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

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	Procedure/						Service			Prior		Continued			Auth	Auth	Continued
	Service	Code	Code	Code	Billing	Service	Notification		Critical	Auth	Initial	Stay	SMI	Discharge	Period	Unit	Stay Period
Service Name	Code	Modifier	Modifier	Modifier	Unit	Notification	Extension	Referral	Incident	Review	Registration	Review	Termination	Review	Days	Default	Days
Section 13 Targeted Case Management - Children				<u>'</u>			•			<u> </u>			•		<u>'</u>		
Targeted Case Management - Chronic Medical Care Needs	T1017	UB			15 Min					Х		х		х	30	1	90
Targeted Case Management - Behavioral Health	T1017	UC			15 Min			х			х	х		х	30	1	180
Targeted Case Management - Developmental Disabilities	T1017	UD			15 Min			х			х	х		х	30	1	180
Targeted Case Management - Child Members Experiencing Homelessness	T1017	U5			15 Min						х	х		х	30	1	90
Section 13 Targeted Case Management - Adults																	
Targeted Case Management - Substance Abuse Disorder	T1017	HF			15 Min						х	x		х	30	1	90
Targeted Case Management - Members Experiencing Homelessness	T1017	U5			15 Min						х	х		х	30	1	90
Targeted Case Management - Adults with HIV	T1017				15 Min						х	х		х	30	1	90
HIV Case Management OHH Services	T1017	HG			15 Min						х	х		х	30	1	90
Homeless Case Management OHH Services	T1017	U5	HG		15 Min						Х	Х		Х	30	1	90
Section 13 Targeted Case Management OHH Services	T1017	UC	HG		15 Min						Х	Х		Х	30	1	90
Section 17 Community Support Services - Adults																	
Community Integration (CI)	H2015				15 Min			Х	Х		х	х	х	х	30	1	90
Section 17 Community Integration OHH Services	H2015	HG			16 Min			х	Х		х	х	х	х	30	1	90
Assertive Community Treatment -ACT	H0040				Weekly			Х	Х	Х		х	х	х	90	13	90
Daily Living Support Services	H2017				15 Min			х	х	Х		х	х	х	30	1	90
Skills Development	H2014				15 Min			х		Х		х	х	х	90	1	90
Skills Development - Group Therapy	H2014	HQ			15 Min			Х		Х		х	х	х	90	1	90
Skills Development- Ongoing Support to Maintain Emp.	H2025				15 Min			х		Х		х	х	х	90	1	90
Day Supports-Day Treatment	H2012				1 Hour			х		Х		х	х	х	180	1	180
Community Rehabilitation Services	H2018				1 Day			х	х	Х		х	х	х	90	90	90
Section 21 Rehabilitation Supports for Adults with Intellectual Disabilities and Autism																	
Agency Home Support (OADS Determination)	T2016	PD			1 Hour	Х	Х			Х		х		Х	182	1	182
Agency Home Support with Medical Add-On (OADS Determination)	T2016	SC			1 Hour	х	х			Х		х		х	182	1	182
Temporary Emergency Housing Services (OADS Determination)	T2016	PD			1 Hour	х	х				х	х		х	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					Х		х		Х	30	40	180
Specialized Home and Community, One-to-One	H2021	U1	HK		15 Min					Х		х		х	30	40	180
Section 28 - Rehabilitative and Community Support Services (School-Based Providers)																	
School-Related, One-to-One (BHP)	H2021	TR	HI		15 Min					Х		х		х	30	40	180
Specialized School-Related, One-to-One	H2021	U2	НК		15 Min					х		х		х	30	40	180
Section 28 - Referral Management Process													•				
Section 28 Eligibility Determination - OCFS Providers Non-Specialized	170-100				1 Day			х		N/A	N/A	N/A		х	365	1	N/A

Service Name Service Name Section 28 - Referral Management Process Cont. Section 28 - Referral Management Process Cont. Section 48 - Referral Management Process Cont. Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Providers Specialized Section 48 - Selighlity Determination - OCFS Provider Specialized Section 48 - Selighlity Determination - OCFS Provider Specialized Section 48 - Selighlity Determination - OCFS Provider Specialized Section 48 - Selighlity Determination - OCFS Provider Specialized Selighlity Selighlit		cident Review I	Initial Stay Registration Review N/A N/A X	ed SMI Termination		Period Days I I I I I I I I I I I I I I I I I I I	Unit S Default [1 N 730 N 730 N 730 N 730 N 730 N 730 N 730 N	Continued Stay Period Days N/A N/A N/A N/A N/A N/A N/A N/A N/A
Service Name	ification Extension Referral Inc	N/A	Registration Review		Review	365 1 180 1 730 7 730 7 749 1	1 N 1 N 730 N 730 N 180 N	N/A N/A N/A N/A
Service Name Code Modifier Modifier Modifier Modifier Section 28 - Referral Management Process Cont.		N/A I	Registration Review	Termination	x	365 1 180 1 730 7 730 7 180 1 7 7 49 1	1 N 1 N 730 N 730 N 180 N	N/A N/A N/A N/A
Section 28 Eligibility Determination - OCFS Providers Specialized Section 45 and Section 46 Hospital Services- Adult Mental Health Hospital Services - General Psychiatric Hospital Section 45 and Section 46 Hospital Services- Adult Mental Health State Hospitals - Dorothea Dis/Riverview Only State Hospitals - Dorothea Dis/Riverview Only State Hospitals - Dorothea Dis/Riverview Forensic Only Reg Adults Ages 21-64; 5HH & Acadia Hosp Only Partial Hospitalization Intensive Outpatient Program - Substance Abuse Hospital Services - Inpatient Detoxification Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Hospital Services - General Hospital Hospital Services - General Hospital Child Psychiatric Inpatient - SHH & Acadia Only Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Hospital Services - General Hospital Hospital Services - General Hospital In Day Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Hospital Services - General Hospital In Day Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont. Child Inpatient - DUD SHH Only In Day Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont. Child Inpatient - DUD SHH Only Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont. Child Inpatient - DUD SHH Only Section 65 Behavioral Health Services Spec. Group Svcs - Wellness Recovery Action Planning (WRAP) Partial Hospitalization Spec. Group Svcs - Vellness Recovery Action Planning (WRAP) Spec. Group Svcs - Recovery Workbook Group Spec. Group Svcs - Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs - Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs - Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs - Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs - Trauma Recovery Action Planning (WRAP) Hoult Ship Hubbard Special Special Special Special Special	X X X X X X X X X X X X X X X X X X X	,	, , ,			730 7 730 7 730 7 180 1 7 7 49 1	730 N 730 N 730 N 180 N	N/A N/A N/A
Section 28 Eligibility Determination - OCFS Providers Specialized Section 45 and Section 46 Hospital Services- Adult Mental Health Hospital Services - General Psychiatric Hospital State Hospitals - Dorothea Dis/Riverview Only State Hospitals - Dorothea Dis/Riverview Only State Hospitals - Dorothea Dis/Riverview Forensic Only Reg Adults Ages 21-64; SHH & Acadia Hosp Only Partial Hospitals - Riverview Forensic Only Reg Adults Ages 21-64; SHH & Acadia Hosp Only Partial Hospitals - Riverview Forensic Only Reg Adults Ages 21-64; SHH & Acadia Hosp Only Partial Hospitalization Rensive Outpatient Program - Substance Abuse Possible Section 45 Hospital Services - Inpatient Detoxification Section 45 Hospital Services - Inpatient Detoxification Section 45 Hospital Services - General Hospital Rospital Services - General Ho	X X X	,	, , ,			730 7 730 7 730 7 180 1 7 7 49 1	730 N 730 N 730 N 180 N	N/A N/A N/A
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Hospital Services - General Psychiatric Hospital Z00-300	X X	X X X	X X X X X X X		X X X X X X X X X X X X X X X X X X X	730 7 730 7 180 1 7 7 49 1	730 N 730 N 180 N	N/A N/A
State Hospitals - Dorothea Div/Riverview Only 200-200 1 Day X State Hospitals - Riverview Forensic Only 200-300 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-300 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-400 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-500 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-500 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-500 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-500 1 Day X Reg Adults Ages 21-64; SHH & Acadia Hosp Only 200-700 CASE X Rection 45 Hospital Services Adsection 46 Private Psychiatric Facility Services 200-700 CASE X Rection 45 Hospital Services Additional Rection 46 Private Psychiatric Facility Services Cont. 210-300 1 Day X Rection 45 Hospital Services Additional Rection 46 Private Psychiatric Facility Services Cont. 210-300 1 Day X Rection 45 Hospital Services Additional Rection 46 Private Psychiatric Facility Services Cont. 210-300 1 Day X Rection 45 Hospital Rection 46 Private Psychiatric Facility Services Cont. 210-300 1 Day X Rection 45 Hospital Rection 46 Private Psychiatric Facility Services Cont. 210-300 1 Day 210-300	X X	XXX	X X X X X X X X X X X X X X X X X X X		X X X X	730 7 730 7 180 1 7 7 49 1	730 N 730 N 180 N	N/A N/A
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Partial Hospitalization Intensive Outpatient Program - Substance Abuse Intensive Outpatient Program - Substance Abuse Section 45 Hospital Services - Inpatient Detoxification Ection 45 Hospital Services - Inpatient - SHH & Acadia Only Ection 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont. Child Inpatient - DDU SHH Only Intensive Outpatient Program - Substance Abuse 210-300 Intensive Outpatient Program - Substance Abuse 210-300 Intensive Outpatient Program - Substance Abuse 210-500 Intensive Outpatient Program - Substance Abuse Exection 65 Behavioral Health Services Spec. Group Svcs - Wellness Recovery Action Planning (WRAP) Spec. Group Svcs - Wellness Recovery Action Planning (WRAP) H2019 H4019 H4 Session Spec. Group Svcs - Recovery Workbook Group H2019 File Session Spec. Group Svcs - Frauma Recovery and Empowerment Group (TREM) File Session Spec. Group Svcs - Dialectical Behavior Therapy (DBT) Adult Crisis Residential- Crisis Units H0018 H2019 H4019 HK Session Adult Crisis Residential - Crisis Units H0018 H0018 H0018 Intensive Outpatient Program - Psychologist - Office H0000 AH Intensive Outpatient - Psychologist - Community H0018 Comprehensive Assessment - Psychologist - Community H0000 H0 Intensive Outpatient - Community H0000 H0 Intensive Assessment - Loss / Lord / Community H0000 H0 Intensive Assessment - Loss / Lord / Community H0000 H0 Intensive Assessment - Loss / Community H0000 H0 Intensive Assessment - Labo - Office H0000 HN Intensive Assessment - Labo - Office H0000 HN Intensive Assessment - Labo - Office H0000 HN Intensive Assessment - Cabo - Office H0000 HN Intensive Assessment - Cabo - Office H0000 HM Intensive Assessment - Cabo - Office		X X X	X X X X		X X X	7 7 49 1	7 7	N/A 7
Intensive Outpatient Program- Substance Abuse Hospital Services - Inpatient Detoxification Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Hospital Services - General Hospital CASE CASE CASE CASE CASE CASE CASE CASE		X	X X X X		X		<u> </u>	/
Hospital Services - Inpatient Detoxification 200-700 CASE			x ^x x		X			14
Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services 210-100 CASE			K X			180 1		N/A
Hospital Services - General Hospital CASE Child Psychiatric Inpatient - SHH & Acadia Only 210-200 1 Day Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont. Child Inpatient - DDU SHH Only 1 Day Intensive Outpatient Program - Substance Abuse			x x	_		100		14/71
Child Psychiatric Inpatient - SHH & Acadia Only Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont. Child Inpatient - DDU SHH Only Intensive Outpatient Program - Substance Abuse Partial Hospitalization 210-300 1 Day Partial Hospitalization 210-500 1 Day Partial Hospitalization 210-500 1 Day Partial Hospitalization 8 Day Partial Hospitalization 8 Day Partial Hospitalization 8 Day Partial Hospitalization 8 Day Partial Hospitalization 9 Day Partia			x x		IX	180 1		N/A
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Partial Hospitalization 210-500 1 Day Section 65 Behavioral Health Services Spec. Group Svcs - Wellness Recovery Action Planning (WRAP) H2019 HH Session Spec. Group Svcs - Recovery Workbook Group H2019 HE Session Spec. Group Svcs - Recovery and Empowerment Group (TREM) H2019 ST Session Spec. Group Svcs - Dialectical Behavior Therapy (DBT) H2019 HK Session Adult Crisis Residential- Crisis Units H0018 H2019 HK Session Adult Crisis Residential- Crisis Units H0018 HA 1 Day Child Crisis Residential- Crisis Units H0018 HA 1 Day Child Crisis Residential- 1:1 Upstaffing S9484 EP H0019 Comprehensive Assessment - Psychologist - Office H2000 AH U2 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Office H2000 HO 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Community H2000 HO U2 15 Min Comprehensive Assessment - Deaf - Community H2000 L3 Min Comprehensive Assessment - Deaf - Office H2000 HO U2 15 Min Comprehensive Assessment - Deaf - Community H2000 HO U2 15 Min Comprehensive Assessment - Deaf - Community H2000 HO U2 15 Min Comprehensive Assessment - Deaf - Community H2000 HN U2 15 Min Comprehensive Assessment - Deaf - Community H2000 HN U2 15 Min Comprehensive Assessment - LADC - Office H2000 HN U2 15 Min Comprehensive Assessment - LADC - Office H2000 HN U2 15 Min Comprehensive Assessment - LADC - Office H2000 HN U2 15 Min Comprehensive Assessment - LADC - Office H2000 HM U2 15 Min			K X		X	7 1	[]	7
Section 65 Behavioral Health Services Spec. Group Svcs- Wellness Recovery Action Planning (WRAP) Spec. Group Svcs- Wellness Recovery Workbook Group Spec. Group Svcs- Recovery Workbook Group Spec. Group Svcs- Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs- Dialectical Behavior Therapy (DBT) Adult Crisis Residential- Crisis Units Child Crisis Residential- Crisis Units Comprehensive Assessment - Psychologist - Office Comprehensive Assessment - Psychologist - Community Comprehensive Assessment - LCSW/LCPC/LMFT - Office Comprehensive Assessment - LCSW/LCPC/LMFT - Community Comprehensive Assessment - Deaf - Office Comprehensive Assessment - Deaf - Office Comprehensive Assessment - Deaf - Community Comprehensive Assessment - CADC - Office H2000 HN U2 15 Min Comprehensive Assessment - CADC - Office H2000 HN U2 15 Min Comprehensive Assessment - CADC - Office		X	Х		Х	49 1	1 1	14
Spec. Group Svcs - Wellness Recovery Action Planning (WRAP) Spec. Group Svcs- Recovery Workbook Group Spec. Group Svcs- Recovery Workbook Group Spec. Group Svcs- Trainan Recovery and Empowerment Group (TREM) Spec. Group Svcs- Trainan Recovery and Empowerment Group (TREM) Spec. Group Svcs- Dialectical Behavior Therapy (DBT) H2019 HK Session Adult Crisis Residential- Crisis Units Child Crisis Residential- Crisis Units H0018 HA 1 Day Child Crisis Residential- Crisis Units H0018 Comprehensive Assessment - Psychologist - Office H2000 AH Comprehensive Assessment - Psychologist - Community H2000 AH U2 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Office H2000 H0 15 Min Comprehensive Assessment - Deaf - Office H2000 H200 15 Min Comprehensive Assessment - Deaf - Community H2000 H200 H300 H30		Х	X		Х	7 7	/7	7
Spec. Group Svcs- Recovery Workbook Group Spec. Group Svcs- Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs- Trauma Recovery and Empowerment Group (TREM) Spec. Group Svcs- Dialectical Behavior Therapy (DBT) Adult Crisis Residential- Crisis Units Adult Crisis Residential- Crisis Units H0018 Adult Crisis Residential- Crisis Units Child Crisis Residential- L'I Upstaffing S9484 EP H0018 Comprehensive Assessment - Psychologist - Office Comprehensive Assessment - Psychologist - Community Comprehensive Assessment - LCSW/LCPC/LMFT - Office H2000 H0 IS Min Comprehensive Assessment - LCSW/LCPC/LMFT - Community H2000 H0 U2 IS Min Comprehensive Assessment - Deaf - Office H2000 IS Min Comprehensive Assessment - Deaf - Community H2000 IS Min Comprehensive Assessment - Deaf - Community H2000 IS Min Comprehensive Assessment - Deaf - Community H2000 HN IS Min Comprehensive Assessment - LADC - Office H2000 HN U2 IS Min Comprehensive Assessment - LADC - Office H2000 HN U2 IS Min Comprehensive Assessment - LADC - Office H2000 HN U2 IS Min Comprehensive Assessment - LADC - Office H2000 HN U2 IS Min Comprehensive Assessment - LADC - Office H2000 HN U2 IS Min Comprehensive Assessment - LADC - Office H2000 HN U2 IS Min								
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Spec. Group Svcs- Dialectical Behavior Therapy (DBT) Adult Crisis Residential- Crisis Units Child Crisis Residential- Crisis Units H0018 HA 1 Day Child Crisis Residential-Crisis Units Comprehensive Assessment - Psychologist - Office Comprehensive Assessment - Psychologist - Community Comprehensive Assessment - CADC - Office H2000 HK Session 1 Day 1 Day			K N/A		х	210 1	<u>.</u>	N/A
Adult Crisis Residential-Crisis Units			N/A		х	270 1	1 1	N/A
Child Crisis Residential-Crisis Units H0018 HA 1 Day Child Crisis Residential 1:1 Upstaffing S9484 EP Hourly Comprehensive Assessment - Psychologist - Office H2000 AH U2 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Office H2000 HO 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Community H2000 HO 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Community H2000 HO U2 15 Min Comprehensive Assessment - Deaf - Office H2000 HO U2 15 Min Comprehensive Assessment - Deaf - Community H2000 U2 15 Min Comprehensive Assessment - Deaf - Community H2000 U2 15 Min Comprehensive Assessment - Deaf - Community H2000 U2 15 Min Comprehensive Assessment - CADC - Office H2000 HN 15 Min Comprehensive Assessment - CADC - Community H2000 HN U2 15 Min Comprehensive Assessment - CADC - Community H2000 HN U2 15 Min Comprehensive Assessment - CADC - Office H2000 HN U2 15 Min			N/A		Х	365 1	1 1	N/A
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Comprehensive Assessment - Psychologist - Office H2000 AH I5 Min Comprehensive Assessment - Psychologist - Community H2000 AH U2 I5 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Office H2000 H0 I5 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Community H2000 H0 U2 I5 Min Comprehensive Assessment - Deaf - Office H2000 I5 Min Comprehensive Assessment - Deaf - Office H2000 U2 I5 Min Comprehensive Assessment - Deaf - Community H2000 U2 I5 Min Comprehensive Assessment - LADC - Office H2000 HN I5 Min Comprehensive Assessment - LADC - Office H2000 HN I5 Min Comprehensive Assessment - LADC - Office H2000 HN I5 Min Comprehensive Assessment - CADC - Office H2000 HN U2 I5 Min Comprehensive Assessment - CADC - Office H2000 HM U2 I5 Min Comprehensive Assessment - CADC - Office H2000 HM II I5 Min Comprehensive Assessment - CADC - Office H2000 HM III II I			x x		х	7 7	7	7
Comprehensive Assessment - Psychologist - Community			x x		х	7 7	<i>i</i>	7
Comprehensive Assessment - Psychologist - Community H2000 AH U2 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Office H2000 H0 15 Min Comprehensive Assessment - LCSW/LCPC/LMFT - Community H2000 H0 U2 15 Min Comprehensive Assessment - Deaf - Office H2000 15 Min 15 Min Comprehensive Assessment - Deaf - Community H2000 U2 15 Min Comprehensive Assessment - LADC - Office H2000 HN 15 Min Comprehensive Assessment - LADC - Community H2000 HN U2 15 Min Comprehensive Assessment - CADC - Office H2000 HM U2 15 Min								
Comprehensive Assessment - LCSW/LCPC/LMFT - Office			x x		х	30 1	1 7	30
Comprehensive Assessment - LCSW/LCPC/LMFT - Office			x x		х	30 1	1 7	30
Comprehensive Assessment - Deaf - Office H2000 15 Min Comprehensive Assessment - Deaf - Community H2000 U2 15 Min Comprehensive Assessment - LADC - Office H2000 HN 15 Min Comprehensive Assessment - LADC - Community H2000 HN U2 15 Min Comprehensive Assessment - CADC - Office H2000 HM U5 15 Min			x x		х	30 1	1 7	30
Comprehensive Assessment - Deaf - Office H2000 15 Min Comprehensive Assessment - Deaf - Community H2000 U2 15 Min Comprehensive Assessment - LADC - Office H2000 HN 15 Min Comprehensive Assessment - LADC - Community H2000 HN U2 15 Min Comprehensive Assessment - CADC - Office H2000 HM U5 15 Min			x x		х	30 1		30
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			x x	+	x	30 1		30
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Outpatient Services - Trauma-Focused Cognitive Behavioral Therapy - Office H0004 ST 15 Min	l x		x x	+	x	365 7	72 1	180
Outpatient Services - Trauma-Focused Cognitive Behavioral Therapy - Community H0004 ST U2 15 Min	l x		x x	-	x			180
Outpatient Services - Psychologist, One-to-One - Office H0004 AH 15 Min	l x		x x	_	x			180
Outpatient Services - Psychologist, One-to-One - Community H0004 AH U2 15 Min	Y X		v v		Y Y			180
Outpatient Services - Psychologist, Group - Office H0004 AH HQ 15 Min	T X		x x	+	x			180
Outpatient Services - LCSW/LCPC/LMFT - One-to-One - Office H0004 HO 15 Min	T I		v v	+	x			180
Outpatient Services - LCSW/LCPC/LMFT - One-to-One - Community H0004 H0 U2 15 Min		 	x x	+	x			180
Outpatient Services - LCSW/LCPC/LMFT - Group - Office H0004 H0 HQ 15 Min		- 	x x	+	x			180
Outpatient Services - Deaf - One-to-One - Office H0004 15 Min		 	x x	+	x			180
Outpatient Services - Deaf - One-to-One - Community H0004 U2 15 Min	l ly		v x	$\overline{}$	Y			180
Outpatient Services - LADC - One-to-One - Office H0004 HN 15 Min	X	 	x x	$\overline{}$	X			180
Outpatient Services - LADC - One-to-One - Ommunity H0004 HN U2 15 Min	X	;	· · · ·	+	Ŷ			180
Outpatient Services - LADC - Group - Office Uniform (Victoria) (1974) (1	X	;	x x	+	Ŷ		-	180
Outpatient Services - CADC - One-to-One - Office H0004 HM	X X X	1 1	^	+	<u> ^</u>	303		100
Outpatient Services - CADC - One-to-One - Ommunity H0004 HM U2 15 Min	X		, ,	+	x	365 7	72 1	180
Outpatient Services - CADC - One-to-One - Community	X X X	,	. 17	$\overline{}$	^			180

	Procedure/						Service			Prior		Continued			Initial Auth	Auth	Maximum Continued
	Service	Code	Code	Code	Billing	Service	Notification		Critical		Initial	Stay	SMI	Discharge	Period	Unit	Stay Period
Service Name	Code	Modifier	I .	1	Unit	Notification	1	Poforral	Incident	1			Termination			Default	
Section 65 Behavioral Health Services Cont.	code	iviouniei	iviouniei	iviouillei	Onic	INOtification	LACEIISIOII	Referrar	incident	IKEVIEW	Registration	INEVIEW	remination	IVEALERA	Days	Delauit	Days
Adult Medication Management	H2010				15 Min			1	x	I	x	lx .	x	х	365	1	365
Child Medication Management	H2010	НА			15 Min				1		x	x		x	365	1	365
Baxter Fund/MaineCare - Medication Management	H2010				1 Hour					х		X		X	365	16	180
Mental Health Psychosocial Clubhouse	H2030				15 Min				Х	Х		х	х	х	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			х		х		х		х	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		IX		X	49	1	 /
Intensive Outpatient Therapy - Mental Health	H0015	HE HI			1 Day					X		x		X	49 49	1	1/
Intensive Outpatient Therapy - Dev. Disabilities/Behavioral Health Intensive Outpatient Therapy - Geriatric	H0015	HC			1 Day 1 Day					x		X		X	49	1	1/
Intensive Outpatient Therapy - Geriatric Intensive Outpatient Therapy - Dialectical Behavior Therapy	H0015	HK			1 Day				<u> </u>	X		X		X	49	1	1/
Intensive Outpatient Therapy - Dialectical Behavior Therapy Intensive Outpatient Therapy - Eating Disorder - Level I	H0015	HT			1 Day					· ·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		× ×	49	1	17
Intensive Outpatient Therapy - Eating Disorder - Level II	H0015	HT	AT		1 Day					^ v		 		^ v	49	1	17
intensive Outpatient Therapy - Eating Disorder - Level II	H0013	п	AI		1 Day	-				^		^		^	49	1	
Children's HCT	H2021	НА			Weekly					x		x		x	90	1	90
Children's HCT (OCFS Funded)	H2021	HU			Weekly					x		y v		x	90	1	90
Children's HCT (TF-CBT)	H2021	ST			Weekly			x			x	x		x	120	1	90
HCT- MST	H2033				Weekly			x		1	x	x		x	150	1	90
HCT- MST - Problem Sex. Behaviors	H2033	НК			Weekly			X			x	x		x	210	1	90
MST - Funded by Dept. of Corrections	220-100				Weekly						х	x		x	150	1	90
MST - PSB - Funded by Dept. of Corrections	220-200				Weekly						х	x		х	210	1	90
, ,																	
Child BH Day Treatment-PROVIDED BY ED. SYSMaster's	H2012	НО			15 Min					х		х		х	30	1	180
Child BH Day Treatment-PROVIDED BY ED. SYSBachelor's	H2012	HN			15 Min					х		х		х	30	1	180
Triple P 1:1 - Bachelor's	T1027	HN	HA		Session					Х		Х		Х	70	1	70
Triple P - Group 2-4 Members - Bachelor's	T1027	HN	HA	UN	Session					Х		х		х	70	1	70
Triple P - Group 5-7 Members - Bachelor's	T1027	HN	HA	UR	Session					Х		х		х	70	1	70
Triple P - Group 8+ Members - Bachelor's	T1027	HN	HA	US	Session					Х		х		х	70	1	70
Triple P - 1:1 Master's	T1027	НО	HA		Session					Х		х		х	70	1	70
Triple P - Group 2-4 Members - Master's	T1027	НО	HA	UN	Session					Х		х		х	70	1	70
Triple P - Group 5-7 Members - Master's	T1027	НО	HA	UR	Session					Х		х		х	70	1	70
Triple P - Group 8+ Members - Master's	T1027	НО	HA	US	Session					х		Х		Х	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				1	x		x		x	140	1	140
	/					<u> </u>		†		f –		i -		-	1	- -	
Parent-Child Interaction Therapy (PCIT) 1:1	T1027	НА			15 Min										140	1	140

Section 65 HCT Referral Management Process										•			<u> </u>				
Section 65 HCT Eligibility Determination - OCFS Provider	220-300				1 Day			х		N/A	N/A	N/A		х	365	1	N/A

	Procedure/						Service			Prior		Continued			Initial Auth	Auth	Maximum Continued
	Service	Code	Code	Code	Billing	Service	Notification		Critical	Auth	Initial	Stay	SMI	Discharge	Period	Unit	Stay Period
Service Name	Code	Modifier		Modifier	Unit	Notification		Referral			Registration	Review	Termination	Review	Days	Default	
Section 92 Behavioral Health Homes	10000					111111111111	1-110-110-1				in agree a second		1.0				17-
Behavioral Health Homes - Adult	T2022	НВ			1 Mo	I	Ι	х	х	х		x	x	х	90	1	90
Behavioral Health Homes - Child	T2022	HA			1 Mo					х		х		х	30	1	180
Behavioral Health Homes Child OHH Services	T2022	HA	HG		1 Mo					х		х		х	30	1	180
Behavioral Health Homes Adult OHH Services	T2022	НВ	HG		1 Mo				х	х		х	х	х	90	1	90
Section 93 Opioid Health Homes	•	<u> </u>	<u> </u>			•	•				•	•		•		•	
Opioid Health Homes with Comprehensive Case Management	T2022				1 Mo	1	I				х	х		х	180	1	180
Opioid Health Homes without Comprehensive Case Management	T1012				1 Mo						х	х		х	180	1	180
OHH Medication Plus Services w/ Case Management	T1041				1 Mo						х	х		х	180	1	180
OHH Medication Plus Services w/ Additional Case Management	T1041	НН			1 Mo						х	х		х	180	1	180
OHH Methadone Services	T2022	HF			1 Mo	1					х	х		х	180	1	180
MaineMOM (OHH)	T2022	TH			1 Mo						х	N/A	N/A	х	651	21	N/A
MaineMOM (Non-OHH)	99499	TH			1 Mo						х	N/A	N/A	х	651	21	N/A
Section 97 Private non-Medical Institution Services	•					•	•				•	-					
Child Crisis Residential-Crisis Units	H0018	HA			1 Day						х	х		Х	7	7	7
Treatment Foster Care Level C	H0019	HU			1 Day						х	х		Х	90	90	180
Treatment Foster Care Level D	H0019	HU			1 Day						х	х		Х	90	90	180
Treatment Foster Care Level E	H0019	HU			1 Day						х	х		х	90	90	180
Treatment Foster Care Oregon (F/K/A Multidimensional Juvenile Justice Program TFC)	H0019	HY			1 Day					х		х		х	180	180	90
Child PNMI- Crisis Residential	H0019	HA			1 Day						х	х		х	7	7	7
Child PNMI - Mental Health Residential Treatment Services	H0019	HE			1 Day					х		х		х	90	90	90
Child PNMI - ID/DD Residential Treatment Services	H0019	HI			1 Day					х		х		х	90	90	90
CBHS Approved ONLY - Room and Board	0169				1 Day					х		х		х	30	30	90
Appendix D Child Care Facilities (Temporary High Intensity Services)	S9484	HA			1 Hour					х		х		х	30	1	30
Temporary High Intensity Service for Resident of Appendix E Persons w/ Mental Illness (SAMHS)	S9484	HE			1 Hour				х	х		х	x	х	7	1	7
Adult PNMI-Rehabilitation Services (SAMHS Determination)	H0019				1 Day	х	х		х	х		х	х	х	90	90	90
Adult PNMI- Personal Care (SAMHS Determination)	T1020	HE			1 Day	х	х		х	х		х	x	х	90	90	90
Appendix F Adult (SAMHS Determination)	240-100				1 Hour				х		х	х	х	х	30	30	90
Section 97 - Referral Management Process						<u> </u>											
Section 97 Children's Residential Care Facility (CRCF) Eligibility Determination	250-100				1 Day			х		N/A	N/A	N/A		Х	60	1	N/A
Section 97 Adult PNMI Eligibility Determination	250-200				1 Day			х		N/A	N/A	N/A		х	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					х		х		х	30	1	180
Children Out of State Hospitals ONLY																	
Children Out of State Hospitals ONLY	BLNKT				1 Day	х	х				х	Х		Х	30	1	30
Critical Incident																	
Critical Incident Level 1	100-600				CASE										1	. 1	1 N/A
Critical Incident Level 2	100-700				CASE										1		1 N/A