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		Preferred Codes				Preferred Codes		
Universal Services List		for UB-04 Billing				for CMS 1500 Billing		
			Type of Bill					Place of Service
USL #	Standard Services	Revenue Code	Code	CPT/HCPCS Codes	HCPCS Modifier	CPT/ HCPCS Codes	HCPCS Modifier	Code
002 //	Hospitalization	Nevenue coue	couc		inci es mounici		inci co mounici	couc
	Trospitalization	0114, 0124,						
		0134, 0144,						
1.1	Hospitalization, Psychiatric	0154				N/A - Bill inpatient serv	ices on UB-04 forn	n
		0118, 0128,						
	Hospitalization, Substance Use Disorders,	0138, 0148,						
1.2	Rehabilitation Treatment	0158				N/A - Bill inpatient serv	ices on UB-04 forn	n
		0118, 0128,						
		0138, 0148,						
1.3	Hospitalization, Substance-Induced Disorders	0158				N/A - Bill inpatient serv	ices on UB-04 forn	1
		0116, 0126,						
	Hospitalization, Substance Use Disorders,	0136, 0146,						
1.4	Detoxification	0156				N/A - Bill inpatient serv	ices on UB-04 forn	1
		0114, 0124,						
1.5	Hospitalization, Eating Disorders	0134, 0144, 0154				N/A Dill innotiont con	icas on UD 04 form	
1.5		0154				N/A - Bill inpatient serv	ices on OB-04 Iom	1
1.6	Hospitalization, 23 Hr Bed, Psychiatric	0762				N/A - Bill inpatient serv	ices on UB-04 forn	า
	Hospitalization, 23 Hr Bed, Substance Use							
1.7	Disorders, Rehabilitation Treatment	0762				N/A - Bill inpatient serv	ices on LIB-04 form	n
1.7	Residential Treatment	0702				N/N Bin inputient serv		
				H0017 or		H0017 or		
2.1	Residential Treatment, Psychiatric	1001		H0017 or H0018		H0017 or H0018		
2.1		1001		10010		H0010		
	Residential Treatment, Substance Use Disorders,	1002		110044		110011		
2.2	Rehabilitation Treatment	1002		H0011		H0011		
				H0017 or		H0017 or		
2.3	Residential Treatment, Eating Disorders	1001		H0018		H0018		
				H0017 or		H0017 or		
				H0018 or		H0018 or		
2.4	Hospital/Facility Based Sub-Acute Care, Psychiatric	019X		T2048 (Medicaid only)		T2048 (Medicaid only)		
-								
	Hospital/Facility Based Sub-Acute Care, Substance			H0008 or		H0008 or		
2.5	Use Disorders, Rehabilitation Treatment	019X		H0010		H0010		
	Partial Hospitalization							
		0912 or						
3.1	Partial Hospitalization, Psychiatric	0913		H0035		H0035		
	Partial Hospitalization, Substance Use Disorders,	0912 or						
3.2	Rehabilitation Treatment	0913		H0035		H0035		
3.3	Partial Hospitalization, Eating Disorders	0912 or 0913		H0035		H0035		
5.5	Intensive Outpatient Treatment	0,713		10055		10055		
4.1	Intensive Outpatient Treatment	0905		S9480		S9480		
4.1	Intensive Outpatient, Substance Use Disorders,	0.000		55-00		55-00		
4.2	Rehabilitation Treatment	0906		H0015		H0015		
-								
4.3	Intensive Outpatient, Eating Disorders	0905		\$9480		S9480		

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Facility/Program Universal Services List			Preferred Codes for UB-04 Billing	Preferred Codes for CMS 1500 Billing		
	Outpatient					
		0914				
	Outpatient Therapy Services,	0915				
5.1	Psychiatric/Substance Use Disorders	0916	Use appropriate CPTs	Use appropriate CPTs		
	Outpatient Aftercare ("Bridge Appointment")					
5.2	Program	0513	99401-99404			
			Applicable HCPCS codes			
5.3	Applied Behavior Analysis (Autism)		for ABA services			
			90870 or	90870 or		
5.4	Electroconvulsive Therapy (ECT)	0901	90871	90871		
5.5	ECT Anesthesia	0901	00104	00104		
	Ambulatory, Substance Use Disorders,	0944 or				
5.6	Detoxification	0945	H0014	H0014		
	Ambulatory, Substance Use Disorders,		H0001 + HG			
5.7	Buprenorphine Maintenance.	0944	H0014 + HG			
5.8	Methadone Maintenance	0944 or 0529	H0020	H0020		
		0900 or				
5.9	Crisis Stabilization	0914	S9485	S9485		
5.10	Emergency Room	045x	99281 - 99285	99281 - 99285		
5.11	Injections		96372	96372		
			99341-99345	99341-99345		
5.12	Home Health Therapy Services	058x	99347-99350	99347-99350		
5.13	Nursing Home/Domiciliary or Rest Home Visit	N/A	Applicable CPT codes	Applicable CPT codes		
	Ancillary Services					
6.1	Telehealth Administrative Services	078x	Q3014	Q3014		
-			S0209	\$0209		
			S0215	S0215		
6.2	Non-Emergency Transportation		A0100	A0100		
	~ , ,		A0021	A0021		
6.3	Emergency Transportation / Ambulance Service	054x	A0999	A0999		
6.4	Interpreter Services		T1013	T1013		
			H0003	H0003		
6.5	Laboratory services	030x	H0048	H0048		