

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
1. HOSPITALIZATION - Hospitalization is the highest level of skilled psychiatric or substance abuse services provided in a facility. Services at this level are licensed at the hospital level and provide 24-Hour medical and nursing care.					
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)		
1.2 Hospitalization, Substance-Related Disorders. Includes: Treatment unit of a general hospital, Free-standing substance abuse facility, Free-Standing psychiatric hospital. Service is offered to individuals with a substance -related disorder whose biomedical and emotional/behavioral problems are sufficiently severe to require inpatient care. Such a service offers a planned regimen of 24-hour medical management, observation, monitoring, and therapy. Treatment is specific to the substance abuse related disorder, but support services also accommodate detoxification. Staff includes addiction treatment personnel or addiction-credentialed physicians.	Revenue code ICD-9 CM code Date of birth	0118 Rehabilitation 0128 R&B Private 0138 Semi-Private 0148 Deluxe 0158 Ward	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B)		
1.3 Hospitalization, Alcohol/Drug Detoxification. Includes Medical unit of a general hospital, Free-standing substance abuse facility, Free-standing psychiatric hospital. Acute Detoxification is an organized service that involves a planned regimen of 24-hour, medically directed/monitored, evaluation, care, and treatment of substance-related disorder in an acute-care inpatient setting. Service is offered to individuals whose acute biomedical, emotional, or behavioral problems are severe enough to require primary medical and nursing services.	Revenue code HCPCS ICD-9 CM code Date of birth	0116 Detoxification R&B 0126 Private 0136 Semi-Private 0146 Deluxe 0156 Ward 0204 Intensive Care Psych	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B)		
1.4 23 Hour Observation Bed, Psychiatric. 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. Individuals are monitored, assessed, and evaluated to ensure appropriate care and disposition within the 23-hour period.	Revenue code HCPCS H0035 ICD-9 CM code Date of birth	0762 Observation Room	13X Hospital - Outpatient		
1.5 23 Hour Observation Bed, Substance Abuse. 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. Individuals are monitored, assessed, and evaluated to ensure appropriate care and disposition within the 23-hour period.	Revenue code HCPCS H0035 ICD-9 CM code Date of birth	0762 Observation Room	13X Hospital - Outpatient		

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
2. RESIDENTIAL TREATMENT -Residential Treatment is a non-hospital 24-hour level of care typically licensed at a residential intermediate level or an intermediate care facility (ICF). This level of care offers an organized set of services, including diagnostic, medical management and monitoring, and therapeutic services, as well as daily living skill development; require direct nursing supervision; provide an individually planned regimen of care.					
2.1 Residential Treatment, Psychiatric. A type of facility that offers 24-hour residential care as well as treatment and rehabilitation. This residential level of care primary focus is on short-term stabilization or rehabilitation.	Revenue code HCPCS ICD-9 CM code Date of birth Type of bill code	1001 Residential Treatment Psychiatric	86X Special Facility - Residential Facility	H0018 Bhvrl hlth; short-term residential w/out room & board, per diem	56 Psychiatric Residential Treatment Facility
2.2 Residential Treatment, Substance Abuse Related Disorders. A type of facility that offers 24-hour residential care as well as treatment and rehabilitation. This residential level of care primary focus is on short-term stabilization or rehabilitation. Residential Treatment Centers are high-intensity residential programs designed to address significant substance abuse problems and provide a highly structured recovery environment. Professional and clinical services are designed to support and promote recovery. These services require greater staff training and nursing supervision and are thus able to address the needs of individuals with severe medical or emotional/behavioral problems.	Revenue code HCPCS ICD-9 CM code Date of birth Type of bill code	1002 Residential Treatment - Chemical Dependency	86X Special Facility - Residential Facility	H0017 Bhrl hlth; residential, w/out room & board, per diem - hospital H0018 Bhvrl hlth; short-term residential w/out room & board, per diem - Non-hospital <i>Modifiers to be used to denote ASAM Residential levels:</i> Primary/Extended (III.3/III.5) - TF Medically Monitored Residential (III.7) - TG	55 Residential Substance Abuse Treatment Facility
2.3 Residential Treatment, Eating Disorder. Intensive residential treatment used as a step-down to inpatient care and/or an alternative to inpatient or outpatient care for individuals suffering from and eating disorder. Services include medical monitoring, nursing supervision, group and nutritional therapies, education, and structured meals.	Revenue code HCPCS ICD-9 CM code Date of birth Type of bill code	1001 Residential Treatment Psychiatric	86X Special Facility - Residential Facility	H0018 Bhvrl hlth; short-term residential w/out room & board, per diem	56 Psychiatric Residential Treatment Center
2.5 Hospital/Facility Based Sub-Acute Care, Psychiatric. Sub-acute care provides a planned regimen of 24-hour professionally directed evaluation, care, and treatment for individuals. Care is delivered by an interdisciplinary team to individuals whose sub-acute biomedical emotional/behavioral problems are sufficiently severe to require 24-hour care. However, the full resources of an acute care general hospital or medically managed inpatient treatment is not necessary. These programs are designed to be short-term, step-down programs with length of stay ranges from days to weeks. An example of sub-acute care is Psychiatric Sub-acute Care.	Revenue code HCPCS ICD-9 CM code Date of birth Type of bill code	019X # Days Subacute Care (to be used with Type of Bill Code 17X)		H0017 Bhrl hlth; residential, w/out room & board, per diem - hospital H0018 Bhvrl hlth; short-term residential w/out room & board, per diem - Non-hospital	56 Psychiatric Residential Treatment Center

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
<p>2.6 Hospital/Facility Based Sub-Acute Care, Substance Abuse Related Disorders - PMIC. Sub-acute care provides a planned regimen of 24-hour professionally directed evaluation, care, and treatment for individuals. Care is delivered by an interdisciplinary team to individuals whose sub-acute biomedical emotional/behavioral problems are sufficiently severe to require 24-hour care. However, the full resources of an acute care general hospital or medically managed inpatient treatment is not necessary. These programs are designed to be programs with length of stay ranges from days to weeks. Some examples of sub-acute care are Substance Abuse Subacute Detoxification and Substance Abuse Residential Rehabilitation.</p>	Revenue code HCPCS ICD-9 CM code Date of birth Type of bill code	<p>019X # Days Subacute Care (to be used with Type of Bill Code 17X)</p>		<p>T2048 - BH LT care Residential (PMIC)</p>	<p>55 Residential Substance Abuse Treatment Facility</p>
<p>3. SUPERVISED LIVING combines individual, group, and/or family outpatient treatment with assistance and supervision in managing daily activities and responsibilities. A residential service that provides a transitional environment for individuals who have completed a course of treatment, but who are not yet ready for independent living due to unresolved clinical issues, or unmet needs for personal, social, or vocational skills.</p>					
<p>3.1 Community Residential Crisis Beds. Crisis services provided in non-hospital, residential settings, which provides short-term, medically monitored, acute treatment for the purpose of intervening and stabilizing a Psychiatric or substance abuse emergency.</p>	Revenue code HCPCS ICD-9 CM code Date of birth	<p>1003 Supervised Living</p>	<p>86X Special Facility - Residential Facility</p>	<p>S9485 Crisis Intervention, mental health per diem <i>Private Payer Code not valid for Medicare</i></p>	
<p>3.3 Halfway / Quarterway House. A transitional residential care facility providing time-limited services to individuals after evaluation and/or treatment in a primary or intermediate care program. Individuals are expected to seek employment and move to a position of personal and economic self-sufficiency.</p>	Revenue code HCPCS ICD-9 CM code Date of birth	<p>1004 Halfway House</p>	<p>86X Special Facility - Residential Facility</p>	<p>H2034 Alcohol and/or Drug Abuse Halfway House Svcs, per diem</p>	
<p>3.6 Out-of-Home Respite Care. Overnight residential services used as a temporary substitute for primary care givers. Services are delivered for the purpose of providing a planned or unplanned break for an individual and his/her caregivers in order to reduce stress and prevent disruption of primary caregiving. Can include Crisis Respite that is a service intended to provide a safe environment and staff support for individuals who cannot stay in their homes during a crisis.</p>	Revenue code HCPCS ICD-9 CM code Date of birth	<p>0660 Respite Care</p>	<p>23X Skilled nursing - Outpatient 86X Special Facility - Residential Facility</p>	<p>H0045 Respite care services, not in the home, per diem</p>	
<p>4. PARTIAL HOSPITALIZATION -Essentially the same nature and intensity as inpatient hospitalization (including medical and nursing) except the individual is in the program for less than 24-hours (4-8 hours of programming per day, at least 3 days a week).</p>					
<p>4.1 Psychiatric Partial Hospitalization. Assists individuals who require structure for a portion of the day. These programs are designed to restore or maintain the functioning of individuals with serious mental and/or substance abuse disorders. Services may include; individual, group, and family therapy, medical and nursing support, medication management, skill development, and expressive and activities therapy.</p>	Revenue code ICD-9 CM code Date of birth	<p>0912 Partial Hospitalization - less intensive 0913 Partial Hospitalization - intensive</p>	<p>13X Hospital - Outpatient 86X Special Facility - Residential Facility</p>	<p>H0035 Mental health partial hospital, treatment, less than 24 hours</p>	

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
4.2 Substance Abuse Partial Hospitalization. Assists individuals who require structure for a portion of the day. These programs are designed to restore or maintain the functioning of individuals with serious mental and/or substance abuse disorders. Services may include; individual, group, and family therapy, medical and nursing support, medication management, skill development, and expressive and activities therapy.	Revenue code ICD-9 CM code Date of birth	0912 Partial Hospitalization - less intensive 0913 Partial Hospitalization - intensive	13X Hospital - Outpatient 86X Special Facility - Residential Facility	H0035 Mental health partial hospital, treatment, less than 24 hours Use modifier "TG" if housing is included.	
4.3 Eating Disorder Partial Hospitalization. Assists individuals who require structure for the majority of the day but who are able to contain there eating behavior at night. Services include: medical monitoring including nursing support needs assessment, structured meals, nutritional and group therapy and family education. Programs run in duration from 8- 12 hours per day and are available 7 days per week.	Revenue code ICD-9 CM code Date of birth	0912 Partial Hospitalization - less intensive 0913 Partial Hospitalization - intensive	13X Hospital - Outpatient 86X Special Facility - Residential Facility	H0035 Mental health partial hospital, treatment, less than 24 hours	
5. INTENSIVE OUTPATIENT TREATMENT -Planned, structured, service provision of at least 2 hours per day designed to address a mental or a substance-related disorder and could include group, individual, family or multi-family group psychotherapy, psycho-educational services, and adjunctive services such as medical monitoring. Intensive Outpatient services are more intensive that traditional outpatient services but less intensive than partial hospitalization and typically requires state licensure.					
5.1 Psychiatric Intensive Outpatient Treatment. 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>	
5.2 Substance Abuse Intensive Outpatient Treatment. A concentrated, non-residential program of individual and group therapy, education, and activities for detoxified individuals and their families.	Revenue code HCPCS H0015 ICD-9 CM code Date of birth	0906 Intensive Outpatient - Chemical Dependency	13X Hospital - Outpatient 76X Clinic - CMHC	H0015 Intensive Outpatient, alcohol/drug services. Note: Use modifier "TG" if housing is included.	
5.3 Eating Disorder Intensive Outpatient. 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	
5.4 Day Treatment. (Also known as Psychosocial Rehab) A full range of services provided to individuals in all-day, after school, evening, weekend, and summer programs, in a variety of settings including schools, psychiatric centers, hospitals, or freestanding programs. Also referred to as Neighborhood Based Services, Summer/Day Camp, and Therapeutic Nursery Programs.	Revenue code HCPCS ICD-9 CM code Date of birth	0907 Cmnty Behavioral Health Program (Day Treatment)	13X Hospital - Outpatient 76X Clinic - CMHC	H2012 Behavioral Health Day Treatment, per hour Note: Use modifier "TG" if contracted for monthly children's rate	3 School
6. OUTPATIENT-Outpatient Treatment typically includes individual, group, and/or family psychotherapy, and consultative services (including nursing home consultation). These services are directly affiliated with more and less intensive levels of care. These services are organized non-residential services delivered in a wide variety of settings such as office practices, behavioral health clinics, primary care facilities, schools, home-settings, etc. Licensure at this level of care varies from individual outpatient licensure to program outpatient licensure.					

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
6.1 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	11 Office 22 Outpatient Hospital
6.2 Electroconvulsive Therapy (ECT). A medical treatment for severe mental illness in which a small, carefully controlled amount of electricity is introduced to the brain. ECT is indicated when an individual needs rapid improvement of their current mental state. This electrical stimulation is used in conjunction with anesthesia and muscle relaxant medications. Currently, ECT is offered on both an inpatient and outpatient basis.	Revenue code CPT code ICD-9 CM code Date of birth Type of bill code	0901 Electroshock treatment	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B) 13X Hospital - Outpatient	CPT/HCPCS if ECT Agreement is Exclusive of Professional Services 90870 ECT	21 Inpatient Hospital 22 Outpatient Hospital 51 Inpatient Psychiatric Facility 52 Psychiatric Facility - Partial Hospitalization
6.3 Ambulatory Detoxification. An organized outpatient service designed to systematically reduce physical dependence on alcohol and/or drugs. This program is designed for individuals who have no medically predisposed condition, which may lead to a complicated detoxification. Ambulatory detoxification may be delivered in an office setting, health care, or addiction treatment facility.	Revenue code CPT/HCPCS ICD-9 CM code Date of birth	0944 Drug rehabilitation 0945 Alcohol rehabilitation	013X Hospital - Outpatient 073X Clinic - Free Standing	H0014 Ambulatory detoxification Modifier HG - Opiod Addiction Treatment	11 Office 22 Outpatient Hospital 55 Residential SA Treatment Facility * 57 Non-Residential SA Facility
6.4 Mobile Crisis. Emergency services available 24 hours a day to provide on-site intervention in the settings and location that the crisis is occurring. Services include: assessment, crisis intervention, stabilization, and referral to appropriate level of care.	Revenue code HCPCS ICD-9 CM code Date of birth Place of service code	0900 General psychiatric services		S9485 Crisis Intervention, mental health per diem H0007 Alcohol and/or drug services; crisis intervention (outpatient) Use Modifier " TD " is Emergency Nurse Assessment	15 Mobile Unit
6.5 Early Periodic Screening, Diagnosis code, and Treatment (EPSDT). The coordination and delivery of services to children and their families that is individually tailored to each case with the goal of keeping the family together in the community and being included in normalized setting. A definable planning process that results in a unique set of community services and supports that are individualized for a child and family. EPSDT services are a covered benefit under the federal Medicaid law and are ONLY available to children and their families who are Medicaid Recipients. This service also referred to as Behavioral Health Rehabilitation Services (BHRS). Services include but are not limited to:	HCPCS S0302 and CPT ICD-9 CM code Date of birth Place of service code	0900 General psychiatric services			

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
6.6 Mobile Therapy. Support services provided in an outpatient community setting by a team designed for mobility and quick response. Services included but are not limited to, outreach, assessment, counseling, and referral.	CPT ICD-9 CM code Date of birth Place of service code	0900 General psychiatric services		99510 - Home visit for individual, family or marriage counseling Use modifiers as follows: "TG" if service used for 7 day "U1" if service is initial visit	15 Mobile Unit
6.7 Webcam Clinical Service Coordination - A CSC nurse provides coordination activities to the member and family (if applicable) related to the services of a psychiatrist via the webcam. This includes coordination of prescription for medication, follow up and coordination with providers in the community.	CPT/HCPCS ICD-9 CM code Date of birth	0900 General psychiatric services		Q3014 Telehealth originating site facility fee and appropriate CPT code(s)	
6.8 Home Health Nursing. A home health visit, performed by a licensed nurse, that includes a mental status exam, medication administration and education, as indicated.	Revenue & Type of bill code or CPT/HCPCS & Place of service ICD-9 CM code	058X - Home Health - Other Visits	33X Home Health Outpatient	S9123 Nursing care in the home per hour Use modifiers for the following: None if a non-Psychiatric Nurse "TF" for Psychiatric Nursing Service "TG" for visit for post inpatient follow-up visit U1 for initial visit (not to be utilized if using another modifier listed above)	12 Home
6.9 Emergency Room. A facility for the treatment of patients with emergent conditions. The emergency department must be attached to a hospital and operate on a 24/7 basis.	CPT Revenue code ICD-9 CM code Date of birth Type of bill code	0450 General 0451 EMTALA emergency medical screening services 0452 ER beyond EMTALA screening 0456 Urgent care 0459 Other ER	11X Hospital - Inpatient (including Medicare Part A) 12X Hospital - Inpatient (including Medicare Part B) 13X Hospital - Outpatient	99281 - 99285 Emergency department evaluation and management services that may be applicable to behavioral health.	
7. COMMUNITY SUPPORT -These services designed to be delivered in the setting where the individual is residing, working, or learning.					
7.1 Supportive Wrap Around Behavioral Health Services. Non-traditional supportive activities/or material goods authorized to support the implementation of a mental health treatment plan. These services/supports assist in ensuring the success of a community-based treatment plan to stabilize or enhance functioning. Examples include: 1) A supportive adult to provide companionship/mentoring to a child, 2) Transportation to critical appointments, 3) Medication organizers to assist in the implementation of a treatment plan.	CPT/HCPCS ICD-9 CM code Date of birth			H2022 Cmnty-Based Wrap Around Services, per diem. Modifier "HH" to be used if service authorized by Magellan via a joint treatment planning session. No modifier needed for TCM Integrated Supports.	
7.2 Case Management – A series of actions taken by a team or single psychiatric case manager to support clinical services. Psychiatric case manager’s assist in ensuring continuity of care, access and coordination of services to the individual and/or family.	HCPCS ICD-9 CM code Date of birth			T2022 - Case Management	

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
<p>7.3 Community Support Services / Enhanced Client Supervision. A therapeutic contact that provides one-to-one support for a specified period of time in order to assist in resolving targeted behaviors. This service is designed to maintain an individual in the community and to provide individualized one-to-one behavioral assistance and immediate intervention.</p>	<p>Revenue code CPT/HCPCS ICD-9 CM code Date of birth</p>			<p>H0037 Community psychiatric supportive treatment, per diem Modifiers to be used to denote intensity of support: Intensive - "TG" High Intensity - "TF" Low Intensity - n/a</p>	
<p>7.4 Intensive Psychiatric Rehabilitation (IPR) . A series of structured, goal-focused therapeutic activities delivered by a trained intensive psychiatric rehabilitation practitioner which includes skill and task development, support, and intervention strategies designed to teach the skills needed to support role recovery for persons with chronic mental illness within their living, learning, social, and work environments. Specific stages of IPR may include Readiness Assessment, Readiness Development, Goal Setting, Goal Achievement and Goal Keeping. IPR is typically delivered by community agencies to small groups of participants.</p>	<p>CPT/HCPCS ICD-9 CM code Date of birth</p>			<p>H2017 Psychosocial Rehabilitation Services Modifiers U1 - U5 used to designate different services within IPR, as follows: U1 - Readiness Assessment, U2 - Readiness Development, U3 - Goal Setting, U4 - Goal Achievement, U5 - Goal Keeping</p>	
<p>7.5 In Home Respite Care. Services to temporarily substitute for primary care givers to maintain clients in outpatient setting. These services are non-residential and may be provided in individual's home or in the community.</p>	<p>Revenue code CPT/HCPCS ICD-9 CM code Date of birth</p>			<p>S9125 In home respite care, per diem</p>	<p>12 Home</p>
<p>7.6 Peer Support. 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, outreach, education, and advocacy.</p>	<p>Revenue code CPT/HCPCS ICD-9 CM code Date of birth</p>			<p>H0038 Self-help/peer services</p>	
<p>7.7 Clubhouse / Drop In Center. A community-based service designed to strengthen and/or regain individual's interpersonal skills, provide psychosocial therapy, and develop environmental supports. Staff and individuals work as team in order to set goals and perform task necessary in goal achievement.</p>	<p>Revenue code CPT/HCPCS ICD-9 CM code Date of birth</p>	<p>0907 - Cmnty Behavioral Health Program (Day Treatment)</p>		<p>H2031 Mental Health Clubhouse Services, per diem</p>	
<p>7.8a Program of Assertive Community Treatment (PACT) - An outreach-oriented service delivery model that uses a 24-hour, seven-day-a-week, team approach. Designed to deliver comprehensive community treatment, rehabilitation, and support services to individuals in their home, at work, and in the community setting. Services include; comprehensive assessment, the development of a community support plan, ongoing monitoring and support, medication management, skill development, crisis resolution, and accessing needed community resources and support.</p>	<p>Revenue code CPT/HCPCS ICD-9 CM code Date of birth</p>			<p>H0040 Assertive community treatment program, per diem</p>	

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
<p>7.8b Assertive Community Treatment (ACT) - An outreach-oriented service delivery model that uses a 24-hour, seven-day-a-week, team approach. Designed to deliver comprehensive community treatment, rehabilitation, and support services to individuals in their home, at work, and in the community setting. Services include; comprehensive assessment, the development of a community support plan, ongoing monitoring and support, medication management, skill development, crisis resolution, and accessing needed community resources and support.</p>	Revenue code CPT/HCPCS ICD-9 CM code Date of birth			H0040 Assertive community treatment program, per diem	
<p>7.9 Intensive Case Management (ICM) - An outreach-oriented service delivery model that uses a 24-hour, seven-day-a-week, team approach. Designed to deliver comprehensive community treatment, rehabilitation, and support services to individuals in their home, at work, and in the community setting. Services include; comprehensive assessment, the development of a community support plan, ongoing monitoring and support, medication management, skill development, crisis resolution, and accessing needed community resources and support.</p>	Revenue code CPT/HCPCS ICD-9 CM code Date of birth			T2023 - Targeted Case Management (for Impact B program and co-occurring disorder program)	12 Home
<p>7.10 Field Evaluation.</p>	Revenue code CPT/HCPCS ICD-9 CM code Date of birth			H0031 Mental health assessment by non-physician	
<p>7.11 Child & Adol Functioning Scale Assessment. Services designed to assess the current level of functioning for children with psychiatric/substance abuse problems. This assessment is completed through the use of a telephone interview questionnaire (CAFAS) that asks specific behavioral questions regarding the current status of the client.</p>	Revenue code CPT/HCPCS ICD-9 CM code Modifier Date of birth			H0002 Behavioral Health Screening Modifier HA - Child/Adol program	

MAGELLAN BEHAVIORAL CARE OF IOWA, INC. UNIVERSAL SERVICES LIST - Includes Recommended HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations at end of this document)	Codes Used to Determine Reimbursement	UB-04 Revenue Codes (4 digit codes for billing effective 4-1-02)	UB-04 Type of Bill Codes	UB-04 or CMS 1500 CPT/HCPCS Assigned by CMS	CMS 1500 Place of Service Codes
---	--	---	---------------------------------	--	--

Explanation of Column Headings-->	Column Heading
	Product Type
	Service Name & Detailed Magellan description
	Codes Used to Determine Reimbursement
	UB-04 Revenue Codes (4 digit codes for billing eff 4-1-02)
	UB-04 Type of Bill Codes
	UB-04or CMS 1500 CPT/HCPCS Assigned by CMS
	CMS 1500 Place of Service Codes