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	CPT/HCPCS Codes	HCPCS Modifier	CPT/ HCPCS Codes	HCPCS Modifier	Place of Service Code
	Hospitalization						
1.1	Hospitalization, Psychiatric	0114, 0124, 0134, 0144, 0154			N/A - Bill inpatient services on UB-04 form		
1.2	Hospitalization, Substance Use Disorders, Rehabilitation Treatment	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, Substance Use Disorders, Detoxification	0116, 0126, 0136, 0146, 0156			N/A - Bill inpatient services on UB-04 form		
1.5	Hospitalization, Eating Disorders	0114, 0124, 0134, 0144, 0154			N/A - Bill inpatient services on UB-04 form		
1.6	Hospitalization, 23 Hr Bed, Psychiatric	0762			N/A - Bill inpatient services on UB-04 form		
1.7	Hospitalization, 23 Hr Bed, Substance Use Disorders, Rehabilitation Treatment	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, Substance Use Disorders, Rehabilitation Treatment	1002	H0011		H0011		
2.3	Residential Treatment, Eating Disorders	1001	H0017 or H0018		H0017 or H0018		
	Partial Hospitalization						
3.1	Partial Hospitalization, Psychiatric	0912 or 0913	H0035		H0035		
3.2	Partial Hospitalization, Substance Use Disorders, Rehabilitation Treatment	0912 or 0913	H0035		H0035		
3.3	Partial Hospitalization, Eating Disorders	0912 or 0913	H0035		H0035		
	Intensive Outpatient Treatment						
4.1	Intensive Outpatient, Psychiatric	0905	S9480		S9480		
4.2	Intensive Outpatient, Substance Use Disorders, Rehabilitation Treatment	0906	H0015		H0015		
4.3	Intensive Outpatient, Eating Disorders	0905	S9480		S9480		

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	Facility/Program Universal Services List	Preferred Codes for UB-04 Billing				Preferred Codes for CMS 1500 Billing		
	Outpatient							
	·	0914 0915						
5.1	Outpatient Therapy Services, Psychiatric/Substance Use Disorders	0916	Use appropriate CPTs		Use appropriate CPTs			
			Applicable CPT codes		Applicable CPT codes			
5.2	Applied Behavior Analysis (Autism)		for ABA services		for ABA services			
5.3	Electroconvulsive Therapy (ECT)	0901	90870		90870			
5.4	ECT Anesthesia	0901	00104		00104			
5.5	Ambulatory, Substance Use Disorders, Detoxification	0944 or 0945	H0014		H0014			
			H0001	HG	H0001	HG		
5.6	Ambulatory, Substance Use Disorders, Buprenorphine Maintenance	0944	H0014	HG	H0014	HG		
5.7	Methadone Maintenance	0944 or 0529	н0020		H0020			
	Medication Assisted Treatment (MAT) at Medicare-enrolled Opioid		G2067 - G2080, G2215 - G2216, G1028 G0137		G2067 - G2080, G2215 G2216, G1028 G0137			
5.8	Treatment Programs	090x-091x, 0949	G0533 - G0536		G0533 - G0536		58	
5.9	Crisis Stabilization	0900 or 0914	S9485		S9485			
5.10	Emergency Room	045x	99281 - 99285		99281 - 99285		23	
5.11	Injections	O ISX	96372		96372			
5.12	Home Health Therapy Services	058x	Applicable CPT codes		Applicable CPT codes		12	
5.13	Nursing Facility E/M Services		99304-99306 99307-99310		99304-99306 99307-99310		31, 32, 56	
5.15	Trailing Facility Ly In Scratices		99341-99345,		99341-99345,		31, 32, 30	
5.14	Home or Residence E/M Services	N/A	99348-99350		99348-99350		12, 13, 33, 55	
	Ancillary Services							
6.1	Telehealth Administrative Services	078x	Q3014		Q3014			

Note: All codes/services listed are subject to the provisions and limitations of the member's benefit plan including authorization requirements. Nothing in this document should be construed as altering member benefits.