

Kepro Maine
ASO MaineCare Funded Service Grid
November 9, 2022

Legend
Service Notification: Initial requests for Long-Term Supported Employment, Baxter Fund, Adult hospitalizations for Riverview Psychiatric Center and Dorothea Dix Psychiatric Center, and Section 21
Service Notification Extension: Continued requests for Long-Term Supported Employment, Baxter Fund, Adult hospitalizations for Riverview Psychiatric Center and Dorothea Dix Psychiatric Center, PNMI and Section 21
Referral: Administrative Submission to initiate waitlist monitoring/tracking
Prior Authorization: Requires clinical review
Initial Registration: Clinical review for duplication and non-concurrent only
Continued Stay Review: Requires clinical review for continuation of care
SMI Termination Requests: Request to terminate services for members who have a serious mental illness (SMI)
Discharge Review: Required for all services on the last date of service
Critical Incident: Requires submission to report a serious event that creates a significant risk of harm to clients, jeopardizes public safety or program integrity

Service Name	Procedure/ Service Code	Code Modifier	Code Modifier	Billing Unit	Service Notification	Service Notification Extension	Referral	Critical Incident	Prior Auth Review	Initial Registration	Continued Stay Review	SMI Termination	Discharge Review	Initial Auth Period Days	Auth Unit Default	Maximum Continued Stay Period Days
Section 13 Targeted Case Management - Children																
Targeted Case Management - Chronic Medical Care Needs	T1017	UB		15 Min					X		X		X	30	1	90
Targeted Case Management - Behavioral Health	T1017	UC		15 Min			X			X	X		X	30	1	180
Targeted Case Management - Developmental Disabilities	T1017	UD		15 Min			X			X	X		X	30	1	180
Targeted Case Management - Child Members Experiencing Homelessness	T1017	U5		15 Min						X	X		X	30	1	90
Section 13 Targeted Case Management - Adults																
Targeted Case Management - Substance Abuse Disorder	T1017	HF		15 Min						X	X		X	30	1	90
Targeted Case Management - Members Experiencing Homelessness	T1017	U5		15 Min						X	X		X	30	1	90
Targeted Case Management - Adults with HIV	T1017			15 Min						X	X		X	30	1	90
HIV Case Management OHH Services	T1017	HG		15 Min						X	X		X	30	1	90
Homeless Case Management OHH Services	T1017	U5	HG	15 Min						X	X		X	30	1	90
Section 13 Targeted Case Management OHH Services	T1017	UC	HG	15 Min						X	X		X	30	1	90
Section 17 Community Support Services - Adults																
Community Integration (CI)	H2015			15 Min			X	X		X	X	X	X	30	1	90
Section 17 Community Integration OHH Services	H2015	HG		16 Min			X	X		X	X	X	X	30	1	90
Assertive Community Treatment -ACT	H0040			1 Day			X	X	X		X	X	X	90	63	90
Daily Living Support Services	H2017			15 Min			X	X	X		X	X	X	30	1	90
Skills Development	H2014			15 Min			X		X		X	X	X	90	1	90
Skills Development - Group Therapy	H2014	HQ		15 Min			X		X		X	X	X	90	1	90
Skills Development- Ongoing Support to Maintain Emp.	H2025			15 Min			X		X		X	X	X	90	1	90
Day Supports-Day Treatment	H2012			1 Hour			X		X		X	X	X	180	1	180
Community Rehabilitation Services	H2018			1 Day			X	X	X		X	X	X	90	90	90
Section 21 Rehabilitation Supports for Adults with Intellectual Disabilities and Autism																
Agency Home Support (OADS Determination)	T2016	PD		1 Hour	X	X			X		X		X	182	1	182
Agency Home Support with Medical Add-On (OADS Determination)	T2016	SC		1 Hour	X	X			X		X		X	182	1	182
Temporary Emergency Housing Services (OADS Determination)	T2016	PD		1 Hour	X	X				X	X		X	30	1	90
Section 28 - Rehabilitative and Community Support Services (OCFS-Based Providers)																
Services for Children with Cognitive Impairments and Functional Limitations - 1:1	H2021	HI		15 Min					X		X		X	30	40	180
Specialized Services for Children with Cognitive Impairments and Functional Limitations - 1:1	H2021	HK		15 Min					X		X		X	30	40	180
Board Certified Behavior Analyst (BCBA)	G9007	HA		15 Min					X		X		X	30	1	180
Section 28 - Rehabilitative and Community Support Services (School-Based Providers)																
School-Based Services for Children with Cognitive Impairments and Functional Limitations - 1:1	H2021	HI		15 Min					X		X		X	30	40	180
School-Based Specialized Svcs for Children w/Cognitive Impairments & Functional Limitations - 1:1	H2021	HK		15 Min					X		X		X	30	40	180
Section 28 - Referral Management Process																
Section 28 Eligibility Determination - OCFS Providers Non-Specialized	170-100			1 Day			X		N/A	N/A	N/A		X	365	1	N/A

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Section 28 - Referral Management Process Cont.																
Section 28 Eligibility Determination - OCFS Providers Specialized	170-200			1 Day			X		N/A	N/A	N/A		X	365	1	N/A
Section 45 and Section 46 Hospital Services- Adult Mental Health																
Hospital Services - General Psychiatric Hospital	200-100			CASE						X			X	180	1	N/A
Section 45 and Section 46 Hospital Services- Adult Mental Health																
State Hospitals - Dorothea Dix/Riverview Only	200-200			1 Day	X	X				X			X	730	730	N/A
State Hospitals - Riverview Forensic Only	200-300			1 Day	X	X				X			X	730	730	N/A
Reg Adults Ages 21-64; SHH & Acadia Hosp Only	200-400			1 Day						X			X	180	180	N/A
Partial Hospitalization	200-500			1 Day					X		X		X	7	7	7
Intensive Outpatient Program- Substance Abuse	200-600			1 Day					X		X		X	49	1	14
Hospital Services - Inpatient Detoxification	200-700			CASE						X			X	180	1	N/A
Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services																
Hospital Services - General Hospital	210-100			CASE						X			X	180	1	N/A
Child Psychiatric Inpatient - SHH & Acadia Only	210-200			1 Day						X	X		X	7	7	7
Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont.																
Child Inpatient - DDU SHH Only	210-300			1 Day						X	X		X	7	1	7
Intensive Outpatient Program - Substance Abuse	210-400			1 Day					X		X		X	49	1	14
Partial Hospitalization	210-500			1 Day					X		X		X	7	7	7
Section 65 Behavioral Health Services																
Spec. Group Svcs- WRAP	H2019			15 Min						X	N/A		X	84	96	N/A
Spec. Group Svcs- Recovery Wkbk	H2019			15 Min						X	N/A		X	210	240	N/A
Spec. Group Svcs- TREM	H2019			15 Min						X	N/A		X	270	165	N/A
Spec. Group Svcs- DBT	H2019			15 Min						X	N/A		X	365	520	N/A
Adult Crisis Residential- Crisis Units	H0018			1 Day				X		X	X	X	X	7	7	7
Child Crisis Residential-Crisis Units	H0018	HA		1 Day						X	X		X	7	7	7
Adult Outpatient Comp Assess -Mental Health Agency	H2000			15 Min						X	X		X	30	1	30
Adult OP Comp Assess MH Agency – Deaf	H2000			15 Min						X	X		X	30	1	30
Adult OP Comp Assess Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H2000			15 Min						X	X		X	30	1	30
Outpatient Comp Assess -Psychologist- Independent	H2000			15 Min						X	X		X	30	1	30
Sub Abuse Outpatient Comp Assess -Substance Abuse Agency	H2000			15 Min						X	X		X	30	1	30
SA OP Group Therapy Sub Abuse Agency Non-Masters LADC	H2000			15 Min						X	X		X	30	1	30
SA OP Group Therapy Sub Abuse Agency CADC	H2000			15 Min						X	X		X	30	1	30
Child Outpatient Comp Assess -Mental Health Agency	H2000			15 Min						X	X		X	30	1	30
Child OP Comp Assess Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H2000			15 Min						X	X		X	30	1	30
Adult OP Comp Assess MH Agency- Co-occurring	H2000	HH		15 Min						X	X		X	30	1	30
Child OP Comp Assess MH Agency- Co-occurring	H2000	HH		15 Min						X	X		X	30	1	30
Adult Outpatient Therapy - Mental Health Agency	H0004			15 Min				X		X	X		X	365	72	180
Adult OP Therapy MH Agency – Deaf	H0004			15 Min				X		X	X		X	365	72	180
Adult OP Therapy Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H0004			15 Min				X		X	X		X	365	72	180

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Section 65 Behavioral Health Services Cont.																
Outpatient Services - Trauma Focused Cognitive Behavioral Therapy	H0004	ST		15 Min						X	X		X			
Outpatient Therapy - Psychologist- Independent	H0004			15 Min				X		X	X		X	365	72	180
Child Outpatient Therapy - Mental Health Agency	H0004			15 Min						X	X		X	365	72	180
Child OP Therapy Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H0004			15 Min						X	X		X	365	72	180
Trauma Focused Behavioral Therapy Child Outpatient Contracted Providers ONLY	H0004			15 Min						X	X		X	365	72	180
Sub Abuse Outpatient Therapy -Substance Abuse Agency	H0004			15 Min				X		X	X		X	365	72	70
Sub Abuse Agency Non-Masters LADC	H0004			15 Min				X		X	X		X	365	72	70
Sub Abuse Agency CADC	H0004			15 Min				X		X	X		X	365	72	70
Baxter Fund/MaineCare - Outpatient Therapy	H0004			1 Hour	X	X			X		X		X	365	208	180
Adult OP Therapy MH Agency - Co-occurring	H0004	HH		15 Min						X	X		X	365	1	180
Child OP Therapy MH Agency - Co-occurring	H0004	HH		15 Min						X	X		X	365	1	180
Adult Outpatient Group Therapy - Mental Health Agency	H0004	HQ		15 Min						X	X		X	365	1	180
Outpatient Group Therapy - Psychologist- Independent	H0004	HQ		15 Min						X	X		X	365	1	180
Adult OP Group Therapy Ind. Lic. LCSW, LCPC, LMFT- Non Agency	H0004	HQ		15 Min						X	X		X	365	1	180
Child Outpatient Group Therapy - Mental Health Agency	H0004	HQ		15 Min						X	X		X	365	1	180
Child OP Group Therapy Ind. Lic. LCSW, LCPC, LMFT- Non Agency	H0004	HQ		15 Min						X	X		X	365	1	180
Sub Abuse Outpatient Group Therapy -Substance Abuse Agency	H0004	HQ		15 Min						X	X		X	280	1	70
SA OP Group Therapy Sub Abuse Agency Non-Masters LADC	H0004	HQ		15 Min						X	X		X	280	1	70
SA OP Group Therapy Sub Abuse Agency CADC	H0004	HQ		15 Min						X	X		X	280	1	70
Baxter Fund/MaineCare - OP Group Therapy	H0004	HQ		1 Hour	X	X			X		X		X	365	1	180
Adult OP Group Therapy MH Agency- Co-occurring	H0004	HQ	HH	15 Min						X	X		X	365	1	180
Child OP Group Therapy MH Agency- Co-occurring	H0004	HQ	HH	15 Min						X	X		X	365	1	180
Adult Medication Management	H2010			15 Min				X		X	X	X	X	365	1	365
Adult Medication Management - Ancillary	H2010	BH		15 Min				X		X	X	X	X	365	1	365
Adult Medication Management -SUBOXONE	H2010	HF		15 Min				X		X	X	X	X	365	1	365
Adult Medication Management - Physicians	H2010	AF		15 Min				X		X	X	X	X	365	1	365
Medication Management - Suboxone - Physciain	H2010	HF	AF													
Child Medication Management	H2010	HA		15 Min						X	X		X	365	1	365
Child Medication Management - Physicians	H2010	HA	AF	15 Min						X	X		X	365	1	365
Baxter Fund/MaineCare - Medication Management	H2010			1 Hour					X		X		X	365	16	180
Mental Health Psychosocial Clubhouse	H2030			15 Min				X	X		X		X	365	208	180
Family Psycho Education	H2027			15 Min						X	X		X	365	208	365
Family PsychoEducational- Child	H0025			1 Mo						X	X		X	365	12	365

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Section 65 Behavioral Health Services Cont.																
Child Assertive Comm. Treat. (ACT)	H0040	HA		1 Day			X		X		X		X	90	52	90
Intensive Outpatient Program	H0015			1 Day					X		X		X	49	1	14
Intensive Outpatient Program - Matrix/PPP ONLY	H0015			1 Day					X		X		X	49	1	7
Intensive Outpatient Therapy - Mental Health	H0015	HE		1 Day					X		X		X	49	1	7
Intensive Outpatient Therapy - Dev. Disabilities/Behavioral Health	H0015	HI		1 Day					X		X		X	49	1	7
Intensive Outpatient Therapy - Geriatric	H0015	HC		1 Day					X		X		X	49	1	7
Intensive Outpatient Therapy - Dialectical Behavior Therapy	H0015	HK		1 Day					X		X		X	49	1	7
Intensive Outpatient Therapy - Eating Disorder - Level I	H0015	HT		1 Day					X		X		X	49	1	7
Intensive Outpatient Therapy - Eating Disorder - Level II	H0015	HT	AT	1 Day					X		X		X	49	1	7
HCT- Children's Home & Com. Based Tx – Master's	H2021	HO		15 Min					X		X		X	30	24	90
HCT - Children's Home & Com. Based Tx - Bachelors	H2021	HN		15 Min					X		X		X	30	8	90
HCT - FFT	H2021	HE		15 Min			X			X	X		X	120	1	90
HCT- Child Welfare - Bachelor's	H2021	HU	U1	15 Min					X		X		X	30	8	90
HCT- Child Welfare - Master's	H2021	HU		15 Min					X		X		X	30	24	90
HCT- MST	H2033			Weekly			X			X	X		X	150	1	90
HCT- MST - Problem Sex. Behaviors	H2033	HK		Weekly			X			X	X		X	210	1	90
HCT- Collateral – Bachelor's	G9007	HN		15 Min					X		X		X	365	40	365
HCT- Collateral - Master's	G9007	HO		15 Min					X		X		X	365	40	365
HCT- Collateral - Child Welfare	G9007	HU		15 Min					X		X		X	365	40	365
MST - Funded by Dept. of Corrections	220-100			Weekly						X	X		X	150	1	90
MST - PSB - Funded by Dept. of Corrections	220-200			Weekly						X	X		X	210	1	90
Child BH Day Treatment-PROVIDED BY ED. SYS.-Master's	H2012	HO		1 Hour					X		X		X	30	1	180
Child BH Day Treatment-PROVIDED BY ED. SYS.-Bachelor's	H2012	HN		1 Hour					X		X		X	30	1	180
Triple P - 1:1	T1027	HA		15 Min					X		X		X	70	1	70
Triple P - Groups	T1027	HA	HQ	15 Min					X		X		X	63	1	63
Incredible Years - Groups	T1027	TJ	HQ	15 Min												
Parent-Child Interaction Therapy (PCIT) 1:1	T1027	HO		15 Min										140	1	140
Section 65 HCT Referral Management Process																
Section 65 HCT Eligibility Determination - OCFS Provider	220-300			1 Day			X		N/A	N/A	N/A		X	365	1	N/A
Section 92 Behavioral Health Homes																
Behavioral Health Homes - Adult	T2022	HB		1 Mo			X	X	X		X	X	X	90	1	90
Behavioral Health Homes - Child	T2022	HA		1 Mo					X		X		X	30	1	180
Behavioral Health Homes Child OHH Services	T2022	HA	HG	1 Mo					X		X		X	30	1	180
Behavioral Health Homes Adult OHH Services	T2022	HB	HG	1 Mo				X	X		X	X	X	90	1	90
Section 93 Opioid Health Homes																
Opioid Health Homes with Comprehensive Case Management	T2022			1 Mo						X	X		X	180	1	180
Opioid Health Homes without Comprehensive Case Management	T1012			1 Mo						X	X		X	180	1	180
OHH Medication Plus Services w/ Case Management	T1041			1 Mo						X	X		X	180	1	180
OHH Medication Plus Services w/ Additional Case Management	T1041	HH		1 Mo						X	X		X	180	1	180
OHH Methadone Services	T2022	HF		1 Mo						X	X		X	180	1	180
MaineMOM (OHH)	T2022	TH		1 Mo						X	N/A	N/A	X	651	21	N/A
MaineMOM (Non-OHH)	99499	TH		1 Mo						X	N/A	N/A	X	651	21	N/A
Section 97 Private non-Medical Institution Services																
Child Crisis Residential-Crisis Units	H0018	HA		1 Day						X	X		X	7	7	7
Treatment Foster Care Level C	H0019	HU		1 Day						X	X		X	90	90	180
Treatment Foster Care Level D	H0019	HU		1 Day						X	X		X	90	90	180
Treatment Foster Care Level E	H0019	HU		1 Day						X	X		X	90	90	180
Treatment Foster Care Oregon (F/K/A Multidimensional Juvenile Justice Program TFC)	H0019	HY		1 Day					X		X		X	180	180	90
Child PNMI- Crisis Residential	H0019	HA		1 Day						X	X		X	7	7	7
Child PNMI - Mental Health Residential Treatment Services	H0019	HE		1 Day					X		X		X	30	30	90
Child PNMI - Intellectual Disabilities(ID)/Developmental Disabilities (DD) Residential Treatment Svcs.	H0019	HI		1 Day					X		X		X	30	30	90
CBHS Approved ONLY - Room and Board	0169			1 Day					X		X		X	30	30	90

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Section 97 Private non-Medical Institution Services Cont.																
Appendix D Child Care Facilities (Temporary High Intensity Services)	S9484	HA		1 Hour					X		X		X	30	1	30
Temporary High Intensity Service for Resident of Appendix E Persons w/ Mental Illness (SAMHS)	S9484	HE		1 Hour				X	X		X	X	X	7	1	7
Adult PNMI-Rehabilitation Services (SAMHS Determination)	H0019			1 Day				X		X	X	X	X	90	90	90
Adult PNMI- Personal Care (SAMHS Determination)	T1020	HE		1 Day				X		X	X	X	X	90	90	90
Appendix F Adult (SAMHS Determination)	240-100			1 Hour				X		X	X	X	X	30	30	90
Section 97 - Referral Management Process																
Section 97 Children's Residential Care Facility (CRCF) Eligibility Determination	250-100			1 Day			X		N/A	N/A	N/A		X	60	1	N/A
Section 97 Adult PNMI Eligibility Determination	250-200			1 Day			X		N/A	N/A	N/A		X	365	1	N/A
Section 107 - Psychiatric Residential Treatment Facility Services (PRFT)																
Child Psychiatric Residential Treatment Facility Services (PRFT)				1 Day												
Board Certified Behavior Analyst (BCBA)	G9007	HK		15 Min					X		X		X	30	1	180
Children Out of State Hospitals ONLY																
Children Out of State Hospitals ONLY	BLNKT			1 Day	X	X				X	X		X	30	1	30
Critical Incident																
Critical Incident Level 1	100-600			CASE										1	1	N/A
Critical Incident Level 2	100-700			CASE										1	1	N/A

Service Name	Proc-edure/ Service Code	Code Mod	Code Mod	Billing Unit	Contact for Service Not-ification	PA Review	Initial Reg-istration	Continued Stay Review	Discharge Review
Section 97 Private non-Medical Institution Services Cont.									

Initial Auth Period- Days	Auth Unit Default	Typical Continued Stay Period- Days