

**Magellan Standard Services
Simplified Billing Codes**

Recommended billing codes for the Magellan services listed - please use appropriate codes as needed in other fields to complete the claim form

Facility/Program Universal Services List		Preferred Codes for UB-04 Billing				Preferred Codes for CMS 1500 Billing		
USL #	Standard Services	Revenue Code	Type of Bill Code	CPT/HCPCS Codes	HCPCS Modifier	CPT/ HCPCS Codes	HCPCS Modifier	Place of Service Code
Hospitalization								
1.1	Hospitalization, Psychiatric	0114, 0124, 0134, 0144, 0154, 0204						N/A - Bill inpatient services on UB-04 form
1.2	Hospitalization, Rehabilitation Treatment, Substance Use Disorders	0118, 0128, 0138, 0148, 0158						N/A - Bill inpatient services on UB-04 form
1.3	Hospitalization, Substance-Induced Disorders	0118, 0128, 0138, 0148, 0158						N/A - Bill inpatient services on UB-04 form
1.4	Hospitalization, Alcohol/Drug Detoxification	0116, 0126, 0136, 0146, 0156, 0204						N/A - Bill inpatient services on UB-04 form
1.5	Hospitalization, Eating Disorder	0114, 0124, 0134, 0144, 0154, 0204						N/A - Bill inpatient services on UB-04 form
1.6	23 Hour Observation Bed, Psychiatric	0762						N/A - Bill inpatient services on UB-04 form
1.7	23 Hour Observation Bed, Substance Abuse	0762						N/A - Bill inpatient services on UB-04 form
Residential Treatment								
2.1	Residential Treatment, Psychiatric	1001		H0017 or H0018		H0017 or H0018		
2.2	Residential Treatment, SA Disorders	1002		H0011		H0011		
2.3	Residential Treatment, Eating Disorder	1001		H0017 or H0018		H0017 or H0018		
2.4	Hospital/Facility Based Sub-Acute Care, Psychiatric	019X		H0017 or H0018 or T2048 (Medicaid only)		H0017 or H0018 or T2048 (Medicaid only)		
2.5	Hospital/Facility Based Sub-Acute Care, SA Related Disorders	019X		H0008 or H0010		H0008 or H0010		
Partial Hospitalization								
4.1	Psychiatric Partial Hospitalization	0912 or 0913		H0035		H0035		
4.2	Substance Abuse Partial Hospitalization	0912 or 0913		H0035		H0035		
4.3	Eating Disorder Partial Hospitalization	0912 or 0913		H0035		H0035		
Intensive Outpatient Treatment								
5.1	Psychiatric Intensive Outpatient Treatment	0905		S9480		S9480		
5.2	Substance Abuse Intensive Outpatient Treatment	0906		H0015		H0015		
5.3	Eating Disorder Intensive Outpatient	0905		S9480		S9480		

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Outpatient								
6.1	Outpatient Psychotherapy	0914 0915 0916		Use appropriate CPTs		Use appropriate CPTs		
6.2	Electroconvulsive Therapy (ECT)	0900		90870		90870		
6.3	ECT Anesthesia			00104		00104		
6.4	Ambulatory Detoxification	0944 or 0945		H0014		H0014		
6.5	Methadone Maintenance	0944 or 0529		H0020		H0020		
6.6	Methadone Ambulatory Detoxification	0944		H0014 and H0020		H0014 and H0020		
6.7	Crisis Stabilization	0900 or 0914		S9485 or H0007		S9485 or H0007		
6.7b	Mobile Outreach Crisis Services	0900 or 0914		S9485 or H0007		S9485 or H0007		15
6.16	Home Health Therapy Services	0581		99341-99345 or 99347-99350		99347-99350 or 99510		
6.18	Emergency Room	0450 - 0459		99281 - 99285		99281 - 99285		
6.19	Nursing Home	N/A		Applicable CPT codes		Applicable CPT codes		
Ancillary Services								
8.5	Ambulance Services	054X		A0999		A0999		