| CODESET | Page |
|-------------------------------------|-------|
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Please note: Codesets are not all-inclusive, please reference official code sources for complete information.

Other Commonly Used Codes for Behavioral Health Services (HCPCS Codes, HCPCS Modifiers, Revenue Codes, Type of Bill Codes and Place of Service Codes)

| HCPCS Code | HCPCS Code Service Description | HCPCS Code | HCPCS Code Service Description |
|------------|--|---------------|---|
| A0021 | Ambulance service - Medicaid only | H0010 | Alcohol and/or drug services; sub- acute detoxification (residential addiction program inpatient) |
| | | | Alcohol and/or drug services; acute detoxification (residential addiction |
| A0100 | Taxi | H0011 | program inpatient) Alcohol and/or drug services; sub- |
| A0110 | Bus | H0012 | acute detoxification (residential addiction program outpatient) |
| A0120 | Mini-bus | H0013 | Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) |
| A0130 | Wheel chair van | H0014 | Alcohol and/or drug services; ambulatory detoxification |
| A0999 | Unlisted ambulance - Medicaid only | H0015 | Alcohol and/or drug services; IOP |
| H0001 | Alcohol and/or drug assessment | H0016 | Alcohol and/or drug services; medical/somatic |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program | H0017 | Behavioral health; residential (hospital residential treatment program), without room and board, per diem |
| H0003 | Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol/and or drugs | H0018 | Behavioral health; short-term residential (non-hospital residential treatment program) |
| H0004 | Behavioral health counseling and therapy, per 15 minutes | H0019 | Behavioral health; long-term residentia (non-medical, non-acute care in residential > 30 days) |
| H0005 | Alcohol and/or drug services; group counseling by a clinician | H0020 | Alcohol and/or drug services; methadone administration |
| H0006 | Alcohol and/or drug services; case management | H0021 | Alcohol and/or drug training services (for staff not employed by providers) |
| H0007 | Alcohol and/or drug services; crisis intervention (outpatient) | H0022 | Alcohol and/or drug services; intervention service (planned facilitation) |
| H0008 | Alcohol and/or drug services; sub- acute detoxification (hospital inpatient) | H0023 | Behavioral health outreach service (planned approach to reach a targeted population) |
| H0009 | Alcohol and/or drug services; acute detoxification (hospital inpatient) | H0024 | Behavioral health prevention information dissemination service |

| HCPCS CodeHCPCS Code Service DescriptionBehavioral health prevention education service (delivery of services with traget population to affect knowledge, attitude and/or behavior)H0025Alcohol and/or drug prevention process services, community-basedH0026Alcohol and/or drug prevention process services, community-basedH0027Alcohol and/or drug prevention environmental servicesH0028Alcohol and/or drug prevention problem identification and referral serviceH0029ServiceH0020Behavioral health hotline serviceH0030Behavioral health hotline serviceH0031Mental health assessment by non-physicianH0032Mental Health service plan developmentH0033observationH0034Medication training and supportH0035Ess than 24 hoursCommunity psychiatric supportive treatment, per 15 minH0037Community psychiatric supportive treatment, per diemH0038Self-help/peer services, per 15 minutesH0039Assertive community treatment, face-to- face, per 15 minutes | | |
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| H0027Alcohol and/or drug prevention environmental servicesH0028Alcohol and/or drug prevention problem identification and referral serviceH0029Alcohol and/or drug prevention alternatives serviceH0030Behavioral health hotline serviceH0031Mental health assessment by non-physicianH0032Mental Health service plan developmentH0033Oral medication administration, direct observationH0034Medication training and supportH0035Es than 24 hoursCommunity psychiatric supportive treatment, per 15 minH0037Community psychiatric supportive treatment, per diemH0038Self-help/peer services, per 15 minutesAssertive community treatment, face-to- | H0026 | |
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| H0032Mental Health service plan developmentOral medication administration, direct observationH0033H0034Medication training and supportMental health partial hospital, treatment, less than 24 hoursH0036Community psychiatric supportive treatment, per 15 minH0037H0038Self-help/peer services, per 15 minutesAssertive community treatment, face-to- | H0030 | Benavioral health notline service |
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| H0033observationH0034Medication training and supportMental health partial hospital, treatment, less than 24 hoursH0035Community psychiatric supportive treatment, per 15 minH0036Community psychiatric supportive treatment, per diemH0037Self-help/peer services, per 15 minutesH0038Self-help/peer services, per 15 minutes | H0032 | Mental Health service plan development |
| H0035 Mental health partial hospital, treatment, less than 24 hours Community psychiatric supportive treatment, per 15 min Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | H0033 | |
| H0035 Mental health partial hospital, treatment, less than 24 hours Community psychiatric supportive treatment, per 15 min Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | | |
| H0035 Mental health partial hospital, treatment, less than 24 hours Community psychiatric supportive treatment, per 15 min Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | LI0034 | Modication training and support |
| H0035 less than 24 hours Community psychiatric supportive treatment, per 15 min H0036 Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes H0038 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | 110034 | |
| Community psychiatric supportive H0036 treatment, per 15 min Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | LI0025 | |
| H0036 treatment, per 15 min Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | 10033 | |
| Community psychiatric supportive treatment, per diem H0037 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | L10026 | |
| H0037 treatment, per diem H0038 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | П0030 | |
| H0037 treatment, per diem H0038 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | | |
| H0038 Self-help/peer services, per 15 minutes Assertive community treatment, face-to- | 40007 | |
| Assertive community treatment, face-to- | HUU37 | |
| Assertive community treatment, face-to- | | |
| Assertive community treatment, face-to- | 110000 | |
| • | H0038 | Seit-neip/peer services, per 15 minutes |
| H0039 face, per 15 minutes | | |
| | H0039 | face, per 15 minutes |

| HCPCS Code | HCPCS Code Service Description |
|------------|--|
| | Assertive community treatment |
| H0040 | program, per diem |
| | |
| | Foster, child, non-therapeutic, per |
| H0041 | diem |
| | Foster care, child, non-therapeutic, |
| H0042 | per month |
| | |
| H0043 | Supported housing, per diem |
| H0044 | Supported bousing per menth |
| H0044 | Supported housing, per month |
| | Respite care services, not in the |
| H0045 | home, per diem |
| | |
| | Mental health services, not |
| H0046 | otherwise specified |
| | Alcohol and/or other drug services, |
| H0047 | not otherwise specified |
| | Alcohol and/or other drug testing, |
| H0048 | collection, non-blood |
| | |
| | Assertive community treatment |
| H0050 | program, per diem Family Assessment for state defined |
| LI1010 | - |
| H1010 | purposes Nonmedical family planning |
| H1011 | education |
| | Comprehensive Medication |
| H2010 | Services, per 15 minutes |
| | Crisis Intervention Service, per 15 |
| H2011 | minutes |
| | Behavioral Health Day Treatment, |
| H2012 | per hour |
| | Psychiatric health facility service, |
| H2013 | per diem |
| | Skills Training and Development, |
| H2014 | per 15 minutes |
| | Comprehensive Community Support |
| H2015 | Services, per 15 minutes |
| 110010 | Comprehensive Community Support |
| H2016 | Services, per diem |

| HCPCS | |
|--------|--|
| Code | HCPCS Code Service Description |
| | Psychosocial Rehabilitation Services, |
| H2017 | per 15 minutes |
| | |
| | Psychosocial Rehabilitation Services, |
| H2018 | per diem |
| | Therapeutic Behavioral Services, per |
| H2019 | 15 minutes |
| | Therapeutic Behavioral Services, per |
| H2020 | diem |
| 110004 | Community-Based Wrap-Around |
| H2021 | Services, per 15 minutes |
| | Community Record Miron Around |
| H2022 | Community-Based Wrap-Around |
| H2022 | Services, per diem |
| | Supported Employment, per 15 |
| H2023 | minutes |
| 112020 | |
| H2024 | Supported Employment, per diem |
| | Ongoing Support to Maintain |
| H2025 | Employment, per 15 minutes |
| | |
| | Ongoing Support to Maintain |
| H2026 | Employment, per diem |
| | Psychoeducational Service, per 15 |
| H2027 | minutes |
| | Sexual Offender Treatment Service, |
| H2028 | per 15 minutes |
| | Sexual Offender Treatment Service, |
| H2029 | per diem |
| | Mental Health Clubhouse Services, per |
| H2030 | 15 minutes |
| 110004 | Mental Health Clubhouse Services, per |
| H2031 | diem |
| L12022 | Activity Thorapy, por 15 minutes |
| H2032 | Activity Therapy, per 15 minutes Multisystemic Therapy for juveniles, |
| H2033 | per 15 minutes |
| 112033 | Alcohol and/or Drug Abuse Halfway |
| H2034 | House Services, per diem |
| 112004 | Alcohol and/or Drug Treatment |
| H2035 | Program, per hour |
| | |

| HCPCS Code | HCPCS Code Service Description |
|---------------|---|
| Code | Alcohol and/or Drug Treatment Program, |
| H2036 | per diem |
| | |
| | Developmental Delay Prevention Activities, |
| H2037 | Dependent Child of Client, per 15 minutes |
| | |
| S0136 | Clozapine, 25 mg |
| | |
| S0209 | Wheel chair van, mileage, per mile |
| S0215 | Non omergeney transportation, milesza |
| 50215 | Non-emergency transportation; mileage Comprehensive geriatric assessment and |
| | treatment planning performed by |
| S0250 | assessment team |
| | Completed early periodic screening |
| | diagnosis and treatment (EPSDT) service |
| S0302 | (list in addition to code for E&M service) |
| | |
| S5100 | Day care services, adult; per 15 minutes |
| S5101 | Day care services, adult; per half day |
| 00101 | |
| | Day care services, center-based; services |
| S5102 | not included in program fee, per diem |
| | Home care training to home care client, per |
| S5108 | 15 minutes |
| | Home care training to home care client, per |
| S5109 | session |
| S5110 | Home care training, family; per 15 minutes |
| 00110 | rionic care training, family, per 15 minutes |
| S5111 | Home care training, family; per diem |
| | |
| S5120 | Chore services, per 15 min |
| | |
| S5121 | Chore services, per diem |
| S5125 | Attendant care svcs, per 15 min |
| 00120 | |
| S5126 | Attendant care svcs, per diem |
| | |
| S5130 | Homemaker svc, per 15 min |

| | | HCPCS |
|------------|---|-------|
| HCPCS Code | HCPCS Code Service Description | Code |
| | | |
| S5131 | Homemaker svc, per diem | S9485 |
| S5140 | Foster care, adult; per diem | T1001 |
| S5141 | Foster care, adult; per month | T1002 |
| | Foster Care, Therapeutic, Child; per | |
| S5145 | diem | T1005 |
| | Foster Care, Therapeutic, Child; per | |
| S5146 | month | T1006 |
| | | |
| | Unskilled respite care, not hospice; | |
| S5150 | per 15 minutes | T1007 |
| | | |
| | Unskilled respite care, not hospice; | |
| S5151 | per diem | T1009 |
| | Home care training, non-fmly, per | |
| S5155 | 15 min | T1012 |
| | Home care training, non-fmly, per | |
| S5156 | session | T1013 |
| | Wellness assessment, performed by | |
| S5190 | non-physician | T1014 |
| S9122 | Home health aid per hour | T1016 |
| | Nursing care, in the home, by RN, | |
| S9123 | per hour | T1017 |
| 00405 | | TIOOF |
| S9125 | Respite care, in the home, per diem | T1025 |
| 80407 | Social work visit, in the home, per | T4000 |
| S9127 | diem | T1026 |
| | Ambulatory setting substance abuse | |
| 80475 | treatment or detox services, per diem | T4007 |
| S9475 | | T1027 |
| | Intensive outpatient psychiatric | |
| S9480 | services, per diem | T2010 |
| 33400 | | 12010 |
| | Crisis Intervention, mental health | |
| | | |
| S9484 | Crisis Intervention, mental health per hour | T2011 |

| HCPCS | |
|-------|--|
| Code | HCPCS Code Service Description |
| | Crisis intervention mental health |
| S9485 | services, per diem |
| T1001 | Nursing assessment/evaluation |
| T1002 | RN services, up to 15 minutes |
| | Respite care services, up to 15 |
| T1005 | minutes |
| | Alcohol and/or substance abuse |
| T1006 | services, family/couple counseling |
| | Alcohol and/or substance abuse |
| | services, treatment plan development |
| T1007 | and/or modification |
| | Child sitting services for the children of |
| | the individual receiving alcohol and/or |
| T1009 | SA services |
| | Alcohol and/or substance abuse |
| T1012 | services, skills development |
| | Sign language or oral interpreter |
| T1013 | services |
| | Telehealth transmission, per minute, |
| T1014 | professional services bill separately |
| T1016 | Case Mgt, ea 15 min |
| T1017 | Targeted Case Mgt, each 15 min |
| 11017 | Pediatric Comprehensive Care Pkg, |
| T1025 | per diem |
| | Pediatric Comprehensive Care Pkg, |
| T1026 | per hour |
| | |
| | |
| T1027 | Family training counseling |
| | Preadmission screening and resident |
| | review Level I identification screening, |
| T2010 | per screen |
| | Preadmission screening and resident |
| | review Level II evaluation, per |
| T2011 | evaluation |
| | |
| | |

| HCPCS | | HCPCS | |
|----------|-------------------------------------|----------|---|
| Modifier | HCPCS Modifier Description | Modifier | HCPCS Modifier Description |
| | Anesthesia Services performed by | | |
| AA | anesthesiologist | НО | Masters degree level |
| | Medical supervision of anesthesia | | |
| AD | by physician | HP | Doctoral level |
| AH | Clinical psychologist | HQ | Group setting |
| AJ | Clinical social worker | HR | Family/couple with client present |
| AM | Physician, team member service | HS | Family/couple without client present |
| | Service provided as part of | | |
| EP | medicaid EPSDT program | HT | Multi-disciplinary team |
| HA | Child/adolescent program | HU | Funded by child welfare agency |
| | | | |
| HB | Adult program, non-geriatric | HW | Funded by state mental health agency |
| HC | Adult program, geriatric | HX | Funded by county/local agency |
| | Pregnant/parenting women's | | |
| HD | program | HY | Funded by juvenile justice agency |
| HE | Mental health program | HZ | Funded by criminal justice agency |
| HF | Substance abuse program | H9 | Court-ordered |
| | | | Nurse practitioner rendering service in |
| HG | Opioid addiction treatment program | SA | collaboration with a physician |
| | Integrated mental health/substance | | |
| HH | abuse program | SC | Medically necessary service or supply |
| | Integrated mental health and mental | | |
| | retardation/developmental | | State and/or federally funded |
| HI | disabilities program | SE | programs/services |
| HJ | Employee assistance program | TD | RN |
| | Specialized mental health programs | | |
| HK | for high-risk populations | TF | Intermediate level of care |
| HL | Intern | TG | Complex/high tech level of care |
| | | | Program group, child and/or |
| НМ | Less than bachelor degree level | TJ | adolescent |
| | | | |
| | | | Individualized service provided to more |
| HN | Bachelors degree level | TT | than one patient in same setting |

| HCPCS | |
|----------|--|
| Modifier | HCPCS Modifier Description |
| | Medicaid level of care 1, as defined by each |
| U1 | state |
| | Medicaid level of care 2, as defined by each |
| U2 | state |

| UB-92 | | |
|--------------|--|--|
| Revenue | | |
| Code | | |
| | LIP 02 Povenue Code Description | |
| Category | UB-92 Revenue Code Description Room & Board - Private (Medical or | |
| 0117 | | |
| 011X 0110 | General) General Classification | |
| | | |
| 0114 | Psychiatric | |
| 0116 | Detoxification | |
| 0118 | Rehabilitation | |
| | Room & Board - Semi-Private Two | |
| 012X | Bed (Medical or General) | |
| | | |
| 0120 | General Classification | |
| | | |
| 0404 | Ma dia al/Ourraia al/Ourra | |
| 0121 | Medical/Surgical/Gyn | |
| | | |
| | | |
| 0124 | Psychiatric | |
| | | |
| 0126 | Detoxification | |
| 0128 | Rehabilitation | |
| | Room & Board - Semi-Private - | |
| | Three & Four Bed (Medical or | |
| 013X | General) | |
| 0130 | General Classification | |
| 0131 | Medical/Surgical/Gyn | |
| 0134 | Psychiatric | |
| 0136 | Detoxification | |
| 0138 | Rehabilitation | |
| 0.00 | Room & Board - Private (Deluxe) | |
| 014X | (Medical or General) | |
| 0140 | General Classification | |
| 0140 | Medical/Surgical/Gyn | |
| 0141 | weateal/Surgical/Syn | |
| 0144 | Psychiatric | |
| 0144 | Detoxification | |
| 0146 | Rehabilitation | |
| 0148 | Renabilitation | |

| UB-92 | |
|--------------|--|
| Revenue | |
| Code | |
| | UD 02 Revenue Code Departmetion |
| Category | UB-92 Revenue Code Description |
| 0457 | Room & Board - Ward (Medical or |
| 015X 0150 | General) General Classification |
| | |
| 0151 0154 | Medical/Surgical/Gyn |
| | Psychiatric |
| 0156 | Detoxification |
| 0450 | Dehekiltetien |
| 0158 | Rehabilitation |
| | |
| 018X | Leave of Absence |
| | |
| 019X | Subacute Care |
| • • • • | |
| | |
| | |
| 020X | Intensive Care |
| | |
| 0204 | Intensive Care - Psychiatric |
| 037X | Anesthesia |
| | |
| 0.40% | |
| 043X | Occupational Therapy |
| 045X | Emergency Room Clinic |
| 051X 0513 | |
| 0513 052X | Psychiatric Clinic Free Standing Clinic |
| 052X 054X | Ambulance |
| 0548 | Ambulance |
| 0657 | Skilled Nursing |
| 055X 057X | Skilled Nursing Home Health - Home Health Aide |
| 057X 058X | Home Health - Home Health Alde |
| 1207 | |
| 0667 | Despite Care, per bespice |
| 066X 076X | Respite Care - non-hospice Treatment/Observation Room |
| 076X 078X | Telemedicine |
| 0/88 | reiemeuicine |

| UB-92 | |
|--------------|--|
| Revenue | |
| Code | |
| Category | UB-92 Revenue Code Description |
| | • |
| 090X | Psychiatric/Psychological Treatments |
| 0900 | General Classification |
| 0901 | Electroshock Treatment |
| 0902 | Milieu Therapy |
| 0903 | Play Therapy |
| | |
| 0904 | Activity Therapy |
| | * Intensive Outpatient Services - |
| 0905 | Psychiatric |
| | * Intensive Outpatient Services - |
| 0906 | Chemical Dependency |
| | |
| | * Community Behavioral Health Program |
| 0007 | |
| 0907 | (Day Treatment) Other Psychiatric/Psychological |
| 0909 | Treatment |
| 0909 091X | Psychiatric/Psychological Services |
| 031X | |
| | |
| 0910 | General Classification |
| 0911 | Rehabilitation |
| 0912 | Partial Hospitalization - Less Intensive |
| 0913 | Partial Hospitalization - More Intensive |
| 0914 | Individual Therapy |
| 0915 | Group Therapy |
| | |
| 0916 | Family Therapy |
| 0917 | Bio Feedback |
| 0918 | Testing |
| | |
| 0919 | Other Psychiatric/Psychological Services |
| 094X | Other Therapeutic Services |
| 0944 | Drug Rehabilitation |

* New revenue codes designated by NUBC in May 2003 -- accepted by Magellan beginning 7-1-03

| UB-92 Revenue | | |
|------------------|---|--|
| Code Category | UB-92 Revenue Code Description | |
| 0945 | Alchohol Rehabilitation | |
| | Professional Fees (for charges | |
| 096X | billed separately) | |
| 0961 | Psychiatric | |
| 0963 | Anesthesiologist (MD) | |
| 0964 | Anesthetist (CRNA) | |
| 100X | * Behavioral Health Accomodations (General) | |
| 1001 | * Residential Treatment - Psychiatric | |
| | * Residential Treatment - | |
| 1002 | Chemical Dependency | |
| 1003 | * Supervised Living | |
| 1004 | * Halfway House | |
| 1005 | * Group Home | |

* New revenue codes designated by NUBC in May 2003 -- accepted by Magellan beginning 7-1-03

| | | UB-92 Ty |
|---------------|---|----------|
| UB-92 Type of | UB-92 Type of Bill Code | of Bill |
| Bill Codes | Description | Codes |
| | | |
| | Hospital - Inpatient (including | |
| 11X | Medicare Part A) | 51X |
| | Hospital - Inpatient (including | |
| 12X | Medicare Part B) | 6XX |
| 13X | Hospital - Outpatient | 71X |
| | Hospital - Other (for hospital | |
| 14X | referenced diagnostic services) | 72X |
| 17X | Subacute Inpatient | 73X |
| 18X | Heepitel Swing Pode | 74X |
| 107 | Hospital - Swing Beds | /4٨ |
| 21X | Skilled Nursing - Inpatient (including Medicare Part A) | 75X |
| 22X | Skilled Nursing - Inpatient (including Medicare Part B) | 76X |
| 23X | Skilled Nursing - Outpatient | 81X |
| 24X | Skilled Nursing - Other (for hospital referenced diagnostic services) | 82X |
| 28X | Skilled Nursing - Swing Beds | 83X |
| 32X | Home Health - Inpatient | 84X |
| 33X | Home Health - Outpatient | 85X |
| 34X | Home Health - Other | 86X |
| 41X | Religious Nonmedical Health Care Institutions - Hospital Inpatient | 89X |

| UB-92 Type | |
|------------|--|
| of Bill | |
| Codes | UB-92 Type of Bill Code Description |
| | Religious Nonmedical Health Care |
| | Institutions - Post hospital Extended |
| 51X | Care Services - Inpatient |
| | |
| 6XX | Intermediate Care |
| 71X | Rural Health Clinic (RHC) |
| | Clinic - Hospital-Based or Independent |
| 72X | Renal Dialysis Center |
| 73X | Clinic - Free Standing |
| | Clinic - Other Rehabilitation Facility |
| 74X | (ORF) |
| | |
| | |
| | |
| | Clinic - Comprehensive Outpatient |
| 75X | Rehabilitation Facility (CORF) |
| | Clinic - Community Mental Health |
| 76X | Center (CMHC) |
| | Special Facility - Hospice-Hospital |
| 81X | Based |
| | |
| | Special Facility - Hospice-Non-Hospital |
| 82X | Based |
| 2014 | Special Facility - Ambulatory Surgery |
| 83X | Center (ASC) |
| 0.474 | Special Facility - Freestanding Birthing |
| 84X | Center |
| 057 | Special Facility - Critical Access |
| 85X | Hospital |
| 0.07 | Special Facility - Residential Facility |
| 86X | (not used for Medicare) |
| 001 | One sight Fraility Other |
| 89X | Special Facility - Other |

| | | | CMS 1500 | |
|--------------|--|---|----------|----------------------------|
| CMS 1500 | | | Place of | |
| Place of | CMS 1500 Place of Service Code | | Service | CMS 15 |
| Service Code | | | Code | |
| 03 | School | | 33 | Custodial |
| 04 | Homeless Shelter | | 34 | Hospice |
| 05 | Indian Hlth Service - Free-Standing Facility | | 41 | Ambulanc |
| 06 | Indian Hlth Service - Provider-Based Facility | | 42 | Ambulanc |
| 07 | Tribal 638-Free-Standing Facility | | 49 | * Indepen |
| 08 | Tribal 638- Provider-Based Facility | | 50 | Federally |
| 11 | Office | | 51 | Inpatient F |
| 12 | Home | , | 52 | Psychiatric Hospitaliza |
| 13 | * Assisted Living Facility | | 53 | Communit |
| 14 | * Group Home | | 54 | Intermedia Retarded |
| 15 | Mobile Unit | | 55 | Residentia |
| 20 | Urgent Care Facility | | 56 | Psychiatric Center |
| 21 | Inpatient Hospital | | 57 | * Non-res Facility |
| 22 | Outpatient Hospital | | 60 | Mass Imm |
| 23 | Emergency Room - Hospital | | 61 | Comprehe Rehabilita |
| 24 | Ambulatory Surgical Center | | 62 | Comprehe Rehabilita |
| 25 | Birthing Center | | 65 | End-Stage Facility |
| 26 | Military Treatment Facility | | 71 | Public Hea |
| 31 | Skilled Nursing Facility | | 72 | Rural Hea |
| 32 | Nursing Facility | | 81 | Independe |

| 0140 4500 | | |
|-----------|---|--|
| CMS 1500 | | |
| Place of | | |
| Service | CMS 1500 Place of Service Code | |
| Code | Description | |
| 33 | Custodial Care Facility | |
| 34 | Hospice | |
| 41 | Ambulance-Land | |
| 42 | Ambulance-Air or Water | |
| 49 | * Independent Clinic | |
| 50 | Federally Qualified Health Center | |
| 51 | Inpatient Psychiatric Facility | |
| 52 | Psychiatric Facility-Partial Hospitalization | |
| 53 | Community Mental Health Center | |
| 54 | Intermediate Care Facility/Mentally Retarded | |
| 55 | Residential SA Treatment Facility | |
| 56 | Psychiatric Residential Treatment Center | |
| 57 | * Non-residential Substance Abuse Facility | |
| 60 | Mass Immunization Center | |
| 61 | Comprehensive Inpatient Rehabilitation Facility | |
| 62 | Comprehensive Outpatient Rehabilitation Facility | |
| 65 | End-Stage Renal Disease Treatment | |
| 71 | Public Health Clinic | |
| 72 | Rural Health Clinic | |
| 81 | Independent Laboratory | |

| CMS 1500 | |
|----------|--------------------------------|
| Place of | |
| Service | CMS 1500 Place of Service Code |
| Code | Description |
| 99 | Other |

* New codes designated by CMS in May 2003 -- accepted by Magellan beginning 7-1-03