

| CPT or HCPCS Code (Modifier when indicated) | Description - Where applicable, the most current edition of Current Procedural Terminology published by the AMA shall be controlling as to description of a code. | Case Rate Eligible for Case Rate Clients | Fee for Service Eligible for Case Rate Clients | Fee for Service Eligible for Other than Case Rate Clients | Grant Eligible Service or for Reporting Purposes Only | Use Agency ID or Rendering Provider ID | Service requires Pre-authorization by In-Network Provider |
|--|---|--|--|---|---|--|---|
| Labs, Injections, Etc. | | | | | | | |
| 00104 AA | Anesthesia for ECT MD Services | No | Yes | Yes | No | R | No |
| 00104 QZ | Anesthesia for ECT CRNA Services | No | Yes | Yes | No | R | No |
| 36415 | Routine venipuncture-finger, heel, ear, stick for specimen | No | Yes | Yes | No | R | No |
| 7xxxx | Radiology Tests - see Radiology Schedule | No | Yes | Yes | No | A | No |
| 8xxxx | Lab tests - see Lab Schedule | No | Yes | Yes | No | A | No |
| 90772 | Therapeutic or Diagnostic Injection - IM or SC | No | Yes | Yes | No | R | No |
| 90773 | Therapeutic Injection - IA | No | Yes | Yes | No | R | No |
| 90774 | Therapeutic Injection - IV | No | Yes | Yes | No | R | No |
| 93000 | EKG | No | Yes | Yes | No | R | No |
| Psychiatry - Psychiatric Diagnostic or Evaluation Interview Services | | | | | | | |
| 90801 | Psychiatric diagnostic interview examination | Yes | No | Yes | No | R | IP only |
| 90801 HO | Psychiatric diagnostic interview examination (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90801 GT | Psychiatric diagnostic interview examination - Telemedicine | Yes | No | Yes | No | R | No |
| 90802 | Interactive psychiatric diagnostic interview examination | Yes | No | Yes | No | R | IP only |
| 90802 HO | Interactive psychiatric diagnostic interview examination (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| Psychiatry - Psychiatric Therapeutic Services | | | | | | | |
| OFFICE OR OTHER OUTPATIENT FACILITY: | | | | | | | |
| Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy: | | | | | | | |
| 90804 | Individual therapy 20-30 min | Yes | No | Yes | No | R | No |
| 90804 HO | Individual therapy 20-30 min (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90805 | Individual therapy w/med mgmt and med eval 20-30 min | Yes | No | Yes | No | R | No |
| 90806 | Individual therapy 45-50 min | Yes | No | Yes | No | R | No |
| 90806 HO | Individual therapy 45-50 min (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90807 | Individual therapy w/med mgmt and med eval 45-50 min | Yes | No | Yes | No | R | No |
| 90808 | Individual therapy 75-80 min | Yes | No | Yes | No | R | No |
| 90808 HO | Individual therapy 75-80 min (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90809 | Individual therapy w/med mgmt and med eval 75-80 min | Yes | No | Yes | No | R | No |
| Office or Other Outpatient Facility Interactive Psychotherapy: | | | | | | | |
| 90810 | Interactive individual therapy 20-30 min | Yes | No | Yes | No | R | No |
| 90810 HO | Interactive individual therapy 20-30 min (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90811 | Interactive individual therapy w/med mgmt and med eval 20-30 min | Yes | No | Yes | No | R | No |
| 90812 | Interactive individual therapy 45-50 min | Yes | No | Yes | No | R | No |
| 90812 HO | Interactive individual therapy 45-50 min (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90813 | Interactive individual therapy w/med mgmt and med eval 45-50 min | Yes | No | Yes | No | R | No |
| 90814 | Interactive individual therapy 75-80 min | Yes | No | Yes | No | R | No |
| 90814 HO | Interactive individual therapy 75-80 min (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90815 | Interactive Individual therapy w/med mgmt and med eval 75-80 min | Yes | No | Yes | No | R | No |
| Inpatient Hospital, Residential Care, or Nursing Home Facility Insight Oriented Psychotherapy (PRE-AUTHORIZATION REQUIRED): | | | | | | | |
| 90816 | Individual psychotherapy 20-30 min | No | Yes | Yes | No | R | Yes |
| 90817 | Individual psychotherapy w/med mgmt and med eval 20-30 min | No | Yes | Yes | No | R | Yes |
| 90818 | Individual psychotherapy 45-50 min | No | Yes | Yes | No | R | Yes |
| 90819 | Individual psychotherapy w/med mgmt and med eval (45-50 min.) | No | Yes | Yes | No | R | Yes |
| 90821 | Individual psychotherapy 75-80 min | No | Yes | Yes | No | R | Yes |
| 90822 | Individual psychotherapy w/med mgmt and med eval (75-80 min.) | No | Yes | Yes | No | R | Yes |
| Inpatient Hospital, Residential Care, or Nursing Home Facility Interactive Oriented Psychotherapy (PRE-AUTHORIZATION REQUIRED): | | | | | | | |
| 90823 | Individual psychotherapy 20-30 min | No | Yes | Yes | No | R | Yes |
| 90824 | Individual Psychotherapy w/med mgmt and med eval (20-30 min.) | No | Yes | Yes | No | R | Yes |
| 90826 | Individual Psychotherapy (45-50 min.) | No | Yes | Yes | No | R | Yes |
| 90827 | Individual Psychotherapy w/med mgmt and med eval (45-50 min.) | No | Yes | Yes | No | R | Yes |
| 90828 | Individual Psychotherapy (75-80 min.) | No | Yes | Yes | No | R | Yes |
| 90829 | Individual Psychotherapy w/med mgmt and med eval (75-80 min.) | No | Yes | Yes | No | R | Yes |

| OTHER PSYCHOTHERAPY | | | | | | | |
|---|---|-----|-----|-----|-----|---|--------------|
| 90845 | Medical psychoanalysis | Yes | No | No | No | R | No |
| 90846 | Family Medical Psychotherapy (w/o the patient present) | Yes | No | Yes | No | R | No |
| 90846 HO | Family Medical Psychotherapy (w/o the patient present) (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90847 | Co-joint Family Therapy | Yes | No | Yes | No | R | No |
| 90847 HO | Co-joining Family Therapy (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90849 | Multiple Family Group Therapy | Yes | No | Yes | No | R | No |
| 90849 HO | Multiple Family Group Therapy (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90853 | Group Therapy | Yes | No | Yes | No | R | No |
| 90853 HO | Group Therapy (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| 90857 | Interactive Group Therapy | Yes | No | Yes | No | R | No |
| 90857 HO | Interactive Group Therapy (SSOC CMHA Only) | Yes | No | Yes | No | A | No |
| OTHER PSYCHIATRIC SERVICES OR PROCEDURES | | | | | | | |
| M0064 | Pharmacologic Management-Brief (MD & CNP Only) - Face-to-Face | Yes | No | Yes | No | R | No |
| M0064-GT | Pharmacologic Management-Brief (MD & CNP Only) - Telemedicine | Yes | No | Yes | No | R | No |
| 90862 | Pharmacologic Management-Expanded (MD & CNP Only) - Face-to-Face | Yes | No | Yes | No | R | No |
| 90862-GT | Pharmacologic Management-Expanded (MD & CNP Only) - Telemedicine | Yes | No | Yes | No | R | No |
| 90865 | Narcosynthesis | Yes | No | No | No | R | No |
| 90870 | ECT - with monitoring | No | Yes | Yes | No | R | Yes |
| 90875 | Individual psychophysiological therapy w/biofeedback and psychotherapy (20-30 min.) | No | Yes | Yes | No | R | No |
| 90876 | Individual psychophysiological therapy w/biofeedback and psychotherapy (45-50 min.) | No | Yes | Yes | No | R | No |
| 90880 | Medical Hypnotherapy | Yes | No | No | No | R | No |
| 90882 | Environmental Intervention for Medical Management Purposes-Vanderbilt Only | No | No | No | Yes | R | No |
| 90885 | Psychiatric evaluation of records, reports & tests for medical diagnostic purposes | No | Yes | Yes | No | R | Yes |
| 90887 | Interpretation or explanation of results of exams, procedures or data to significant others | No | Yes | Yes | No | R | Yes |
| 90889 | Preparation of report of patient's psychiatric status, history, treatment, or progress | No | Yes | Yes | No | R | Yes |
| 90899 | Psychosexual Testing (where authorized) | No | Yes | Yes | No | R | Yes |
| Central Nervous System Assessments/Tests | | | | | | | |
| 96101 | Psychological testing administered by psychologist/physician | No | Yes | Yes | No | R | >4 1hr units |
| 96102 | Psychological testing administered by technician | No | Yes | Yes | No | R | >4 1hr units |
| 96103 | Psychological testing administered by computer | No | Yes | Yes | No | R | >4 1hr units |
| 96105 | Aphasia Exam | Yes | No | No | No | R | >4 1hr units |
| 96110 | Developmental Testing, Limited | No | Yes | Yes | No | R | >4 1hr units |
| 96111 | Developmental Testing, Extended | No | Yes | Yes | No | R | >4 1hr units |
| 96116 | Neurobehavioral Status Exam | No | Yes | Yes | No | R | >4 1hr units |
| 96118 | Neuropsychological testing administered by psychologist/physician | No | Yes | Yes | No | R | >4 1hr units |
| 96119 | Neuropsychological testing administered by technician | No | Yes | Yes | No | R | >4 1hr units |
| 96120 | Neuropsychological testing administered by computer | No | Yes | Yes | No | R | >4 1hr units |
| Office or Other Out-Patient Services (PRE-AUTHORIZATION REQUIRED): | | | | | | | |
| H0032 | Mental health service plan development by nonphysician (Behavioral Specialist) | No | Yes | Yes | No | R | Yes |
| H0032 U1 | Mental health service plan development by nonphysician (Behavioral Analyst) | No | Yes | Yes | No | R | Yes |
| Office or Other Out-Patient Services | | | | | | | |
| H0001 | A & D Assessment | No | Yes | Yes | No | A | No |
| T2010 | Initial Mobile Assessment | No | Yes | Yes | No | A | No |
| T2011 | Concurrent Mobile Assessment | No | Yes | Yes | No | A | No |
| H0034 | Medication Training and Support, per diem | Yes | No | Yes | No | A | No |
| Hospital Inpatient Services | | | | | | | |
| 99221 | Initial IP: Comprehensive: Low Complexity | No | Yes | Yes | No | R | No |
| 99222 | Initial IP: Comprehensive: Moderate Complexity | No | Yes | Yes | No | R | No |
| 99223 | Initial IP: Comprehensive: High Complexity | No | Yes | Yes | No | R | No |
| 99231 | Follow-Up IP: Focused: Low Complexity | No | Yes | Yes | No | R | No |
| 99232 | Follow-Up IP: Expanded: Moderate Complexity | No | Yes | Yes | No | R | No |
| 99233 | Follow-Up IP: Detailed: High Complexity | No | Yes | Yes | No | R | No |
| 99234 | Observation/IP: Comprehensive: Low Complexity | No | Yes | Yes | No | R | No |
| 99235 | Observation/IP: Comprehensive: Moderate Complexity | No | Yes | Yes | No | R | No |
| 99236 | Observation/IP: Comprehensive: High Complexity | No | Yes | Yes | No | R | No |
| 99238 | Hospital Discharge Management - 30 minutes or less | No | Yes | Yes | No | R | No |
| 99239 | Hospital Discharge Management - more than 30 minutes | No | Yes | Yes | No | R | No |

| Consultations | | | | | | | |
|-------------------------------------|--|-----|-----|-----|-----|---|--------------------|
| 99241 | OP Consult: Focused: Straightforward - Face-to-Face | Yes | No | Yes | No | R | No |
| 99241-GT | OP Consult: Focused: Straightforward - Telemedicine | Yes | No | Yes | No | R | No |
| 99242 | OP Consult: Expanded: Straightforward - Face-to-Face | Yes | No | Yes | No | R | No |
| 99242-GT | OP Consult: Expanded: Straightforward - Telemedicine | Yes | No | Yes | No | R | No |
| 99243 | OP Consult: Detailed: Low Complexity - Face-to-Face | Yes | No | Yes | No | R | No |
| 99243-GT | OP Consult: Detailed: Low Complexity - Telemedicine | Yes | No | Yes | No | R | No |
| 99244 | OP Consult: Comprehensive: Moderate Complexity - Face-to-Face | Yes | No | Yes | No | R | No |
| 99244-GT | OP Consult: Comprehensive: Moderate Complexity - Telemedicine | Yes | No | Yes | No | R | No |
| 99245 | OP Consult: Comprehensive: High Complexity - Face-to-Face | Yes | No | Yes | No | R | No |
| 99245-GT | OP Consult: Comprehensive: High Complexity - Telemedicine | Yes | No | Yes | No | R | No |
| 99251 | IP Consult: Initial: Focused, Straightforward | No | Yes | Yes | No | R | No |
| 99252 | IP Consult: Initial: Expanded, Straightforward | No | Yes | Yes | No | R | No |
| 99253 | IP Consult: Initial: Detailed, Low Complexity | No | Yes | Yes | No | R | No |
| 99254 | IP Consult: Initial: Comprehensive, Moderate Complexity | No | Yes | Yes | No | R | No |
| 99255 | IP Consult: Initial: Comprehensive, High Complexity | No | Yes | Yes | No | R | No |
| Emergency Room Services | | | | | | | |
| 99281 | Emergency Room Visit: Focused, Straightforward | No | Yes | Yes | No | R | No |
| 99282 | Emergency Room Visit: Expanded, Low Complexity | No | Yes | Yes | No | R | No |
| 99283 | Emergency Room Visit: Expanded, Moderate Complexity | No | Yes | Yes | No | R | No |
| 99284 | Emergency Room Visit: Detailed, Moderate Complexity | No | Yes | Yes | No | R | No |
| 99285 | Emergency Room Visit: Comprehensive, High Complexity | No | Yes | Yes | No | R | No |
| Case Management Services | | | | | | | |
| T1016 | Mental Health Case Management, per unit | Yes | No | No | No | A | Non priority adult |
| T1017 | Mental Health Case Management, per unit (provided in the HOSPITAL) | Yes | No | No | No | A | Non priority adult |
| H0004 | Behavioral Health Counseling and Therapy, per diem - Vanderbilt Only | No | No | No | Yes | A | No |
| Day Program Services | | | | | | | |
| H2012 | Behavioral Health Day Treatment, per diem | Yes | No | No | No | A | No |
| Mobile Crisis Services | | | | | | | |
| S9485 | Crisis Intervention Mental Health, per diem | No | No | No | Yes | A | No |
| H0045 | Crisis Respite | No | No | No | Yes | A | Yes |
| Therapeutic Nursery Services | | | | | | | |
| H2020 | Therapeutic Behavioral Services, per diem | Yes | No | No | No | A | No |
| Housing Services | | | | | | | |
| H0046 | Housing Specialist Services, per diem | No | No | No | Yes | A | Yes |
| Psychosocial Rehab Services | | | | | | | |
| H0032-HE | Mental health service plan development by non-physician, per diem | Yes | No | No | No | A | No |
| H0037 | Community psychiatric supportive tx program, per diem | No | No | No | Yes | A | No |
| H0038-HE | Self-help/peer services, per diem | Yes | No | No | No | A | No |
| H2017-HE | Psychosocial rehabilitation services, per unit | Yes | No | No | No | A | No |
| H2023-HE | Supportive Employment - per diem | Yes | No | No | No | A | No |
| H2024 | Supportive Employment, per diem | No | No | No | Yes | A | No |
| H2027-HE | Psycho-educational service, per diem | Yes | No | No | No | A | No |
| CRG/TPG Services | | | | | | | |
| H0031 | Mental health assessment by non-physician | No | Yes | Yes | No | A | No |
| Transportation Services | | | | | | | |
| A0140 | Transp - Ambulance non-emergency | No | Yes | Yes | No | A | Yes |
| A0090 | Transp - Conventional non-emergency | No | Yes | Yes | No | A | Yes |
| A0110 | Transp - Bus non-emergency | No | Yes | Yes | No | A | Yes |
| A0130 | Transp - Wheel-chair van non-emergency | No | Yes | Yes | No | A | Yes |
| A0170 | Transp - Parking & wait time non-emergency | No | Yes | Yes | No | A | Yes |
| | | | | | | | |
| | Disclaimer: The presence of any particular revenue and/or procedure code on the Universal Services List (USL) for Magellan's Tennessee Care Management Center does not imply the existence of any contract for the provision of that service. All of Magellan's provider agreements delineate the specific services being contracted for, to the exclusion of those services not delineated. Periodic revisions to the USL do not constitute an expansion of the services Magellan has contracted for in the absence of a written, specifically enabling Provider Agreement Amendment. | | | | | | |