MAGELLAN UNIVERSAL SERVICES LIST - Includes Preferred HIPAA Compliant Codes

Service Name & Detailed Magellan Description (see column heading explanations and note 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 Codes	CMS 1500 Place of Service Codes
1. HOSPITALIZATION - Hospitalization is the highest level of skilled psychiatric or substance use disorders services provided in a facility. Services at this level are licensed at the hospital level and provide 24-hour medical and nursing care. This definition also includes crisis beds, hospital-level rehabilitation beds for substance use disorders and 23-hour beds that provide a similar, if not greater, intensity of 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-10 CM code Date of birth Type of bill code	**0114** Psychiatric R&B **0124** Private **0134** Semi-Private **0144** Deluxe **0154** Ward	**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, Rehabilitation Treatment, Substance Use Disorders, Rehabilitation Treatment. Includes: Treatment unit of a general hospital, Free-standing substance abuse facility, Free-Standing psychiatric hospital. Service is offered to individuals who present with comorbid medical condition(s) and a substance-related disorder whose biomedical and emotional/behavioral problems are sufficiently severe to require hospital level of 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-10 CM code Date of birth Type of bill code	**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)	Applicable CPT Codes for Contracts Exclusive of Professional Services	
1.3 Hospitalization, Substance-Induced Disorders. Includes: Treatment unit of a general hospital, Free-standing substance abuse facility, Free-Standing psychiatric hospital. Service is offered to individuals who have a behavioral disorder related to substance abuse and whose biomedical and emotional/behavioral problems are sufficiently severe enough to require hospital level of 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-10 CM code Date of birth Type of bill code	**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)	Applicable CPT Codes for Contracts Exclusive of Professional Services	
1.4 Hospitalization, Substance Use Disorders, 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 ICD-10 CM code Date of birth Type of bill code	**0116** Detoxification R&B **0126** Private **0136** Semi-Private **0146** Deluxe **0156** Ward	**11X** Hospital - Inpatient (including Medicare Part A) **12X** Hospital - Inpatient (including Medicare Part B)	Applicable CPT Codes for Contracts Exclusive of Professional Services **H0009** Acute detoxification (hospital inpatient)	
1.5 Hospitalization, Eating Disorders. 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-10 CM code Date of birth Type of bill code	**0114** Psychiatric R&B **0124** Private **0134** Semi-Private **0144** Deluxe **0154** Ward	**11X** Hospital - Inpatient (including Medicare Part A) **12X** Hospital - Inpatient (including Medicare Part B)	Applicable CPT Codes for Contracts Exclusive of Professional Services	
1.6 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 ICD-10 CM code Date of birth Type of bill code	**0762** Observation Room	**13X** Hospital - Outpatient	Applicable CPT Codes for Contracts Exclusive of Professional Services	
1.7 23 Hour Observation Bed, Substance Use Disorders, Rehabilitation Treatment. 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 ICD-10 CM code Date of birth Type of bill code	**0762** Observation Room	**13X** Hospital - Outpatient	Applicable CPT Codes for Contracts Exclusive of Professional Services	

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 on-site nursing services; provide an individually planned regimen of care.					
2.1 Residential Treatment, Psychiatric. A type of facility that offers 24-hour residential care with medical monitoring and 24-hour RN nursing supervision services, treatment and rehabilitation. This residential level of care primary focus is on short-term stabilization or rehabilitation. May offer residential level of care crisis services.	Revenue code ICD-10 CM code Date of birth Type of bill code	**1001** Residential Treatment - Psychiatric	**86X** Special Facility - Residential Facility	Applicable CPT Codes for Contracts Exclusive of Professional Services **H0017** Behavioral health services; short-term residential; hospital, per diem **H0018** Behavioral health services; short-term residential; non-hospital, per diem	**56** Psychiatric Residential Treatment Facility
2.2 Residential Treatment, Substance Use Disorders, Rehabilitation Treatment. 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 24-hour RN nursing supervision and are thus able to address the needs of individuals with severe medical or emotional/behavioral problems.	Revenue code ICD-10 CM code Date of birth Type of bill code	**1002** Residential Treatment - Chemical Dependency	**86X** Special Facility - Residential Facility	Applicable CPT Codes for Contracts Exclusive of Professional Services **H0010** Sub-acute detoxification; residential addiction program inpatient **H0011** Acute detoxification; residential addiction program inpatient **H0017** Behavioral health services; short-term residential; hospital, per diem **H0018** Behavioral health services; short-term residential; non-hospital, per diem	**55** Residential Substance Abuse Treatment Facility
2.3 Residential Treatment, Eating Disorders. 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, 24-hour RN nursing supervision, group and nutritional therapies, education, and structured meals.	Revenue code ICD-10 CM code Date of birth Type of bill code	**1001** Residential Treatment - Psychiatric	**86X** Special Facility - Residential Facility	Applicable CPT Codes for Contracts Exclusive of Professional Services **H0017** Behavioral health services; short-term residential; hospital, per diem **H0018** Behavioral health services; short-term residential; non-hospital, per diem	**56** Psychiatric Residential Treatment Center
3. PARTIAL HOSPITALIZATION-Essentially the same nature and intensity as 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).					
3.1 Partial Hospitalization, Psychiatric. 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-10 CM code Date of birth Type of bill code	**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	
3.2 Partial Hospitalization, Substance Use Disorders, Rehabilitation Treatment. 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-10 CM code Date of birth Type of bill code	**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	
3.3 Partial Hospitalization, Eating Disorders. Assists individuals who require structure for the majority of the day but who are able to contain their 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-10 CM code Date of birth Type of bill code	**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	

4. INTENSIVE OUTPATIENT TREATMENT-Planned, structured, service provision of at least 2 hours per day designed to address a psychiatric or a substance use 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.					
4.1 Intensive Outpatient, 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-10 CM code Date of birth	**0905** Intensive Outpatient - Psychiatric	**13X** Hospital - Outpatient **76X** Clinic - CMHC	**S9480** Intensive Outpatient Psychiatric	
4.2 Intensive Outpatient, Substance Use Disorders, Rehabilitation 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-10 CM code Date of birth	**0906** Intensive Outpatient - Chemical Dependency	**13X** Hospital - Outpatient **76X** Clinic - CMHC	**H0015** Intensive Outpatient, alcohol/drug services	
4.3 Intensive Outpatient, Eating Disorders. 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-10 CM code Date of birth	**0905** Intensive Outpatient - Psychiatric	**13X** Hospital - Outpatient **76X** Clinic - CMHC	**S9480** Intensive Outpatient Psychiatric	
5. 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.					
5.1 Outpatient Therapy Services, Psychiatric/Substance Use Disorders. 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-10 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. CPT codes for professional services submitted via telehealth should be billed with a telehealth modifier.	**11** Office **22** Outpatient Hospital
5.2 Applied Behavior Analysis (Autism). ABA services are for eligible members possessing a qualified diagnosis under the state and/or federal mandate for Autism services. The design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including, but not limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.	CPT code ICD-10 CM code Date of birth			**97151, 97153-97158, 0362T, 0373T, 90889**	
5.3 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-10 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 code 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
5.4 ECT Anesthesia.	CPT/HCPCS ICD-10 CM code (If ECT contracted as exclusive of prof svcs bills may be deferred to Med/Surg carrier depending upon Mixed Services Protocol.)	**0901** Electroshock treatment		CPT code if ECT Agreement is Exclusive of Professional Services **00104** Anesthesia for electroconvulsive therapy	
5.5 Transcranical Magnetic Stimulation (TMS).	CPT code ICD-10 CM code Date of birth	**0914** Individual Therapy		**90867 - 90869** TMS services	

5.6 Ambulatory, Substance Use Disorders, 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, heath care, or addiction treatment facility.	Revenue code HCPCS ICD-10 CM code Date of birth	**0944** Drug rehabilitation **0945** Alcohol rehabilitation	**013X** Hospital - Outpatient **073X** Clinic - Free Standing	**H0014** Ambulatory detoxification	**11** Office **22** Outpatient Hospital **55** Residential SA Treatment Facility **57** Non-Residential SA Facility
5.7 Ambulatory, Substance Use Disorders, Buprenorphine Maintenance. An organized outpatient service designed to systematically reduce physical dependence on opioid substances. Treatment includes an individualized treatment plan based on an evaluation of both mental health and substance abuse conditions and includes aftercare needs.	Revenue code HCPCS ICD-10 CM code Date of birth	**0944** Drug rehabilitation		**H0001** Alcohol and drug assessment, detox for opioid addiction using Buprenorphine + **HG** modifier **H0014** Alcohol and drug services (Ambulatory detox & maintenance) + **HG** modifier	**11** Office **22** Outpatient Hospital **55** Residential SA Treatment Facility **57** Non-Residential SA Facility
5.8 Methadone Maintenance. Methadone Maintenance is a service provided to individuals dependent on opiates, such as heroin or morphine. These programs offer methadone as part of a range of medical procedures and services. Methadone treatment includes group and individual therapy, medical care and monitoring, and methadone administration.	Revenue code HCPCS ICD-10 CM code Date of birth	**0529** Free standing clinic **0944** Drug rehabilitation	**073X** Clinic - Free Standing	**H0020** Methadone administration	
5.9 Medication Assisted Treatment (MAT) at Medicare-enrolled Opioid Treatment Programs. Services include FDA-approved approved opioid agonist and antagonist medication-assisted treatment (MAT) medications, dispensing and administration of MAT medications, intensive outpatient, substance use counseling, individual and group therapy, toxicology testing, intake activities and periodic assessments.	Revenue code HCPCS ICD-10 CM code Date of birth	**090x-091x, 0949**	**087X** Free-Standing non-residential OTP **013X and 085X** Hospital-based OTP providers	**G2067 - G2069, G2073-G2076, G0533** MAT weekly bundled svcs **G2076** Intake activity, including medical exam **G2077** Periodic assessment **G2078** Take-home supply of methadone **G2079** Take-home supply of buprenorphine **G2080** 30 minutes of additional counseling **G2215, G2216, G1028** Take-home supply of naloxone **G0532** Take-home supply of nasal nalmefene **G0137** Intensive outpatient service **G0534** Coordinated care/referral services **G0535** Patient navigational services **G0536** Peer recovery support services	**58** Non-Residential Opioid Treatment Facility
5.10 Crisis Stabilization. Services provided by an individual or team of professionals, as appropriate, and are available 24-hours per day 7 days per week for individuals experiencing a psychiatric or substance abuse crisis, an urgent condition or an emergency. Crisis stabilization services provide triage, assessment, stabilization and referral to inpatient or other levels of care. Crisis stabilization services include: Walk-in Crisis Services, Mobile Outreach Crisis Services.	Revenue code HCPCS ICD-10 CM code Date of birth	**0900** General Psychiatric Svcs **0914** Individual Therapy	**013X** Hospital - Outpatient **073X** Clinic - Free Standing	**S9485** Crisis Intervention, mental health, per diem	
5.11 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. Typically, medical carriers pay for this.	CPT code Revenue code ICD-10 CM code Date of birth Type of bill code	**0450** General **0451** EMTALA emergency medical screening services **0452** ER beyond EMTALA screening **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.	**23** Emergency Room
5.12 Injections. An intramuscular drug injection performed by licensed medical personnel via the use of a syringe and needle.	CPT code ICD-10 CM code Date of birth	N/A		**96372** Injection	
5.13 Nursing Facility E/M Services. These codes are used to report evaluation and management services to patients in nursing facilities, skilled nursing facilities and psychiatric residential treatment centers.	CPT code ICD-10 CM code Date of birth Place of service code	N/A		Applicable CPT Codes for Professional Services **99304-99306** Initial nursing facility care **99307-99310** Subsequent nursing facility care	**31** Skilled nursing facility **32** Nursing facility 56 Psychiatric residential treatment center
5.14 Home or Residence E/M Services. These codes are used to report evaluation and management services to patients in a home or residence, including assisted living facilities, group homes, custodial care facilities, or residential substance abuse facilities.	CPT code ICD-10 CM code Date of birth Place of service code	N/A		Applicable CPT Codes for Professional Services **99341-99345, 99348-99350** Home or residence visit	**12** Home **13** Assisted living facility **33** Custodial care facility **55** Residential Substance Abuse facility

5.15 EAP Session. Assessment with particular emphasis on chemical dependency and workplace issues, problem identification, short-term problem resolution, and/or referral to appropriate resource, monitoring and follow-up.					
5.16 Substance Abuse Professional (SAP) for Dept. of Transportation (DOT) A mental health professional who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing and aftercare.					
5.17 Critical Incident Response (CIR)					
6. ANCILLARY SERVICES - These types of services are primarily used as a supplement or auxiliary enhancement to primary behavioral health services.					
6.1 Telehealth Administrative Services. Magellan defines telehealth as a method of delivering behavioral health services using interactive telecommunications when the member and the behavioral health provider are not in the same physical location. Telecommunications MUST be the combination of audio and live, interactive video.	CPT/HCPCS code ICD-10 CM code Date of birth	**0780** Telemedicine		**Q3014** Telehealth originating site fee	

Explanation of Column Headings-->	Column Heading
	Product Type
	Service Name & Detailed Magellan description
	Codes Used to Determine Reimbursement
	UB-04 Revenue Codes
	UB-04 Type of Bill Codes
	UB-04 or CMS 1500
	CMS 1500 Place of Service Codes

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.