

KEPRO Maine
ASO MaineCare Funded Service Grid
May 13th, 2019

Legend

Service Notification: Initial request 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 request for Long-Term Supported Employment, Baxter Fund, Adult hospitalizations for Riverview Psychiatric Center and Dorothea Dix Psychiatric Center, and Section 21
Referral: Administrative submission to initiate waitlist monitoring/tracking
Prior Authorization Review: Requires clinical review
Initial Registration: Clinical review for duplication and non-concurrent only
Continued Stay Review: Requires clinical review for continuation of care
Discharge Review: Required for all services on last date of service

Service Name	Procedure/ Service Code	Code Modifier	Code Modifier	Billing Unit	Service Notification	Service Notification Extension	Referral	Prior Authorization Review	Initial Registration	Continued Stay Review	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	90	
Targeted Case Management - Developmental Disabilities	T1017	UD		15 Min		X		X	X	X	30	1	90	
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	
Section 17 Community Support Services - Adults														
Community Integration (CI)	H2015			15 Min		X		X	X	X	30	1	90	
Assertive Community Treatment -ACT	H0040			1 Day		X	X		X	X	90	63	90	
Daily Living Support Services	H2017			15 Min		X	X		X	X	30	1	90	
Skills Development	H2014			15 Min		X	X		X	X	90	1	90	
Skills Development - Group Therapy	H2014	HQ		15 Min		X	X		X	X	90	1	90	
Skills Development- Ongoing Support to Maintain Emp.	H2025			15 Min		X	X		X	X	90	1	90	
Day Supports-Day Treatment	H2012			1 Hour		X	X		X	X	180	1	180	
Community Rehabilitation Services	H2018			1 Day		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	182	CASE	182	
Agency Home Support with Medical Add-On (OADS Determination)	T2016	SC		1 Hour	X	X		X		X	182	CASE	182	
Temporary Emergency Housing Services (OADS Determination)	T2016	PD		1 Hour	X	X		X		X	30	CASE	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	30	CASE	7	
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	3	3	3	
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	30	CASE	7	
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	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 CADAC	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	365	72	180	
Adult OP Therapy MH Agency – Deaf	H0004			15 Min					X	X	X	365	72	180	
Adult OP Therapy Ind. Lic. LCSW, LCPC, LMFT - Non Agency	H0004			15 Min					X	X	X	365	72	180	

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Section 65 Behavioral Health Services Cont.													
Outpatient Therapy - Psychologist- Independent	H0004		15 Min					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	280	360	70
SA OP Group Therapy Sub Abuse Agency Non-Masters LADC	H0004		15 Min					X	X	X	280	360	70
SA OP Group Therapy Sub Abuse Agency CADC	H0004		15 Min					X	X	X	280	360	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	365	16	365
Adult Medication Management - Suboxone Provider	H2010		15 Min					X	X	X	365	16	365
Child Medication Management	H2010	HA	15 Min					X	X	X	365	16	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	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
Child Assertive Comm. Treat. (ACT)	H0040	HA	1 Day		X	X		X	X	X	90	52	90
Intensive Outpatient Program	H0015		1 Day					X	X	X	30	CASE	7
Intensive Outpatient Program - Matrix/PPP ONLY	H0015		1 Day					X	X	X	120	48	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

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Section 65 Behavioral Health Services Cont.														
HCT - FFT	H2021	HE		15 Min			X		X	X	X	120	200	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			15 Min			X		X	X	X	150	400	90
HCT- MST - Problem Sex. Behaviors	H2033	HK		15 Min			X		X	X	X	210	560	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 - FFT	G9007	HE		15 Min					X	X	X	365	40	365
HCT - Collateral - Child Welfare	G9007	HU		15 Min				X		X	X	365	40	365
HCT- Collateral - MST	G9007	HT		15 Min					X	X	X	150	125	90
HCT- Collateral – MST - Problem Sex. Behaviors	G9007	HK		15 Min					X	X	X	210	175	90
MST - Funded by Dept. of Corrections	220-100			15 Min					ICR	CCSR	X	150	400	90
MST - PSB - Funded by Dept. of Corrections	220-200			15 Min					ICR	CCSR	X	210	560	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
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	90	CASE	90
Behavioral Health Homes - Child	T2022	HA		1 Mo				X		X	X	30	CASE	180
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
Section 97 Private non-Medical Institution Services														
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 Level I	H0019	HE		1 Day				X		X	X	30	30	90
Child PNMI - Mental Health Level II	H0019	CG		1 Day				X		X	X	30	30	90
Child PNMI - Intellectual Disabilities Level I	H0019	SE		1 Day				X		X	X	30	30	90
Child PNMI - Intellectual Disabilities Level II	H0019	U9		1 Day				X		X	X	30	30	90
CBHS Approved ONLY - Room and Board	0169			1 Day				X		X	X	30	30	90
Appendix D Child Care Facilities (Temporary High Intensity Services)	S9484	HA		1 Hour				X		X	X	7	1	7
Temporary High Intensity Service for Resident of Appendix E Persons w/ Mental Illness (SAMHS)	S9484	HE		1 Hour				X		X	X	7	1	7
Adult PNMI-Rehabilitation Services (SAMHS Determination)	H0019			1 Day					X	X	X	90	90	90
Adult PNMI- Personal Care (SAMHS Determination)	T1020	HE		1 Day					X	X	X	90	90	90
Appendix F Adult (SAMHS Determination)	240-100			1 Hour					X	X	X	30	30	90

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Section 97 - Referral Management Process														
Section 97 ITRT Eligibility Determination	250-100			1 Day			X	N/A	N/A	N/A	X	60	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