Acentra Health Maine
ASO MaineCare Funded Service Grid
September 25, 2026

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
Single Assessment Referral: A request for a single assessment for children's medium to high-intensity services
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	Single Assessment Referral	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 - Adaptive Behavior Services for Children																		
Adpative Skills Training	H2021	TJ	HI		15 Min			X			X		X		X	30	40	180
Applied Behavior Analysis	H2021	U1	HK		15 Min			X			X		X		X	30	40	180
Section 28 - Adaptive Behavior Services for Children (School-Based Providers)																		
School-Related, One-to-One Adpative Skills Training	H2021	TR	HI		15 Min						X		X		X	30	40	180
School-Related, One-to-One Applied Behavior Analysis	H2021	U2	HK		15 Min						X		X		X	30	40	180
Section 28 - Referral Management Process																		
Section 28 Eligibility Determination	170-100				1 Day				X		N/A	N/A	N/A		X	365	1	N/A

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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
Per Diem Substance Use	S9480				1 Day						X		X		X	49	1	7
Per Diem Mental Health	S9480	HE			1 Day						X		X		X	49	1	7
Per Diem Developmental Disabilities/Behavioral Health	S9480	HI			1 Day						X		X		X	49	1	7
Per Diem Dialectical Behavior Therapy	S9480	HK			1 Day						X		X		X	49	1	7
Per Diem Eating Disorder	S9480	HT			1 Day						X		X		X	49	1	7
Per Diem Geriatric	S9480	HC			1 Day						X		X		X	49	1	7
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
Comprehensive Assessment - Psychologist - Office	H2000	AH			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 - Deaf - Office	H2000	U5			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 - CADC - Office	H2000	HM			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 - Psychologist, One-to-One - Office	H0004	AH			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 - Group - Office	H0004	HO	HQ		15 Min					X		X	X		X	365	72	180
Outpatient Services - Deaf - One-to-One - Office	H0004	U5			15 Min					X		X	X		X	365	72	180
	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 - 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	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
Child Medication Management	H2010	HA			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		X	180	26	90
Functional Family Therapy	H2021	HE			Weekly			X	X			X	X		X	120	1	90
Intensive Outpatient Program	H0015				1 Day			X			X		X		X	49	1	14
Intensive Outpatient Program - Matrix/PPP ONLY	H0015				1 Day			X			X		X		X	49	1	7
Intensive Outpatient Therapy - Mental Health	H0015	HE			1 Day			X			X		X		X	49	1	7
Intensive Outpatient Therapy - Dev. Disabilities/Behavioral Health	H0015	HI			1 Day			X			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		X	49	1	7
Intensive Outpatient Therapy - Eating Disorder - Level I	H0015	HT			1 Day			X			X		X		X	49	1	7
Intensive Outpatient Therapy - Eating Disorder - Level II	H0015	HT	AT		1 Day			X			X		X		X	49	1	7
Intensive Outpatient Therapu - Substance Use Level II	H0015	CG			1 Day			X			X		X		X	49	1	7
Children's HCT	H2021	HA			Weekly			X			X		X		X	90	1	90
Children's HCT (OCFS Funded)	H2021	HU			Weekly			X			X		X		X	90	1	90
Children's HCT (TF-CBT)	H2021	ST			Weekly			X	X			X	X		X	120	1	90
HCT- MST	H2033				Weekly			X	X			X	X		X	150	1	90
HCT- MST - Problem Sex. Behaviors	H2033	HK			Weekly			X	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	X		N/A	N/A	N/A		X	365	1	N/A

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Section 66 Crisis Services																		
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
Child Crisis Residential 1:1 Upstaffing	S9484	EP			Hourly							X	X		X	7	7	7
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
High Fidelity Wrap Around Services	T2022	HK			1 Mo			X			X		X		X	60	1	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
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		X	90	90	180
Treatment Foster Care Level D	H0019	HU			1 Day			X				X	X		X	90	90	180
Treatment Foster Care Level E	H0019	HU			1 Day			X				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		X	90	90	90
Child PNMI - ID/DD Residential Treatment Services	H0019	HI			1 Day			X			X		X		X	90	90	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	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	X	X	90	90	90
Adult PNMI- Personal Care (SAMHS Determination)	T1020	HE			1 Day	X	X			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	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
Single Assessment																		
Single Assessment Determination	125-100				1 Day			X								365	1	N/A
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