

APS Healthcare Maine ASO Service Grid

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Adult Mental Health Services													
Service Name	Procedure/Service Code	Code Mod	Code Mod	Billing Unit	PA/UR or UR only	Contact for Service Notification	PA Review	Initial Registration	Continued Stay Review	Discharge Review	Initial Auth Period-Days	Typical Initial Auth Units	Typical Continued Stay Period-Days
Section 17 Community Support Services													
Community Integration (CI)	H2015			15 Min	PA/UR	X	X		X	X	90	80	90
Intensive Case Management (ICM)	CBB16			1 Mo	PA/UR	X	X		X	X	90	3	90
Assertive Community Treatment -ACT	CBB10			1 Mo	PA/UR	X	X		X	X	90	3	90
Daily Living Support Services	H2017			15 Min	PA/UR	X	X		X	X	30	8	90
Skills Development	H2014			15 Min	PA/UR	X	X		X	X	90	104	90
Skills Development - Group Therapy	H2014	HQ		15 Min	PA/UR	X	X		X	X	90	104	90
Skills Development- Ongoing Support to Maintain Emp.	H2025			15 Min	PA/UR	X	X		X	X	90	104	90
Day Supports-Day Treatment	H2012			1 Hour	PA/UR	X	X		X	X	180	52	180
Spec. Group Svcs- WRAP	H2019			15 Min	UR-Only			X	X	X	180	96	180
Spec. Group Svcs- Recovery Wkbk	H2019			15 Min	UR-Only			X	X	X	365	240	90
Spec. Group Svcs- TREM	H2019			15 Min	UR-Only			X	X	X	365	165	90
Spec. Group Svcs- DBT	H2019			15 Min	UR-Only			X	X	X	365	520	90
Community Rehabilitation Services	H2018			1 Day	PA/UR		X		X	X	90	90	90
Section 45 Hospital Services- Adult Mental Health													
Hospital Services- acute	100-219			1 Day	UR-Only			X	X	X	3	3	3
Hospital Services - General Hospital Prior Authorization	100-219			CASE	PA/UR		X			X	30	1	N/A
State Hospitals - Dorothea Dix/Riverview Only	100-219			1 Day	UR-Only			X		X	180	180	N/A
Reg Adults Ages 21-64; SHH & Acadia Hosp Only	100-219			1 Day	UR-Only			X		X	180	180	N/A
Section 65 Adult Mental Health													
Home Based- Use Adult OP	SeeBelow			15 Min	PA/UR	X	X		X	X	30	8	180
Adult Crisis Residential- Crisis Units	H0018			1 Day	UR-Only			X	X	X	7	7	7
Adult Outpatient Comp Assess -Mental Health Agency	H2000			15 Min	UR-Only			X	X	X	30	8	30
Adult OP Comp Assess MH Agency- Co-occurring	H2000	HH		15 Min	UR-Only			X	X	X	30	8	30
Adult OP Comp Assess MH Agency – Deaf & Geriatric	H2000			15 Min	UR-Only			X	X	X	30	8	30
Adult OP Comp Assess Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H2000			15 Min	UR-Only			X	X	X	30	8	30
Telehealth- H2000GT; H2000HH GT				15 Min	UR-Only			X	X	X	30	8	30
LIMITED MC ONLY - H2000, H2000 HH				15 Min	UR-Only			X	X	X	30	8	30
Adult Outpatient Therapy - Mental Health Agency	H0004			15 Min	UR-Only			X	X	X	365	72	180
Adult OP Therapy MH Agency - Co-occurring	H0004	HH		15 Min	UR-Only			X	X	X	365	72	180
Adult OP Therapy MH Agency – Deaf & Geriatric	H0004			15 Min	UR-Only			X	X	X	365	72	180
Adult OP Therapy Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H0004			15 Min	UR-Only			X	X	X	365	72	180
Telehealth-H0004GT; H0004HH GT				15 Min	UR-Only			X	X	X	365	72	180
LIMITED MC ONLY - H0004, H0004 HH				15 Min	UR-Only			X	X	X	365	72	180
Adult Outpatient Group Therapy - Mental Health Agency	H0004	HQ		15 Min	UR-Only			X	X	X	365	156	180
Adult OP Group Therapy MH Agency- Co-occurring	H0004	HQ	HH	15 Min	UR-Only			X	X	X	365	156	180
Adult OP Group Therapy Ind. Lic. LCSW, LCPC, LMFT- Non Agency	H0004	HQ		15 Min	UR-Only			X	X	X	365	156	180
LIMITED MC ONLY - H0004 HQ, H0004 HQ HH				15 Min	UR-Only			X	X	X	365	96	180
Adult Medication Management	H2010			15 Min	UR-Only			X	X	X	365	16	365
Adult Medication Management-Telehealth	H2010	GT		15 Min	UR-Only			X	X	X	365	16	365
Family Psycho Education	H2027			15 Min	UR-Only			X	X	X	365	208	365

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CONTINUED: Adult Services													
Service Name	Procedure/Service Code	Code Mod	Code Mod	Billing Unit	PA/UR or UR only	Contact for Service Notification	PA Review	Initial Registration	Continued Stay Review	Discharge Review	Initial Auth Period-Days	Typical Initial Auth Units	Typical Continued Stay Period-Days
Section 97 Appendix E Community Residences for Persons with Mental Illness													
Adult PNMI-Rehabilitation Services	RMI			1 Day	PA/UR		X		X	X	90	90	90
Adult PNMI- Personal Care	RMI2			1 Day	PA/UR		X		X	X	90	90	90
Section 97 PNMI Appendix F, Mixed Medical and Remedial Facilities													
Appendix F Adult	100-219			1 Hour	UR-Only			X	X	X	30	30	90
Section 65 Psychological Services													
Outpatient Comp Assess -Psychologist- Independent	H2000			15 Min	UR-Only			X	X	X	30	8	30
LIMITED MC ONLY - H2000				15 Min	UR-Only			X	X	X	30	8	30
Outpatient Therapy - Psychologist- Independent	H0004			15 Min	UR-Only			X	X	X	365	72	180
Telehealth-H0004GT				15 Min	UR-Only			X	X	X	365	72	180
LIMITED MC ONLY - H0004				15 Min	UR-Only			X	X	X	365	72	180
Outpatient Group Therapy - Psychologist- Independent	H0004	HQ		15 Min	UR-Only			X	X	X	365	156	180
LIMITED MC ONLY - H0004 HQ				15 Min	UR-Only			X	X	X	365	96	180
Section 67 Nursing Facility Services													
Nursing Facility Services	100-219			1 Day	PA/UR		X		X	X	180	180	180
PASRR-Level I - MI	100-219			None	PA/UR		ICR				1	1	N/A
PASRR-Level II - MI	100-219			None	PA/UR		ICR				9	1	N/A
PASRR-Change in Condition - MI	100-219			None	PA/UR		ICR				9	1	N/A
PASRR-Level I - ORC	100-219			None	PA/UR		ICR				1	1	N/A
PASRR-Level II - ORC	100-219			None	PA/UR		ICR				9	1	N/A
PASRR-Change in Condition - ORC	100-219			None	PA/UR		ICR				9	1	N/A
Long-Term Supported Employment													
Long-Term Supported Employment	100-219			1 Hour	PA/UR		ICR		X	X	180	120	365
Long-Term Supported Employment - INVOICE ONLY	100-219			1 Hour	PA/UR		ICR		X	X	BILLING	1	BILLING
Baxter Fund Services													
Baxter Fund Services - Outpatient Therapy	100-219			1 Hour	PA/UR		ICR		X	X	365	208	180
Baxter Fund Services - OP Group Therapy	100-219			1 Hour	PA/UR		ICR		X	X	365	208	180
Baxter Fund Services - Medication Management	100-219			1 Hour	PA/UR		ICR		X	X	365	16	180
Baxter Fund/MaineCare - Outpatient Therapy	H0004			1 Hour	PA/UR		X		X	X	365	208	180
Baxter Fund/MaineCare - OP Group Therapy	H0004	HQ		1 Hour	PA/UR		X		X	X	365	208	180
Baxter Fund/MaineCare - Medication Management	H2010			1 Hour	PA/UR		X		X	X	365	16	180

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Substance Abuse Services													
Service Name	Procedure/ Service Code	Code Mod	Code Mod	Billing Unit	PA/UR or UR Only	Contact for Service Not- ification	PA Review	Initial Reg- istration	Continued Stay Review	Discharge Review	Initial Auth Period- Days	Typical Initial Auth Units	Typical Continued Stay Period- Days
Section 45 Hospital Services- Substance Abuse Services													
Inpatient Substance Abuse	100-219			1 Day	UR-Only			X	X	X	7	7	3
Hospital Services - General Hospital Prior Authorization	100-219			CASE	PA/UR		X			X	30	1	N/A
Section 65 Substance Abuse Services													
Sub Abuse Outpatient Comp Assess -Substance Abuse Agency	H2000			15 Min	UR-Only			X	X	X	30	8	30
SA OP Comp Assess Sub Abuse Agency Non-Masters LADC	H2000			15 Min	UR-Only			X	X	X	30	8	30
SA OP Comp Assess Sub Abuse Agency CADC	H2000			15 Min	UR-Only			X	X	X	30	8	30
Telehealth- H2000GT				15 Min	UR-Only			X	X	X	30	8	30
LIMITED MC ONLY - H2000				15 Min	UR-Only			X	X	X	30	8	30
Sub Abuse Outpatient Therapy -Substance Abuse Agency	H0004			15 Min	PA/UR		X		X	X	280	360	70
SA OP Therapy Sub Abuse Agency Non-Masters LADC	H0004			15 Min	PA/UR		X		X	X	280	360	70
SA OP Therapy Sub Abuse Agency CADC	H0004			15 Min	PA/UR		X		X	X	280	360	70
Telehealth-H0004GT				15 Min	PA/UR		X		X	X	280	360	70
LIMITED MC ONLY - H0004				15 Min	PA/UR		X		X	X	280	96	70
Sub Abuse Outpatient Group Therapy -Substance Abuse Agency	H0004	HQ		15 Min	PA/UR		X		X	X	280	360	70
SA OP Group Therapy Sub Abuse Agency Non-Masters LADC	H0004	HQ		15 Min	PA/UR		X		X	X	280	360	70
SA OP Group Therapy Sub Abuse Agency CADC	H0004	HQ		15 Min	PA/UR		X		X	X	280	360	70
LIMITED MC ONLY - H0004 HQ				15 Min	PA/UR		X		X	X	280	96	70
Section 97 PNMI Appendix B, Substance Abuse Treatment Facilities													
Res. Sub. Abuse - Rehab Adult	RH6			1 Day	UR-Only			X	X	X	30	30	30
Res. Sub. Abuse - Rehab Adolescent	RH8			1 Day	UR-Only			X	X	X	90	90	90
Res. Sub. Abuse -Halfway House	RH4			1 Day	UR-Only			X	X	X	180	180	180
Residential Substance Abuse - Extended Care	RH5			1 Day	UR-Only			X	X	X	270	270	270
Residential Substance Abuse - Extended Shelter	RH7			1 Day	UR-Only			X	X	X	45	45	45
Personal Care-Substance Abuse	RH9			1 Day	UR-Only			X	X	X	180	180	180
CAMP Program ONLY	RH6			1 Day	UR-Only			X	X	X	60	60	30

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Childrens Services													
Service Name	Procedure/Service Code	Code Mod	Code Mod	Billing Unit	PA/UR or UR Only	Contact for Service Not-ification	PA Review	Initial Reg-istration	Continued Stay Review	Discharge Review	Initial Auth Period-Days	Typical Initial Auth Units	Typical Continued Stay Period-Days
Section 13 Targeted Case Management													
Targeted Case Management - Chronic Medical Care Needs	T1017	UB		15 Min	PA/UR		X		X	X	30	60	90
Targeted Case Management - Behavioral Health	T1017	UC		15 Min	UR-Only	X		X	X	X	30	60	90
Targeted Case Management - Developmental Disabilities	T1017	UD		15 Min	UR-Only	X		X	X	X	30	60	90
WrapME TCM Only	T1017	UC		15 Min	UR-Only	X		X	X	X	30	90	90
Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services													
Inpatient Services	100-219			1 Day	UR-Only			X	X	X	3	3	3
Hospital Services - General Hospital Prior Authorization	100-219			CASE	PA/UR		X			X	30	1	N/A
Children Out of State Hospitals ONLY													
Children Out of State Hospitals ONLY	BLNKT			1 Day	UR-Only			X	X	X	3	3	3
Section 65 Children's Services													
Child Crisis Residential-Crisis Units	H0018			1 Day	UR-Only			X	X	X	7	7	7
Child Outpatient Comp Assess -Mental Health Agency	H2000			15 Min	UR-Only			X	X	X	30	8	30
Child OP Comp Assess MH Agency- Co-occurring	H2000	HH		15 Min	UR-Only			X	X	X	30	8	30
Child OP Comp Assess Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H2000			15 Min	UR-Only			X	X	X	30	8	30
Telehealth-H2000GT; H2000HH GT				15 Min	UR-Only			X	X	X	30	8	30
Child Outpatient Therapy - Mental Health Agency	H0004			15 Min	UR-Only			X	X	X	365	72	180
Child OP Therapy MH Agency - Co-occurring	H0004	HH		15 Min	UR-Only			X	X	X	365	72	180
Child OP Therapy Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H0004			15 Min	UR-Only			X	X	X	365	72	180
TF-CBT Child OP Contracted Providers ONLY	H0004			15 Min	UR-Only			X	X	X	126	108	126
Telehealth-H0004GT; H0004HH GT				15 Min	UR-Only			X	X	X	365	72	180
Child Outpatient Group Therapy - Mental Health Agency	H0004	HQ		15 Min	UR-Only			X	X	X	365	156	180
Child OP Group Therapy MH Agency- Co-occurring	H0004	HQ	HH	15 Min	UR-Only			X	X	X	365	156	180
Child OP Group Therapy Ind. Lic. LCSW, LCPC, LMFT- Non Agency	H0004	HQ		15 Min	UR-Only			X	X	X	365	156	180
Family PsychoEducational- Child	H0025			1 Mo	UR-Only			X	X	X	365	12	365
Child Assertive Comm. Treat. (ACT)	ZNC16			1 Mo	PA/UR	X	X		X	X	90	3	90
Child Medication Management	H2010			15 Min	UR-Only			X	X	X	365	16	365
Child Medication Management-Telehealth	H2010	GT		15 Min	UR-Only			X	X	X	365	16	365

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CONTINUED: Section 65 Children's Services													
Service Name	Procedure/Service Code	Code Mod	Code Mod	Billing Unit	PA/UR or UR only	Contact for Service Notification	PA Review	Initial Registration	Continued Stay Review	Discharge Review	Initial Auth Period-Days	Typical Initial Auth Units	Typical Continued Stay Period-Days
HCT- Children's Home & Com. Based Tx – Bachelor's	H2021	HN		15 Min	PA/UR		X		X	X	30	8	90
HCT- Children's Home & Com. Based Tx – Master's	H2021	HO		15 Min	PA/UR		X		X	X	30	24	90
HCT - FFT	H2021	HY		15 Min	PA/UR		X		X	X	90	156	90
HCT- Child Welfare - Bachelor's	H2021	HU	U1	15 Min	PA/UR		X		X	X	30	8	90
HCT- Child Welfare - Master's	H2021	HU		15 Min	PA/UR		X		X	X	30	24	90
HCT- MST	H2033			15 Min	UR-Only			X	X	X	150	260	90
HCT- MST - Problem Sex. Behaviors	H2033	HK		15 Min	UR-Only			X	X	X	150	260	90
HCT- Collateral – Bachelor's	G9007	HN		15 Min	PA/UR		X		X	X	365	40	365
HCT- Collateral - Master's	G9007	HO		15 Min	PA/UR		X		X	X	365	40	365
HCT- Collateral - FFT	G9007	HY		15 Min	PA/UR		X		X	X	365	40	365
HCT- Collateral - Child Welfare	G9007	HU		15 Min	PA/UR		X		X	X	365	40	365
HCT- Collateral - MST	G9007	HT		15 Min	UR-Only			X	X	X	150	100	90
HCT- Collateral – MST - Problem Sex. Behaviors	G9007	HK		15 Min	UR-Only			X	X	X	150	100	90
Section 97 Appendix D Child Care Facilities													
Treatment Foster Care Level C	RTS	U8		1 Day	UR-Only			X	X	X	90	90	180
Treatment Foster Care Level D	RTS	U8		1 Day	UR-Only			X	X	X	90	90	180
Treatment Foster Care Level E	RTS	U8		1 Day	UR-Only			X	X	X	90	90	180
Multidimensional Juvenile Justice Program TFC	RTS	HY		1 Day	PA/UR		X		X	X	90	90	60
Child PNMI- Crisis Residential	RTS	U7		1 Day	UR-Only			X	X	X	7	7	7
Child PNMI - Infant Mental Health	RTS	U6		1 Day	PA/UR		X		X	X	30	30	90
Child PNMI- Mental Health Level I	H0019	HE		1 Day	PA/UR		X		X	X	30	30	90
Child PNMI- Mental Health Level II	H0019	U3		1 Day	PA/UR		X		X	X	30	30	90
Child PNMI- Mental Retardation Level I	H0019	U4		1 Day	PA/UR		X		X	X	30	30	90
Child PNMI- Mental Retardation Level II	H0019	U5		1 Day	PA/UR		X		X	X	30	30	90
CBHS Approved ONLY - Room and Board	BR			1 Day	PA/UR		X		X	X	30	30	90
Temporary High Intensity Service	S9485			1 Hour	PA/UR		X		X	X	7	CASE	7
Baxter Fund Services													
Baxter Fund Services - Outpatient Therapy	100-219			1 Hour	PA/UR		ICR		X	X	365	208	180
Baxter Fund Services - OP Group Therapy	100-219			1 Hour	PA/UR		ICR		X	X	365	208	180
Baxter Fund Services - Medication Management	100-219			1 Hour	PA/UR		ICR		X	X	365	16	180
Baxter Fund/MaineCare - Outpatient Therapy	H0004			1 Hour	PA/UR		X		X	X	365	208	180
Baxter Fund/MaineCare - OP Group Therapy	H0004	HQ		1 Hour	PA/UR		X		X	X	365	208	180
Baxter Fund/MaineCare - Medication Management	H2010			1 Hour	PA/UR		X		X	X	365	16	180