



VIRGINIA MEDICAID BEHAVIORAL HEALTH INTERESTED PROVIDER FORM

Send this form, W-9 and copy of current license to: VAProviderQuestions@magellanhealth.com or fax: 888-656-1409 if you are interested in contracting with Magellan for behavioral health services. Once your information has been received and reviewed, you will be contacted by a Magellan representative.

Provider Type (circle one): Individual Group Member Group Organization/Facility

Practitioner Data – Complete Section for Solo Practitioner/Group Only			
Provider First Name:	MI:	Last Name:	Suffix:
License Type (check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PHD <input type="checkbox"/> RN <input type="checkbox"/> LCSW <input type="checkbox"/> LPC <input type="checkbox"/> LBA <input type="checkbox"/> Other:			
SSN:	NPI:	DOB:	
CAQH #:	Medicare ONLY provider: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Practitioner Data - Other Languages Spoken (<i>Please check <u>all</u> that apply</i>)						
<input type="checkbox"/> Spanish	<input type="checkbox"/> German	<input type="checkbox"/> French	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Navajo	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Italian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Dakota	<input type="checkbox"/> Polish	<input type="checkbox"/> Other:	

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:

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

Provider Designation	
<i>Please select the Provider Designation/Type(s). Please check all that apply.</i>	
Type	Description
<input type="checkbox"/> 01	Addiction, Recovery, & Treatment Services (ARTS)
<input type="checkbox"/> 02	Community Mental Health and Rehabilitative Services (CMHRS)
<input type="checkbox"/> 03	Community Services Board (CSB)
<input type="checkbox"/> 04	EPSDT, Residential Treatment Facility
<input type="checkbox"/> 05	EPSDT, Therapeutic Group Home
<input type="checkbox"/> 06	Federally Qualified Health Center (FQHC)
<input type="checkbox"/> 07	Health Department
<input type="checkbox"/> 08	Hospital – General
<input type="checkbox"/> 09	Hospital – Freestanding Psychiatric

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<input type="checkbox"/>	10	Outpatient, Mental Hhealth
<input type="checkbox"/>	11	Psychiatric Residential Treatment Facility
<input type="checkbox"/>	12	Rural Health Clinic (RHC)
<input type="checkbox"/>	13	Therapeutic Group Home
<input type="checkbox"/>	14	Other (describe)

Traditional/EPSTD Mental Health Services Procedure Codes

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

Proc Code	Description
<input type="checkbox"/> CPT Codes	Evaluation and Management - Inpatient
<input type="checkbox"/> CPT Codes	Evaluation and Management - Outpatient
<input type="checkbox"/> REV 0114, 0124, 0134, 0144, 0154, 0204	Inpatient, Psychiatric
<input type="checkbox"/> H0019	Therapeutic Group Home, EPSTD
<input type="checkbox"/> REV 0961	Residential, EPSTD
<input type="checkbox"/> REV 1001	Residential, Psychiatric
<input type="checkbox"/> H2020	Therapeutic Group Home
<input type="checkbox"/> H2027	1:1 Support in Residential

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 (ASAM 4.0)	<input type="checkbox"/> H0006	SUD Case Management
<input type="checkbox"/> H0010, H2034, H2036, Rev 1002	Residential Services (ASAM 3.1- 3.7)	<input type="checkbox"/> H0007	SUD Crisis Intervention
<input type="checkbox"/> H0035, Rev 0913	Partial Hospitalization, SUD	<input type="checkbox"/> H0038, T1012, S9445, S9446	SUD Peer Recovery Supports
<input type="checkbox"/> H0015	Intensive Outpatient (IOP), SUD	<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	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 (ICT)
<input type="checkbox"/> H0031	IIH Assessment	<input type="checkbox"/> H0046	Mental Health Skill-building Services (MHSS)
<input type="checkbox"/> H0032 U6	Psychosocial Rehabilitation Assessment	<input type="checkbox"/> H2012	Intensive In-Home (IIH)
<input type="checkbox"/> H0032 U7	Therapeutic Day Treatment (TDT) Assessment, Child	<input type="checkbox"/> H2017	Psychosocial Rehabilitation 9PSR)
<input type="checkbox"/> H0032 U7	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 (ends 6/30/2021)	<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"/> H2016	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"/> S9480	Mental Health Intensive Outpatient (starts 7/1/2021)
<input type="checkbox"/> H0035 HA & UG	TDT Afterschool Program for Children	<input type="checkbox"/> H0040	Assertive Community Treatment (starts 7/1/2021)

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