

Acentra Health Maine
ASO MaineCare Funded Service Grid
April 17, 2024

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	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				Weekly			X	X	X		X	X	X	90	13	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 - Children's Rehabilitative and Community Support Services (OCFS-Based Providers)																	
Home and Community, One-to-One (BHP)	H2021	TJ	HI		15 Min					X		X		X	30	40	180
Specialized Home and Community, One-to-One	H2021	U1	HK		15 Min					X		X		X	30	40	180
Section 28 - Rehabilitative and Community Support Services (School-Based Providers)																	
School-Related, One-to-One (BHP)	H2021	TR	HI		15 Min					X		X		X	30	40	180
School-Related, One-to-One (BHP) - SPT Exempt	H2021	HI			15 Min					X		X		X	30	40	180
Specialized School-Related, One-to-One	H2021	U2	HK		15 Min					X		X		X	30	40	180
Specialized School-Related, One-to-One - SPT Exempt	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 - Wellness Recovery Action Planning (WRAP)	H2019	HH			Session						X	N/A		X	84	1	N/A	
Spec. Group Svcs- Recovery Workbook Group	H2019	HE			Session						X	N/A		X	210	1	N/A	
Spec. Group Svcs- Trauma Recovery and Empowerment Group (TREM)	H2019	ST			Session						X	N/A		X	270	1	N/A	
Spec. Group Svcs- Dialectical Behavior Therapy (DBT)	H2019	HK			Session						X	N/A		X	365	1	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	
Comprehensive Assessment - Psychologist - Office	H2000	AH			15 Min						X	X		X	30	1	30	
Comprehensive Assessment - Psychologist - Community	H2000	AH	U2		15 Min						X	X		X	30	1	30	
Comprehensive Assessment - LCSW/LCPC/LMFT - Office	H2000	HO			15 Min						X	X		X	30	1	30	
Comprehensive Assessment - LCSW/LCPC/LMFT - Community	H2000	HO	U2		15 Min						X	X		X	30	1	30	
Comprehensive Assessment - Deaf - Office	H2000				15 Min						X	X		X	30	1	30	
Comprehensive Assessment - Deaf - Community	H2000	U2			15 Min						X	X		X	30	1	30	
Comprehensive Assessment - LADC - Office	H2000	HN			15 Min						X	X		X	30	1	30	
Comprehensive Assessment - LADC - Community	H2000	HN	U2		15 Min						X	X		X	30	1	30	
Comprehensive Assessment - CADC - Office	H2000	HM			15 Min						X	X		X	30	1	30	
Comprehensive Assessment - CADC - Community	H2000	HM	U2		15 Min						X	X		X	30	1	30	
Outpatient Services - Trauma-Focused Cognitive Behavioral Therapy - Office	H0004	ST			15 Min				X		X	X		X	365	72	180	
Outpatient Services - Trauma-Focused Cognitive Behavioral Therapy - Community	H0004	ST	U2		15 Min				X		X	X		X	365	72	180	
Outpatient Services - Psychologist, One-to-One - Office	H0004	AH			15 Min				X		X	X		X	365	72	180	
Outpatient Services - Psychologist, One-to-One - Community	H0004	AH	U2		15 Min				X		X	X		X	365	72	180	
Outpatient Services - Psychologist, Group - Office	H0004	AH	HQ		15 Min				X		X	X		X	365	72	180	
Outpatient Services - LCSW/LCPC/LMFT - One-to-One - Office	H0004	HO			15 Min				X		X	X		X	365	72	180	
Outpatient Services - LCSW/LCPC/LMFT - One-to-One - Community	H0004	HO	U2		15 Min				X		X	X		X	365	72	180	
Outpatient Services - LCSW/LCPC/LMFT - Group - Office	H0004	HO	HQ		15 Min				X		X	X		X	365	72	180	
Outpatient Services - Deaf - One-to-One - Office	H0004				15 Min				X		X	X		X	365	72	180	
Outpatient Services - Deaf - One-to-One - Community	H0004	U2			15 Min				X		X	X		X	365	72	180	
Outpatient Services - LADC - One-to-One - Office	H0004	HN			15 Min				X		X	X		X	365	72	180	
Outpatient Services - LADC - One-to-One - Community	H0004	HN	U2		15 Min				X		X	X		X	365	72	180	
Outpatient Services - LADC - Group - Office	H0004	HN	HQ		15 Min				X		X	X		X	365	72	180	
Outpatient Services - CADC - One-to-One - Office	H0004	HM																
Outpatient Services - CADC - One-to-One - Community	H0004	HM	U2		15 Min				X		X	X		X	365	72	180	
Outpatient Services - CADC - One-to-One - Community	H0004	HM	HQ		15 Min				X		X	X		X	365	72	180	

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Section 65 Behavioral Health Services Cont.																	
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 - Physician	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
Child Assertive Comm. Treat. (ACT)	H0040	HA			Weekly			X		X		X		X	180	26	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
Children's HCT	H2021	HA			Weekly					X		X		X	90	1	90
Children's HCT (OCFS Funded)	H2021	HU			Weekly					X		X		X	90	1	90
Children's HCT (TF-CBT)	H2021	ST			Weekly			X			X	X		X	120	1	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
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			15 Min					X		X		X	30	1	180
Child BH Day Treatment-PROVIDED BY ED. SYS.-Bachelor's	H2012	HN			15 Min					X		X		X	30	1	180
Triple P 1:1 - Bachelor's	T1027	HN	HA		Session					X		X		X	70	1	70
Triple P - Group 2-4 Members - Bachelor's	T1027	HN	HA	UN	Session					X		X		X	70	1	70
Triple P - Group 5-7 Members - Bachelor's	T1027	HN	HA	UR	Session					X		X		X	70	1	70
Triple P - Group 8+ Members - Bachelor's	T1027	HN	HA	US	Session					X		X		X	70	1	70
Triple P - 1:1 Master's	T1027	HO	HA		Session					X		X		X	70	1	70
Triple P - Group 2-4 Members - Master's	T1027	HO	HA	UN	Session					X		X		X	70	1	70
Triple P - Group 5-7 Members - Master's	T1027	HO	HA	UR	Session					X		X		X	70	1	70
Triple P - Group 8+ Members - Master's	T1027	HO	HA	US	Session					X		X		X	70	1	70
Incredible Years - Group 2-4 Members	T1027	TJ	UN		Session					X		X		X	140	1	140
Incredible Years - Group 5-7 Members	T1027	TJ	UR		Session					X		X		X	140	1	140
Incredible Years - Group 8+ Members	T1027	TJ	US		Session					X		X		X	140	1	140
Parent-Child Interaction Therapy (PCIT) 1:1	T1027	HA			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

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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	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
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