	1	HB	Obstetrical Home Care	99500	31	All spec	12	U9	HD	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	45 minute visit	\$120.00 per visit	
W5966	9	HB	Obstetrical Home Care	99500	47	470	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	10	HB	Obstetrical Home Care	99500	08	082	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	11	HB	Obstetrical Home Care	99500	01	010	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	23	HB	Obstetrical Home Care	99500	05	050	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	26	HB	Obstetrical Home Care	99500	08	080	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	26	HB	Obstetrical Home Care	99500	08	081	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	30	HB	Obstetrical Home Care	99500	08	083	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5966	31	HB	Obstetrical Home Care	99500	33	335	12	U9	HD	As above	45 minute visit	\$120.00 per visit	
W5967	1	HB	Parenting Program	S9444	31	All spec	11, 12		HD	Parenting classes, non-physician provider, per session	Per series	\$30.00	One parenting program per pregnancy
W5967	9	HB	Parenting Program	S9444	47	470	11, 25		HD	As above	Per series	\$30.00	As above
W5967	10	HB	Parenting Program	S9444	08	082	22, 49		HD	As above	Per series	\$30.00	As above
W5967	11	HB	Parenting Program	S9444	01	010	22		HD	As above	Per series	\$30.00	As above
W5967	23	HB	Parenting Program	S9444	05	050	12		HD	As above	Per series	\$30.00	As above
W5967	26	HB	Parenting Program	S9444	08	080	12, 50		HD	As above	Per series	\$30.00	As above
W5967	26	HB	Parenting Program	S9444	08	081	12, 72		HD	As above	Per series	\$30.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5967	30	HB	Parenting Program	S9444	08	083	22, 49		HD	As above	Per series	\$30.00	As above
W5967	31	HB	Parenting Program	S9444	33	335	11		HD	As above	Per series	\$30.00	As above
W5968	1	HB	Outreach Visit	H1002	31	All spec	11, 12		HD	Prenatal care, at risk enhanced service; care coordination	Visit	\$45.00	Limited to 3 visits per case finding or follow up
W5968	9	HB	Outreach Visit	H1002	47	470	11,12, 25		HD	As above	Visit	\$45.00	As above
W5968	10	HB	Outreach Visit	H1002	08	082	22		HD	As above	Visit	\$45.00	As above
W5968	11	HB	Outreach Visit	H1002	01	010	22		HD	As above	Visit	\$45.00	As above
W5968	23	HB	Outreach Visit	H1002	05	050	12		HD	As above	Visit	\$45.00	As above
W5968	26	HB	Outreach Visit	H1002	08	080	12, 50		HD	As above	Visit	\$45.00	As above
W5968	26	HB	Outreach Visit	H1002	08	081	12, 72		HD	As above	Visit	\$45.00	As above
W5968	30	HB	Outreach Visit	H1002	08	083	22, 49		HD	As above	Visit	\$45.00	As above
W5968	31	HB	Outreach Visit	H1002	33	335	11, 12		HD	As above	Visit	\$45.00	As above
W5969	1	HB	Urgent Transportation Only - Car	A0425	31	All Spec	11, 12	U9	HD	Ground mileage, per statute mile	1 mile	\$0.22 per mile	For urgent care only. Receipt required.
W5969	9	HB	Urgent Transportation Only - Car	A0425	47	470	11, 25	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5969	10	HB	Urgent Transportation Only - Car	A0425	08	082	22, 49	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5969	11	HB	Urgent Transportation Only - Car	A0425	01	010	21, 22	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5969	23	HB	Urgent Transportation Only - Car	A0425	05	050	11, 12	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5969	26	HB	Urgent Transportation Only - Car	A0425	08	080	12, 50	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5969	26	HB	Urgent Transportation Only - Car	A0425	08	081	12, 72	U9	HD	As above	1 mile	\$0.22 per mile	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5969	30	HB	Urgent Transportation Only - Car	A0425	08	083	22, 49	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5969	31	HB	Urgent Transportation Only - Car	A0425	33	335	11	U9	HD	As above	1 mile	\$0.22 per mile	As above
W5970	1	HB	General counseling support	H0004	31	All Spec	11, 12	U8	HD	Behavioral health counseling and therapy, per 15 minutes	15 minutes	\$15.00	
W5970	9	HB	General counseling support	H0004	47	470	11, 25	U8	HD	As above	15 minutes	\$15.00	
W5970	10	HB	General counseling support	H0004	08	082	49	U8	HD	As above	15 minutes	\$15.00	
W5970	11	HB	General counseling support	H0004	01	010	22	U8	HD	As above	15 minutes	\$15.00	
W5970	23	HB	General counseling support	H0004	05	050	12	U8	HD	As above	15 minutes	\$15.00	
W5970	26	HB	General counseling support	H0004	08	080	12, 50	U8	HD	As above	15 minutes	\$15.00	
W5970	26	HB	General counseling support	H0004	08	081	12, 72	U8	HD	As above	15 minutes	\$15.00	
W5970	30	HB	General counseling support	H0004	08	083	22, 49	U8	HD	As above	15 minutes	\$15.00	
W5970	31	HB	General counseling support	H0004	33	335	11	U8	HD	As above	15 minutes	\$15.00	
W5971	1	HB	Personal Care	99509	31	All spec	12		HD	Home visit for assistance with activities of daily living and personal care	45 minutes	\$40.00	May bill 2 units per visit. Limited to 2 visits per week
W5971	9	HB	Personal Care	99509	47	470	12		HD	As above	45 minutes	\$40.00	As above
W5971	10	HB	Personal Care	99509	08	082	12		HD	As above	45 minutes	\$40.00	As above
W5971	11	HB	Personal Care	99509	01	010	12		HD	As above	45 minutes	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5971	23	HB	Personal Care	99509	05	050	12		HD	As above	45 minutes	\$40.00	As above
W5971	26	HB	Personal Care	99509	08	080	12		HD	As above	45 minutes	\$40.00	As above
W5971	26	HB	Personal Care	99509	08	081	12		HD	As above	45 minutes	\$40.00	As above
W5971	30	HB	Personal Care	99509	08	083	12		HD	As above	45 minutes	\$40.00	As above
W5971	31	HB	Personal Care	99509	33	335	12		HD	As above	45 minutes	\$40.00	As above
W5972	1	HB	Home health aide care	G0156	31	All Spec	11, 12	U9	HD	Services of home health aide in home health setting, each 15 minutes	45 minute visit	\$45.00 per visit	
W5972	9	HB	Home health aide care	G0156	47	470	11, 25	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	10	HB	Home health aide care	G0156	08	082	12, 22, 49	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	11	HB	Home health aide care	G0156	01	010	22	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	23	HB	Home health aide care	G0156	05	050	12	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	26	HB	Home health aide care	G0156	08	080	12, 50	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	26	HB	Home health aide care	G0156	08	081	12, 72	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	30	HB	Home health aide care	G0156	08	083	22, 49	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5972	31	HB	Home health aide care	G0156	33	335	12	U9	HD	As above	45 minute visit	\$45.00 per visit	
W5973	1	HB	Prenatal Exercise Series	S9451	31	All spec	11, 12		HD	Exercise classes, non-physician provider, per session	Per series	\$65.00	One per client per pregnancy
W5973	9	HB	Prenatal Exercise Series	S9451	47	470	11, 25		HD	As above	Per series	\$65.00	As above
W5973	10	HB	Prenatal Exercise Series	S9451	08	082	22, 49		HD	As above	Per series	\$65.00	As above
W5973	11	HB	Prenatal Exercise Series	S9451	01	010	22		HD	As above	Per series	\$65.00	As above
W5973	23	HB	Prenatal Exercise Series	S9451	05	050	12		HD	As above	Per series	\$65.00	As above
W5973	26	HB	Prenatal Exercise Series	S9451	08	080	12, 50		HD	As above	Per series	\$65.00	As above
W5973	26	HB	Prenatal Exercise Series	S9451	08	081	12, 72		HD	As above	Per series	\$65.00	As above
W5973	30	HB	Prenatal Exercise Series	S9451	08	083	22, 49		HD	As above	Per series	\$65.00	As above
W5973	31	HB	Prenatal Exercise Series	S9451	33	335	11		HD	As above	Per series	\$65.00	As above
W5974	1	HB	Home Assessment/Client Education	T1028	31	All spec	11, 12		HD	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	45 minutes	\$75.00	May bill 2 units per visit. Limited to 2 visits per week

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5974	9	HB	Home Assessment/Client Education	T1028	47	470	11, 25		HD	As above	45 minutes	\$75.00	As above
W5974	10	HB	Home Assessment/Client Education	T1028	08	082	22, 49		HD	As above	45 minutes	\$75.00	As above
W5974	11	HB	Home Assessment/Client Education	T1028	01	010	22		HD	As above	45 minutes	\$75.00	As above
W5974	23	HB	Home Assessment/Client Education	T1028	05	050	12		HD	As above	45 minutes	\$75.00	As above
W5974	26	HB	Home Assessment/Client Education	T1028	08	080	12, 50		HD	As above	45 minutes	\$75.00	As above
W5974	26	HB	Home Assessment/Client Education	T1028	08	081	12, 72		HD	As above	45 minutes	\$75.00	As above
W5974	30	HB	Home Assessment/Client Education	T1028	08	083	22, 49		HD	As above	45 minutes	\$75.00	As above
W5974	31	HB	Home Assessment/Client Education	T1028	33	335	11		HD	As above	45 minutes	\$75.00	As above
W5975	1	HB	First Trimester, Basic Maternity Care Visit	99201	31	All spec	11, 49	U9	HD	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • a problem focused history; • a problem focused examination; and • straightforward medical decision making. 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 self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5975	9	HB	First Trimester, Basic Maternity Care Visit	99201	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5975	10	HB	First Trimester, Basic Maternity Care Visit	99201	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5975	11	HB	First Trimester, Basic Maternity Care Visit	99201	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5975	23	HB	First Trimester, Basic Maternity Care Visit	99201	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5975	26	HB	First Trimester, Basic Maternity Care Visit	99201	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5975	26	HB	First Trimester, Basic Maternity Care Visit	99201	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5975	30	HB	First Trimester, Basic Maternity Care Visit	99201	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5975	31	HB	First Trimester, Basic Maternity Care Visit	99201	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5975	1	HB	First Trimester, Basic Maternity Care Visit	99211	31	All spec	11, 12	U9	HD	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5975	9	HB	First Trimester, Basic Maternity Care Visit	99211	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5975	10	HB	First Trimester, Basic Maternity Care Visit	99211	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5975	11	HB	First Trimester, Basic Maternity Care Visit	99211	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5975	23	HB	First Trimester, Basic Maternity Care Visit	99211	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5975	26	HB	First Trimester, Basic Maternity Care Visit	99211	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5975	26	HB	First Trimester, Basic Maternity Care Visit	99211	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5975	30	HB	First Trimester, Basic Maternity Care Visit	99211	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5975	31	HB	First Trimester, Basic Maternity Care Visit	99211	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above
W5976	1	HB	First Trimester, High Risk Maternity Care Visit	99202	31	All spec	11, 12	U9	HD	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • an expanded problem focused history; • an expanded problem focused examination; and • straightforward medical decision making. 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 low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5976	9	HB	First Trimester, High Risk Maternity Care Visit	99202	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5976	10	HB	First Trimester, High Risk Maternity Care Visit	99202	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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W5976	11	HB	First Trimester, High Risk Maternity Care Visit	99202	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5976	23	HB	First Trimester, High Risk Maternity Care Visit	99202	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5976	26	HB	First Trimester, High Risk Maternity Care Visit	99202	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5976	26	HB	First Trimester, High Risk Maternity Care Visit	99202	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5976	30	HB	First Trimester, High Risk Maternity Care Visit	99202	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5976	31	HB	First Trimester, High Risk Maternity Care Visit	99202	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above
W5976	1	HB	First Trimester, High Risk Maternity Care Visit	99212	31	All spec	11, 12	U9	HD	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>▪a problem focused history;</li> <li>▪a problem focused examination;</li> <li>▪straightforward medical decision making.</li> </ul> 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 self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5976	9	HB	First Trimester, High Risk Maternity Care Visit	99212	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5976	10	HB	First Trimester, High Risk Maternity Care Visit	99212	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5976	11	HB	First Trimester, High Risk Maternity Care Visit	99212	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5976	23	HB	First Trimester, High Risk Maternity Care Visit	99212	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5976	26	HB	First Trimester, High Risk Maternity Care Visit	99212	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5976	26	HB	First Trimester, High Risk Maternity Care Visit	99212	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5976	30	HB	First Trimester, High Risk Maternity Care Visit	99212	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5976	31	HB	First Trimester, High Risk Maternity Care Visit	99212	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above
W5977	1	HB	Second Trimester, Basic Maternity Care Visit	99203	31	All spec	11, 12	U9	HD	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • a detailed 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	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5977	9	HB	Second Trimester, Basic Maternity Care Visit	99203	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5977	10	HB	Second Trimester, Basic Maternity Care Visit	99203	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5977	11	HB	Second Trimester, Basic Maternity Care Visit	99203	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5977	23	HB	Second Trimester, Basic Maternity Care Visit	99203	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5977	26	HB	Second Trimester, Basic Maternity Care Visit	99203	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5977	26	HB	Second Trimester, Basic Maternity Care Visit	99203	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5977	30	HB	Second Trimester, Basic Maternity Care Visit	99203	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5977	31	HB	Second Trimester, Basic Maternity Care Visit	99203	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5977	1	HB	Second Trimester, Basic Maternity Care Visit	99213	31	All spec	11, 12	U9	HD	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>▪an expanded problem focused history;</li> <li>▪an expanded problem focused examination;</li> <li>▪medical decision making of low complexity.</li> </ul> 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 low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5977	9	HB	Second Trimester, Basic Maternity Care Visit	99213	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5977	10	HB	Second Trimester, Basic Maternity Care Visit	99213	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5977	11	HB	Second Trimester, Basic Maternity Care Visit	99213	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5977	23	HB	Second Trimester, Basic Maternity Care Visit	99213	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5977	26	HB	Second Trimester, Basic Maternity Care Visit	99213	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5977	26	HB	Second Trimester, Basic Maternity Care Visit	99213	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5977	30	HB	Second Trimester, Basic Maternity Care Visit	99213	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5977	31	HB	Second Trimester, Basic Maternity Care Visit	99213	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5978	1	HB	Second Trimester, High Risk Maternity Care Visit	99204	31	All spec	11, 99	U9	HD	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 comprehensive history;</li> <li>• a comprehensive examination; and</li> <li>• medical decision making of moderate complexity.</li> </ul> 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 to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5978	9	HB	Second Trimester, High Risk Maternity Care Visit	99204	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5978	10	HB	Second Trimester, High Risk Maternity Care Visit	99204	08	082	49	U9	HD	As above	visit	\$40.00	As above
W5978	11	HB	Second Trimester, High Risk Maternity Care Visit	99204	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5978	23	HB	Second Trimester, High Risk Maternity Care Visit	99204	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5978	26	HB	Second Trimester, High Risk Maternity Care Visit	99204	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5978	26	HB	Second Trimester, High Risk Maternity Care Visit	99204	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5978	30	HB	Second Trimester, High Risk Maternity Care Visit	99204	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5978	31	HB	Second Trimester, High Risk Maternity Care Visit	99204	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5978	1	HB	Second Trimester, High Risk Maternity Care Visit	99214	31	All spec	11, 12	U9	HD	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>▪a detailed history;</li> <li>▪a detailed examination;</li> <li>▪medical decision making of moderate complexity.</li> </ul> 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 25 minutes face-to-face with the patient and/or family.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5978	9	HB	Second Trimester, High Risk Maternity Care Visit	99214	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5978	10	HB	Second Trimester, High Risk Maternity Care Visit	99214	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5978	11	HB	Second Trimester, High Risk Maternity Care Visit	99214	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5978	23	HB	Second Trimester, High Risk Maternity Care Visit	99214	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5978	26	HB	Second Trimester, High Risk Maternity Care Visit	99214	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5978	26	HB	Second Trimester, High Risk Maternity Care Visit	99214	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5978	30	HB	Second Trimester, High Risk Maternity Care Visit	99214	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5978	31	HB	Second Trimester, High Risk Maternity Care Visit	99214	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5979	1	HB	Third Trimester, Basic Maternity Care Visit	99205	31	All spec	11, 12	U9	HD	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; 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 problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5979	9	HB	Third Trimester, Basic Maternity Care Visit	99205	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5979	10	HB	Third Trimester, Basic Maternity Care Visit	99205	08	082	22, 49	U9	HD	As above	visit	\$40.00	As above
W5979	11	HB	Third Trimester, Basic Maternity Care Visit	99205	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5979	23	HB	Third Trimester, Basic Maternity Care Visit	99205	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5979	26	HB	Third Trimester, Basic Maternity Care Visit	99205	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5979	26	HB	Third Trimester, Basic Maternity Care Visit	99205	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5979	30	HB	Third Trimester, Basic Maternity Care Visit	99205	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5979	31	HB	Third Trimester, Basic Maternity Care Visit	99205	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5979	1	HB	Third Trimester, Basic Maternity Care Visit	99215	31	All spec	11, 12	U9	HD	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; •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.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5979	9	HB	Third Trimester, Basic Maternity Care Visit	99215	47	470	11, 25	U9	HD	As above	visit	\$40.00	As above
W5979	10	HB	Third Trimester, Basic Maternity Care Visit	99215	08	082	49	U9	HD	As above	visit	\$40.00	As above
W5979	11	HB	Third Trimester, Basic Maternity Care Visit	99215	01	010	22	U9	HD	As above	visit	\$40.00	As above
W5979	23	HB	Third Trimester, Basic Maternity Care Visit	99215	05	050	12	U9	HD	As above	visit	\$40.00	As above
W5979	26	HB	Third Trimester, Basic Maternity Care Visit	99215	08	080	12, 50	U9	HD	As above	visit	\$40.00	As above
W5979	26	HB	Third Trimester, Basic Maternity Care Visit	99215	08	081	12, 72	U9	HD	As above	visit	\$40.00	As above
W5979	30	HB	Third Trimester, Basic Maternity Care Visit	99215	08	083	22, 49	U9	HD	As above	visit	\$40.00	As above
W5979	31	HB	Third Trimester, Basic Maternity Care Visit	99215	33	335	11, 99	U9	HD	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5980	1	HB	Third Trimester, High Risk Maternity Care Visit	99205	31	All spec	11, 12	U9	HD & 21	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; 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 problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5980	9	HB	Third Trimester, High Risk Maternity Care Visit	99205	47	470	11, 25	U9	HD & 21	As above	visit	\$40.00	As above
W5980	10	HB	Third Trimester, High Risk Maternity Care Visit	99205	08	082	22, 49	U9	HD & 21	As above	visit	\$40.00	As above
W5980	11	HB	Third Trimester, High Risk Maternity Care Visit	99205	01	010	22	U9	HD & 21	As above	visit	\$40.00	As above
W5980	23	HB	Third Trimester, High Risk Maternity Care Visit	99205	05	050	12	U9	HD & 21	As above	visit	\$40.00	As above
W5980	26	HB	Third Trimester, High Risk Maternity Care Visit	99205	08	080	12, 50	U9	HD & 21	As above	visit	\$40.00	As above
W5980	26	HB	Third Trimester, High Risk Maternity Care Visit	99205	08	081	12, 72	U9	HD & 21	As above	visit	\$40.00	As above
W5980	30	HB	Third Trimester, High Risk Maternity Care Visit	99205	08	083	22, 49	U9	HD & 21	As above	visit	\$40.00	As above
W5980	31	HB	Third Trimester, High Risk Maternity Care Visit	99205	33	335	11, 99	U9	HD & 21	As above	visit	\$40.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5980	1	HB	Third Trimester, High Risk Maternity Care Visit	99215	31	All spec	11, 12, 99	U9	HD & 21	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; •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.	visit	\$40.00	May not be billed with Maternity Care Package Code in same trimester.
W5980	9	HB	Third Trimester, High Risk Maternity Care Visit	99215	47	470	11, 25	U9	HD & 21	As above	visit	\$40.00	As above
W5980	10	HB	Third Trimester, High Risk Maternity Care Visit	99215	08	082	49	U9	HD & 21	As above	visit	\$40.00	As above
W5980	11	HB	Third Trimester, High Risk Maternity Care Visit	99215	01	010	22	U9	HD & 21	As above	visit	\$40.00	As above
W5980	23	HB	Third Trimester, High Risk Maternity Care Visit	99215	05	050	12	U9	HD & 21	As above	visit	\$40.00	As above
W5980	26	HB	Third Trimester, High Risk Maternity Care Visit	99215	08	080	12, 50	U9	HD & 21	As above	visit	\$40.00	As above
W5980	26	HB	Third Trimester, High Risk Maternity Care Visit	99215	08	081	12, 72	U9	HD & 21	As above	visit	\$40.00	As above
W5980	30	HB	Third Trimester, High Risk Maternity Care Visit	99215	08	083	22, 49	U9	HD & 21	As above	visit	\$40.00	As above
W5980	31	HB	Third Trimester, High Risk Maternity Care Visit	99215	33	335	11, 99	U9	HD & 21	As above	visit	\$40.00	As above
W5981	1	HB	Urgent Transportation Only - Public Carrier	T2003	31	All spec	11, 12	U9	HD	Non-emergency transportation; encounter/trip	1 round trip	1 u = 1 trip at \$50.00	Receipt required
W5981	9	HB	Urgent Transportation Only - Public Carrier	T2003	47	470	11, 25	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5981	10	HB	Urgent Transportation Only - Public Carrier	T2003	08	082	49	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5981	11	HB	Urgent Transportation Only - Public Carrier	T2003	01	010	22	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5981	23	HB	Urgent Transportation Only - Public Carrier	T2003	05	050	12	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5981	26	HB	Urgent Transportation Only - Public Carrier	T2003	08	080	12, 50	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5981	26	HB	Urgent Transportation Only - Public Carrier	T2003	08	081	12, 72	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5981	30	HB	Urgent Transportation Only - Public Carrier	T2003	08	083	22, 49	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5981	31	HB	Urgent Transportation Only - Public Carrier	T2003	33	335	11	U9	HD	As above	1 round trip	1 u = 1 trip at \$50.00	As above
W5982	1	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	31	All Spec	12		HD	Ground mileage, per statute mile*	1 mile	\$0.10 per mile	Must be billed with one of the following procedure codes and modifier combinations as follows: 99050 w/ HD; 99500 w/ U9 & HD; 99501 w/ HD; 99509 w/ HD & SC; G0154 w/ U9 & HD; G0156 w/ U9 & HD; T1028 w/ HD.
W5982	9	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	47	470	12		HD	As above	1 mile	\$0.10 per mile	As above
W5982	10	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	08	082	12		HD	As above	1 mile	\$0.10 per mile	As above
W5982	11	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	01	010	12		HD	As above	1 mile	\$0.10 per mile	As above
W5982	23	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	05	050	12		HD	As above	1 mile	\$0.10 per mile	As above
W5982	26	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	08	080	12		HD	As above	1 mile	\$0.10 per mile	As above

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5982	26	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	08	081	12		HD	As above	1 mile	\$0.10 per mile	As above
W5982	30	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	08	083	12		HD	As above	1 mile	\$0.10 per mile	As above
W5982	31	HB	Mileage, additional allowance for home visits - Healthy Beginnings Plus Providers	A0425	33	335	12		HD	As above	1 mile	\$0.10 per mile	As above
W5983	1	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	31	All Spec	11, 12	U7	HD	Ante partum care only; 4-6 visits	Package excluding delivery	\$536.00	
W5983	9	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	47	470	11, 25	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	10	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	082	49	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	11	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	01	010	22	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	23	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	05	050	12	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	26	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	080	12, 50	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	26	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	081	12, 72	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	30	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	083	22, 49	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	31	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	33	335	11	U7	HD	As above	Package excluding delivery	\$536.00	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5983	1	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	31	All Spec	11, 12	U7	HD	Antepartum care only; 7 or more visits	Package excluding delivery	\$536.00	
W5983	9	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	47	470	11, 25	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	10	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	082	49	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	11	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	01	010	22	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	23	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	05	050	12	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	26	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	080	12, 50	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	26	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	081	12, 72	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	30	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	083	22, 49	U7	HD	As above	Package excluding delivery	\$536.00	
W5983	31	HB	Basic Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	33	335	11	U7	HD	As above	Package excluding delivery	\$536.00	
W5984	1	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	31	All Spec	11, 12	U8	HD	Antepartum care only; 4-6 visits	High Risk Package excluding delivery	\$626.00	
W5984	9	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	47	470	11, 25	U8	HD	As above	High Risk Package excluding delivery	\$626.00	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5984	10	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	082	49	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	11	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	01	010	22	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	23	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	05	050	12	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	26	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	080	12, 50	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	26	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	081	12, 72	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	30	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	08	083	22, 49	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	31	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59425	33	335	11	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	1	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	31	All Spec	11, 12	U8	HD	Antepartum care only; 7 or more visits	High Risk Package excluding delivery	\$626.00	
W5984	9	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	47	470	11, 25	U8	HD	As above	High Risk Package excluding delivery	\$626.00	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5984	10	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	082	49	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	11	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	01	010	22	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	23	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	05	050	12	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	26	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	080	12, 50	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	26	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	081	12, 72	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	30	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	08	083	22, 49	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5984	31	HB	High Risk Third Trimester Package - Delivery not performed by designated HB+ Provider	59426	33	335	11	U8	HD	As above	High Risk Package excluding delivery	\$626.00	
W5985	1	HB	Second Trimester Maternity Care Package with delivery	59400	31	All Spec	11, 12	U7	HD	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	package	\$2,025.00	
W5985	9	HB	Second Trimester Maternity Care Package with delivery	59400	47	470	11, 25	U7	HD	As above	package	\$2,025.00	
W5985	10	HB	Second Trimester Maternity Care Package with delivery	59400	08	082	49	U7	HD	As above	package	\$2,025.00	
W5985	11	HB	Second Trimester Maternity Care Package with delivery	59400	01	010	22	U7	HD	As above	package	\$2,025.00	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5985	23	HB	Second Trimester Maternity Care Package with delivery	59400	05	050	12	U7	HD	As above	package	\$2,025.00	
W5985	26	HB	Second Trimester Maternity Care Package with delivery	59400	08	080	12, 50	U7	HD	As above	package	\$2,025.00	
W5985	26	HB	Second Trimester Maternity Care Package with delivery	59400	08	081	12, 72	U7	HD	As above	package	\$2,025.00	
W5985	30	HB	Second Trimester Maternity Care Package with delivery	59400	08	083	22, 49	U7	HD	As above	package	\$2,025.00	
W5985	31	HB	Second Trimester Maternity Care Package with delivery	59400	33	335	11	U7	HD	As above	package	\$2,025.00	
W5985	1	HB	Second Trimester Maternity Care Package with delivery	59510	31	All Spec	11, 12	U7	HD	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care.	package	\$2,025.00	
W5985	9	HB	Second Trimester Maternity Care Package with delivery	59510	47	470	11, 25	U7	HD	As above	package	\$2,025.00	
W5985	10	HB	Second Trimester Maternity Care Package with delivery	59510	08	082	49	U7	HD	As above	package	\$2,025.00	
W5985	11	HB	Second Trimester Maternity Care Package with delivery	59510	01	010	22	U7	HD	As above	package	\$2,025.00	
W5985	23	HB	Second Trimester Maternity Care Package with delivery	59510	05	050	12	U7	HD	As above	package	\$2,025.00	
W5985	26	HB	Second Trimester Maternity Care Package with delivery	59510	08	080	12, 50	U7	HD	As above	package	\$2,025.00	
W5985	26	HB	Second Trimester Maternity Care Package with delivery	59510	08	081	12, 72	U7	HD	As above	package	\$2,025.00	
W5985	30	HB	Second Trimester Maternity Care Package with delivery	59510	08	083	22, 49	U7	HD	As above	package	\$2,025.00	
W5985	31	HB	Second Trimester Maternity Care Package with delivery	59510	33	335	11	U7	HD	As above	package	\$2,025.00	
W5985	1	HB	Second Trimester Maternity Care Package with delivery	59610	31	All Spec	11, 12	UB	HD	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	package	\$2,025.00	
W5985	9	HB	Second Trimester Maternity Care Package with delivery	59610	47	470	11, 25	UB	HD	As above	package	\$2,025.00	
W5985	10	HB	Second Trimester Maternity Care Package with delivery	59610	08	082	49	UB	HD	As above	package	\$2,025.00	

**Healthy Beginnings Plus Program  
Local to National Procedure Code Cross Walk**

October 1, 2005

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Local Code	MAMIS Provider Type	MAMIS Type of Service	Local Procedure Code Description	National Code	PROMISe Provider Type	PROMISe Specialty	PROMISe Place of Service	Pricing Modifier	Informational Modifier	National Procedure Code Description	MA Unit of Service	MA Fee	Comments
W5985	11	HB	Second Trimester Maternity Care Package with delivery	59610	01	010	22	UB	HD	As above	package	\$2,025.00	
W5985	23	HB	Second Trimester Maternity Care Package with delivery	59610	05	050	12	UB	HD	As above	package	\$2,025.00	
W5985	26	HB	Second Trimester Maternity Care Package with delivery	59610	08	080	12, 50	UB	HD	As above	package	\$2,025.00	
W5985	26	HB	Second Trimester Maternity Care Package with delivery	59610	08	081	12, 72	UB	HD	As above	package	\$2,025.00	
W5985	30	HB	Second Trimester Maternity Care Package with delivery	59610	08	083	22, 49	UB	HD	As above	package	\$2,025.00	
W5985	31	HB	Second Trimester Maternity Care Package with delivery	59610	33	335	11	UB	HD	As above	package	\$2,025.00	
W9969	1	HB	Third Trimester Early Delivery	59410	31	All Spec	11, 12, 21	U9	HD	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	package	\$2,050.00	
W9969	9	HB	Third Trimester Early Delivery	59410	47	470	11, 25	U9	HD	As above	package	\$2,050.00	
W9969	10	HB	Third Trimester Early Delivery	59410	08	082	49	U9	HD	As above	package	\$2,050.00	
W9969	11	HB	Third Trimester Early Delivery	59410	01	010	22	U9	HD	As above	package	\$2,050.00	
W9969	23	HB	Third Trimester Early Delivery	59410	05	050	12	U9	HD	As above	package	\$2,050.00	
W9969	26	HB	Third Trimester Early Delivery	59410	08	080	12, 50	U9	HD	As above	package	\$2,050.00	
W9969	26	HB	Third Trimester Early Delivery	59410	08	081	12, 72	U9	HD	As above	package	\$2,050.00	
W9969	30	HB	Third Trimester Early Delivery	59410	08	083	22, 49	U9	HD	As above	package	\$2,050.00	
W9969	31	HB	Third Trimester Early Delivery	59410	33	335	11	U9	HD	As above	package	\$2,050.00	
W9969	1	HB	Third Trimester Early Delivery	59515	31	All Spec	11, 12	U9	HD	Cesarean delivery only; including postpartum care	package	\$2,050.00	
W9969	9	HB	Third Trimester Early Delivery	59515	47	470	11, 25	U9	HD	As above	package	\$2,050.00	
W9969	10	HB	Third Trimester Early Delivery	59515	08	082	49	U9	HD	As above	package	\$2,050.00	

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Local to National Procedure Code Cross Walk**

October 1, 2005

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W9969	11	HB	Third Trimester Early Delivery	59515	01	010	22	U9	HD	As above	package	\$2,050.00	
W9969	23	HB	Third Trimester Early Delivery	59515	05	050	12	U9	HD	As above	package	\$2,050.00	
W9969	26	HB	Third Trimester Early Delivery	59515	08	080	12, 50	U9	HD	As above	package	\$2,050.00	
W9969	26	HB	Third Trimester Early Delivery	59515	08	081	12, 72	U9	HD	As above	package	\$2,050.00	
W9969	30	HB	Third Trimester Early Delivery	59515	08	083	22, 49	U9	HD	As above	package	\$2,050.00	
W9969	31	HB	Third Trimester Early Delivery	59515	33	335	11	U9	HD	As above	package	\$2,050.00	