

SITES AND SERVICES FORM

****Complete One Form Per Location****

Main Site Practice Information

Organization / Facility/ Group Name:	
DBA, if applicable:	
Primary Service Location Address (include ZIP + 4):	
Main Site Phone # :	
Contact Representative Name:	Email:
NPI :	TIN:
Facility Location Hours:	Website:

Mailing Address

Mailing Address (if different from Primary Practice Address):
Admin Phone:
Mailing Notification Email:

Pay To Information

Pay To:	TIN:
Pay To Address:	

Regions Served (Check all served by this location)

<input type="checkbox"/> Central	<input type="checkbox"/> Charlottesville/Western	<input type="checkbox"/> Northern/Winchester	<input type="checkbox"/> Roanoke/Alleghany	<input type="checkbox"/> Southwest	<input type="checkbox"/> Tidewater
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Service Location Information

Please select ALL applicable services for this specific location.

Type	Description	Type	Description
<input type="checkbox"/> 08	Addiction, Recovery, & Treatment Services (ARTS)	<input type="checkbox"/> 06	Long Term Services & Supports (LTSS)
<input type="checkbox"/> CD	Cardiac Catheterization Services	<input type="checkbox"/> MM	Mammography
<input type="checkbox"/> 09	Community MH Rehabilitative Services (CMHRS)	<input type="checkbox"/> 14	Nursing Facility (<input type="checkbox"/> Intermediate <input type="checkbox"/> Skilled)
<input type="checkbox"/> 27	Community Services Board (CSB)	<input type="checkbox"/> OT	Organ Transplant
<input type="checkbox"/> 18	Diagnostic Radiology	<input type="checkbox"/> 07	Outpatient Mental Health – Traditional Services
<input type="checkbox"/> DL	Dialysis Services (<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient)	<input type="checkbox"/> 16	Outpatient Rehabilitation (<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST)
<input type="checkbox"/> 17	Durable Medical Equipment (DME) and Supplies	<input type="checkbox"/> 21	Pharmacy
<input type="checkbox"/> EI	Early Intervention	<input type="checkbox"/> OS	Prosthetic/Orthotic Services
<input type="checkbox"/> EP	Early and Periodic Screening, Diagnostic, and Treatment	<input type="checkbox"/> RS	Respite/Emergency Shelter (unskilled)
<input type="checkbox"/> ER	Emergency Room	<input type="checkbox"/> 28	Rural Health Clinic (RHC)
<input type="checkbox"/> 26	Federally Qualified Health Center (FQHC)	<input type="checkbox"/> SS	Surgical Services (<input type="checkbox"/> Outpatient <input type="checkbox"/> ASC)
<input type="checkbox"/> 04	Health Department	<input type="checkbox"/> CS	Surgical Services: Cardiac Surgery Program
<input type="checkbox"/> 19	Home Health	<input type="checkbox"/> CT	Surgical Services: Cardiothoracic Program
<input type="checkbox"/> 10	Hospital - Psychiatric	<input type="checkbox"/> VC	Surgical Services: Vascular Surgery
<input type="checkbox"/> 11	Hospital – General (<input type="checkbox"/> Pediatric)	<input type="checkbox"/> TM	Telemedicine (List modalities):
<input type="checkbox"/> 12	Hospital – Physical Rehabilitation	<input type="checkbox"/> 23	Transportation (<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency)
<input type="checkbox"/> LT	Hospital- Long Term Care	<input type="checkbox"/> 22	Vision
<input type="checkbox"/> 05	Hospice	<input type="checkbox"/> 13	Urgent Care
<input type="checkbox"/> IF	Infusion/Chemotherapy (<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient)	Other (Please Describe):	
<input type="checkbox"/> IC	Intensive Care Unit/Critical Care		
<input type="checkbox"/> 20	Laboratory		

Return to: MCCVAProvider@MagellanHealth.com or fax: 888-656-5098

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Long-Term Services & Supports (LTSS) Procedure Codes

Please select the Service codes you provide. **Please check all that apply.**

Proc Code	Description	Proc Code	Description	Proc Code	Description
<input type="checkbox"/> S5102	Adult Day Health Care	<input type="checkbox"/> S5160	PERS Installation	<input type="checkbox"/> H2000	Service Fac Initial Comprehensive Visit
<input type="checkbox"/> T1999	Assistive Technology Only	<input type="checkbox"/> S5185	PERS Medication Monitoring	<input type="checkbox"/> S5116	Service Fac Management Training Hrs
<input type="checkbox"/> T1000	Congregate Nursing/RN	<input type="checkbox"/> S5161	PERS Monitoring	<input type="checkbox"/> T1028	Service Fac Reassessment Visit
<input type="checkbox"/> T1001	Congregate Nursing/LPN	<input type="checkbox"/> H2021	PERS Nursing Svcs/LPN or RN	<input type="checkbox"/> 99509	Service Fac Routine Visit
<input type="checkbox"/> T1030	Congregate Respite Nursing/RN	<input type="checkbox"/> T1019	Personal Care	<input type="checkbox"/> T1003	Skilled Nursing Services/LPN
<input type="checkbox"/> T1031	Congregate Respite Nursing/LPN	<input type="checkbox"/> T1005	Respite Care	<input type="checkbox"/> T1002	Skilled Nursing Services/RN
<input type="checkbox"/> 99199	Environmental Mod, Maint Costs Only	<input type="checkbox"/> S9125	Respite Care LPN	<input type="checkbox"/> H2015	Transition Coordination
<input type="checkbox"/> S5165	Environmental Modifications Only	<input type="checkbox"/> S5109	Service Facilitation Training Visit		

Substance Use Disorder (SUD) Procedure Codes

Please select the Service codes you provide. **Please check all that apply.**

Procedure Code	Description	Procedure Code	Description
<input type="checkbox"/> H0011, Rev 1002	Inpatient Acute	<input type="checkbox"/> H0006	SUD Case Management
<input type="checkbox"/> H0010, H2034, H2036, Rev 1002	Residential Services	<input type="checkbox"/> H0007	SUD Crisis Intervention
<input type="checkbox"/> H0035, Rev 0913	Partial Hospitalization	<input type="checkbox"/> H0038, T1012, S9445, S9446	SUD Peer Recovery Supports
<input type="checkbox"/> H0015	Intensive Outpatient (IOP)	<input type="checkbox"/> CPT Codes	Outpatient SUD – Indiv, Family & Grp Svcs
<input type="checkbox"/> H0014, H0020, G9012, CPTs 99205 & 99215	Medication Assisted Treatment (MAT) - Suboxone or Methadone Clinic Suboxone Office-Based Treatment	<input type="checkbox"/> Q3014	SUD Telehealth

Non-Traditional Mental Health Services Procedure Codes

Please select the Service codes you provide. **Please check all that apply.**

Procedure Code	Description	Procedure Code	Description
<input type="checkbox"/> H2023	Mental Health Case Management	<input type="checkbox"/> H0035 HB	Day Treatment/ Partial Hospitalization for Adults
<input type="checkbox"/> H0024	Peer Support Services, Individual Mental Health	<input type="checkbox"/> H0036	Crisis Intervention
<input type="checkbox"/> H0025	Peer Support Services, Group Mental Health	<input type="checkbox"/> H0039	Intensive Community Treatment
<input type="checkbox"/> H0031	IIH Assessment	<input type="checkbox"/> H0046	Mental Health Skill-building Services (MHSS)
<input type="checkbox"/> H0032 U6	Psychosocial Rehab Assessment	<input type="checkbox"/> H2012	Intensive In-Home
<input type="checkbox"/> H0032 U7	Therapeutic Day Treatment (TDT) Assessment, Child	<input type="checkbox"/> H2017	Psychosocial Rehab
<input type="checkbox"/> H0032 U7	Day Treatment/Partial Hospitalization Assessment Adult	<input type="checkbox"/> H2019	Crisis Stabilization
<input type="checkbox"/> H0032 U8	MHSS Assessment	<input type="checkbox"/> H2033	Multisystemic Therapy (ABA)
<input type="checkbox"/> H0032 U9	ICT Assessment	<input type="checkbox"/> H0038, T1012	Peer Support Services- Individual
<input type="checkbox"/> H0032 UA	Behavioral Therapy Assessment	<input type="checkbox"/> S9445, S9446	Peer Support Services- Group
<input type="checkbox"/> H0035 HA	Therapeutic Day Treatment (TDT) for Children	<input type="checkbox"/> T1016	Treatment Foster Care Case Management
<input type="checkbox"/> H0035 HA & U7	TDT Summer Program for Children	<input type="checkbox"/> H2022	Level A Group Home
<input type="checkbox"/> H0035 HA & UG	TDT Afterschool Program for Children	<input type="checkbox"/> H2020	Level B Group Home

Please use additional sheets as needed for additional locations.

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