

**Billing and Encounter Submissions Instructions  
for  
Magellan Wyoming Care Management Entity  
High Fidelity Wraparound Providers**

High Fidelity Wraparound Service Name	Billing Instructions	Encounter Submissions Instructions (see notes below) *
<b>Family Care Coordination (FCC)</b>	<p><b>HIPAA Code:</b> T2024</p> <p><b>Basis:</b> Per Diem</p> <ul style="list-style-type: none"> <li>For a <i>full</i> month of treatment, bill T2024 for the total number of days in the month.</li> <li>For a <i>partial</i> month of treatment (entry or exit month), bill T2024 for the number of days in the program.</li> </ul>	<p><b>HIPAA Code:</b> T1016</p> <p><b>Basis:</b> Per 15 minute unit</p> <ul style="list-style-type: none"> <li>For encounter submissions for FCC services, bill T1016 at \$18.50 per 15 minute unit.</li> <li><b>Example:</b> During the month, FCC was rendered twice per week for 1 hour each day: Would bill 4 units of T1016 for each day FCC rendered for 8 days rendered during the month.</li> </ul>
<b>Family Support Program (FSP)</b>	<p><b>HIPAA Code:</b> H2022 + UK</p> <p><b>Basis:</b> Per Diem</p> <ul style="list-style-type: none"> <li>For a <i>full</i> month of treatment, bill H2022 + UK for the total number of days in the month.</li> <li>For a <i>partial</i> month of treatment (entry or exit month), bill H2022 + UK for the number of days in the program.</li> </ul>	<p><b>HIPAA Code:</b> H0038 + UK</p> <p><b>Basis:</b> Per 15 minute unit</p> <ul style="list-style-type: none"> <li>For encounter submissions for FCC services, bill H0038 UK at \$8.50 per 15 minute unit.</li> <li><b>Example:</b> During the month, FSP was rendered twice per week for 45 min each day: Would bill 3 units of H0038 UK for each day FSP rendered for 8 days rendered during the month.</li> </ul>
<b>Youth Support Program (YSP)</b>	<p><b>HIPAA Code:</b> H2022</p> <p><b>Basis:</b> Per Diem</p> <ul style="list-style-type: none"> <li>For a <i>full</i> month of treatment, bill H2022 for the total number of days in the month.</li> <li>For a <i>partial</i> month of treatment (entry or exit month), bill H2022 for the number of days in the program.</li> </ul>	<p><b>HIPAA Code:</b> H0038</p> <p><b>Basis:</b> Per 15 minute unit</p> <ul style="list-style-type: none"> <li>For encounter submissions for YSP services, bill H0038 at \$8.50 per 15 minute unit.</li> <li><b>Example:</b> During the month, YSP was rendered twice per week for 45 min each day: Would bill 3 units of H0038 for each day FSP rendered for 8 days rendered during the month.</li> </ul>

High Fidelity Wraparound Service Name	Billing Instructions	Encounter Submissions Instructions (see notes below) *
Respite Care	<p><b>HIPAA Code:</b> T2027</p> <p><b>Basis:</b> Per 15 minute unit</p> <ul style="list-style-type: none"> <li>• Bill T2027 at your usual &amp; customary rate per 15 minute unit for claims submission.</li> <li>• <b>Example:</b> One hour of respite care services per day would be billed as T2027 for 4 units at your usual &amp; customary rate for the date of service.</li> </ul>	N/A
<b>Youth/Family Training</b> (For a minimum of two and maximum of five families)	<p><b>HIPAA Code:</b> T1027</p> <p><b>Basis:</b> Per 15 minute unit</p> <ul style="list-style-type: none"> <li>• Bill T1027 at your usual &amp; customary rate per 15 minute unit for claims submission.</li> <li>• <b>Example:</b> One hour of Youth/Family Training services per day would be billed as T1027 for 4 units at your usual &amp; customary rate for the date of service.</li> </ul>	N/A

* Notes on Encounter Submissions
<ol style="list-style-type: none"> <li>1. Please submit claims for each member to receive payment, and also submit the services rendered for encounters.</li> <li>2. Please submit claims encounters for each day and amount of time services were rendered.</li> <li>3. Respite Care and Youth/Family Training services are Fee-for-Service (FFS), please do not submit encounters for these services.</li> </ol>