

MAGELLAN UNIVERSAL SERVICES LIST - Florida Medicaid Area 2 and 4 PMHP

LEVEL OF CARE Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
1. HOSPITALIZATION					
1.1 Hospitalization, Psychiatric. Includes care delivered in Psychiatric unit of general hospital, Free-standing psychiatric hospital, and State hospital/Institutions. A psychiatric inpatient service that provides assessment, medical management and monitoring, and short-term intensive treatment and stabilization to individuals experiencing acute episodes of mental illness.	Revenue code ICD-9 CM code Date of birth	0114 Psychiatric R&B 0124 Private 0134 Semi-Private 0144 Deluxe 0154 Ward 0204 Intensive Care Psych	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B)	Applicable CPT Codes for Contracts Exclusive of Professional Services	
1.2 Hospitalization, Eating Disorder. Acute behavioral, psychiatric and medical services provided in a discreet unit to individuals experiencing an eating disorder. Services include medical management/monitoring, evaluation, psychopharmacology, structured meals, individual, group and nutritional therapies. Enteral feeding is also available to individuals experiencing medical imbalance, significant weight loss or the need for gradual re-introduction to food.	Revenue code ICD-9 CM code Date of birth	0114 Psychiatric R&B 0124 Private 0134 Semi-Private 0144 Deluxe 0154 Ward 0204 Intensive Care Psych	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B)	Applicable CPT Codes for Contracts Exclusive of Professional Services	
1.3 23 Hour Observation Bed, Psychiatric (applicable for CSU's only). Facility based crisis stabilization that provides a medically safe environment for a period of up to 23 hrs, available to individuals experiencing a crisis or acute Psychiatric emergency conditions.	Revenue code HCPCS H0035 ICD-9 CM code Date of birth	0762 Observation Room	13X Hospital - Outpatient		
1.4 23 Hour Observation Bed, Substance Abuse (applicable for CSU's only). Facility based crisis stabilization that provides a medically safe environment for a period of up to 23 hrs, available to individuals experiencing a crisis or acute substance abuse emergency conditions. Ind	Revenue code HCPCS H0035 ICD-9 CM code Date of birth	0762 Observation Room	13X Hospital - Outpatient		
1.5 Hospitalization, Crisis Stabilization Unit (CSU). Crisis Stabilization Units (CSUs) provide brief psychiatric intervention, primarily for low-income individuals with acute psychiatric conditions. Inpatient stays average 3 to 14 days, resulting in return to the patient's own home or placement in a long-term mental health facility or other living arrangements.	Revenue code HCPCS code ICD-9 CM code Date of birth Type of bill code	0114 Psychiatric R&B 0124 Private 0134 Semi-Private 0144 Deluxe 0154 Ward 0204 Intensive Care Psych	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B)	S9485 Crisis intervention, mental health, per diem	

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2. SUPERVISED LIVING					
2.1 Out-of-Home Respite Care. This is a community-based service that is for short-term environmental/symptom stabilization related to mental health symptoms. Such services are intended to be used for one to three continuous 24-hour periods, not to exceed 72 hours. Services are provided by professional or paraprofessional staff in a safe environment and can be planned or in response to an urgent need for environmental intervention.	Revenue code HCPCS ICD-9 CM code Date of birth	0660 Respite Care	23X Skilled nursing - Outpatient 86X Special Facility - Residential Facility	H0045 Respite care services, not in the home, per diem	

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3. INTENSIVE OUTPATIENT					
3.1 Intensive Outpatient Treatment, Psychiatric. A concentrated, non-residential program of education, medication management, individual, group, and family therapy and activities for individuals experiencing a psychiatric disorder.	Revenue code HCPCS S9480 ICD-9 CM code Date of birth	0905 Intensive Outpatient - Psychiatric	13X Hospital - Outpatient 76X Clinic - CMHC	S9480 Intensive Outpatient Psychiatric <i>Private Payer Code not valid for Medicare</i>	
3.2 Intensive Outpatient, Eating Disorder. Serves individuals with eating disorders who function well during the day but may need structure and support during evening hours. The program services include participation in nutrition and therapy sessions, weekly needs assessment, and education.	Revenue code HCPCS S9480 ICD-9 CM code Date of birth	0905 Intensive Outpatient - Psychiatric	13X Hospital - Outpatient 76X Clinic - CMHC	S9480 Intensive Outpatient Psychiatric <i>Private Payer Code not valid for Medicare</i>	
4. OUTPATIENT					
4.1 Outpatient Psychotherapy. Therapy services typically provided in an outpatient office setting. Services may include but are not limited to initial diagnostic interview, individual and group psychotherapy and pharmacological management.	CPT code ICD-9 CM code Date of birth	0914 Individual Therapy 0915 Group Therapy 0916 Family Therapy		Applicable CPT Codes for Professional Services Organizational providers must submit a license level HIPAA modifier for the rendering provider.	11 Office 22 Outpatient Hospital
4.2 Therapeutic behavioral On-Site Services. TBOS are community services and natural supports for children with SED. Services include teaching problem-solving skills, behavioral strategies and normalization activities.	HCPCS code ICD-9 CM Code Date of birth			Therapeutic behavioral on-site svcs, therapy: H2019 HO (masters degree level) Therapeutic behavioral on-site svcs, therapeutic support: H2019 HN (bachelors degree level) Therapeutic behavioral on-site svcs, behavior mgmt: H2019 HM (less than bachelors degree level)	

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5. COMMUNITY SUPPORT					
5.1 Self Help/Peer Services. These services include a range of supports, services, and advocacy by peers (psychiatric consumers) to other peers. These services include but are not limited to: self-help, support groups, telephone support lines, drop-in centers, housing supports, outreach, education, and advocacy.	HCPCS ICD-9 CM code Date of birth			H0038 Self-help/peer services, per 15 minutes	
5.2 Targeted Case Management. This service is provided to children with serious emotional disturbances (SEDs) and adults with severe and persistent (SPMI) mental illness and incorporate the principles of a strengths-based approach that stresses building on the strengths of individuals that can be used to resolve current problems and issues.	HCPCS ICD-9 CM code Date of birth			Adults: T1017 Targeted Case Management, each 15 minutes Children & Adol: T1017 Targeted Case Management, each 15 minutes & HA modifier	
5.3 Intensive Case Management, team services. This service is intended to provide case management to highly recidivistic adults with SPMI to help them remain in the community and avoid institutional care.	HCPCS Modifier ICD-9 CM code Date of birth			T1017 Targeted Case Management, each 15 minutes & HK modifier	
5.4 Psychosocial Rehabilitation Services. These services assist enrollees in functioning within the limits of a disability resulting from a mental illness. Services include a range of social, educational, vocational, behavioral and cognitive interventions. They may include skills training and assistance in finding housing or employment.	HCPCS ICD-9 CM code Date of birth			H2017 Psychosocial Rehabilitation Services, per 15 minutes	
5.5 Clubhouse. These are structured, community-based services provided in a group rehabilitation setting. They include social, educational and behavioral rehabilitation services utilizing behavioral, cognitive or supportive interventions to improve an enrollee's potential for establishing and maintaining social relationships and obtaining occupational or educational achievements.	HCPCS ICD-9 CM code Date of birth			H2030 Mental Health Clubhouse Services, per 15 minutes	
5.6 Respite Care - In Home. This is a home-based service that is for short-term environmental/symptom stabilization related to mental health symptoms. Such services are intended to be used for one to three continuous 24-hour periods, not to exceed 72 hours. Services are provided by professional or paraprofessional staff in a safe environment and can be planned or in response to an urgent need for environmental intervention.	HCPCS ICD-9 CM code Date of birth	0660 - Respite Care		S9125 In home respite care, per diem	12 Home

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