

**Kepro Maine**  
**ASO MaineCare Funded Service Grid**  
**July 1, 2021**

**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 with 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	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
<b>Section 13 Targeted Case Management - Children</b>																
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	30	1	90
Targeted Case Management - Developmental Disabilities	T1017	UD		15 Min			X			X			X	30	1	90
Targeted Case Management - Child Members Experiencing Homelessness	T1017	US		15 Min						X			X	30	1	90
<b>Section 13 Targeted Case Management - Adults</b>																
Targeted Case Management - Substance Abuse Disorder	T1017	HF		15 Min						X			X	30	1	90
Targeted Case Management - Members Experiencing Homelessness	T1017	US		15 Min						X			X	30	1	90
Targeted Case Management - Adults with HIV	T1017			15 Min						X			X	30	1	90
<b>Section 17 Community Support Services - Adults</b>																
Community Integration (CI)	H2015			15 Min			X	X		X		X	X	30	1	90
Assertive Community Treatment -ACT	H0040			1 Day			X	X	X		X	X	X	90	63	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
<b>Section 21 Rehabilitation Supports for Adults with Intellectual Disabilities and Autism</b>																
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	30	1	90
<b>Section 28 - Rehabilitative and Community Support Services (OCFS-Based Providers)</b>																
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
<b>Section 28 - Rehabilitative and Community Support Services (School-Based Providers)</b>																
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
<b>Section 28 - Referral Management Process</b>																
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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<b>Section 28 - Referral Management Process Cont.</b>																
Section 28 Eligibility Determination - OCFS Providers Specialized	170-200			1 Day			X		N/A	N/A	N/A		X	365	1	N/A
<b>Section 45 and Section 46 Hospital Services- Adult Mental Health</b>																
Hospital Services - General Psychiatric Hospital	200-100			CASE						X			X	180	1	N/A
<b>Section 45 and Section 46 Hospital Services- Adult Mental Health</b>																
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	7	7	7
Intensive Outpatient Program- Substance Abuse	200-600			1 Day					X				X	49	1	14
Hospital Services - Inpatient Detoxification	200-700			CASE						X			X	180	1	N/A
<b>Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services</b>																
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
<b>Section 45 Hospital Services and Section 46 Private Psychiatric Facility Services Cont.</b>																
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	49	1	14
Partial Hospitalization	210-500			1 Day					X				X	7	7	7
<b>Section 65 Behavioral Health Services</b>																
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	X	X	7	7	7
Child Crisis Residential-Crisis Units	H0018	HA		1 Day						X	X		X	7	7	7
Adult Outpatient <b>Comp Assess</b> -Mental Health Agency	H2000			15 Min						X	X		X	30	1	30
Adult OP <b>Comp Assess</b> MH Agency – Deaf	H2000			15 Min						X	X		X	30	1	30
Adult OP <b>Comp Assess</b> Ind. Lic. LCSW, LCPC, LMFT - <b>Non Agency</b>	H2000			15 Min						X	X		X	30	1	30
Outpatient <b>Comp Assess</b> -Psychologist- Independent	H2000			15 Min						X	X		X	30	1	30
Sub Abuse Outpatient <b>Comp Assess</b> -Substance Abuse Agency	H2000			15 Min						X	X		X	30	1	30
SA OP <b>Group Therapy</b> Sub Abuse Agency Non-Masters LADC	H2000			15 Min						X	X		X	30	1	30
SA OP <b>Group Therapy</b> Sub Abuse Agency CADC	H2000			15 Min						X	X		X	30	1	30
Child Outpatient <b>Comp Assess</b> -Mental Health Agency	H2000			15 Min						X	X		X	30	1	30
Child OP <b>Comp Assess</b> Ind. Lic. LCSW, LCPC, LMFT - <b>Non Agency</b>	H2000			15 Min						X	X		X	30	1	30
Adult OP <b>Comp Assess</b> MH Agency- Co-occurring	H2000	HH		15 Min						X	X		X	30	1	30
Child OP <b>Comp Assess</b> MH Agency- Co-occurring	H2000	HH		15 Min						X	X		X	30	1	30
Adult Outpatient <b>Therapy</b> - Mental Health Agency	H0004			15 Min				X		X	X		X	365	72	180
Adult OP <b>Therapy</b> MH Agency – Deaf	H0004			15 Min				X		X	X		X	365	72	180
Adult OP <b>Therapy</b> Ind. Lic. LCSW, LCPC, LMFT - <b>Non Agency</b>	H0004			15 Min				X		X	X		X	365	72	180

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<b>Section 65 Behavioral Health Services Cont.</b>																
Outpatient Services - Trauma Focused Cognitive Behavioral Therapy	H0004	ST		15 Min						X	X		X			
Outpatient <b>Therapy</b> - Psychologist- Independent	H0004			15 Min				X		X	X		X	365	72	180
Child Outpatient <b>Therapy</b> - Mental Health Agency	H0004			15 Min				X		X	X		X	365	72	180
Child OP <b>Therapy</b> Ind. Lic. LCSW, LCPC, LMFT - <b>Non Agency</b>	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 <b>Therapy</b> -Substance Abuse Agency	H0004			15 Min				X		X	X		X	280	360	70
SA OP <b>Group Therapy</b> Sub Abuse Agency Non-Masters LADC	H0004			15 Min				X		X	X		X	280	360	70
SA OP <b>Group Therapy</b> Sub Abuse Agency CADC	H0004			15 Min				X		X	X		X	280	360	70
Baxter Fund/MaineCare - Outpatient Therapy	H0004			1 Hour	X	X			X		X		X	365	208	180
Adult OP <b>Therapy</b> MH Agency - Co-occurring	H0004	HH		15 Min						X	X		X	365	1	180
Child OP <b>Therapy</b> MH Agency - Co-occurring	H0004	HH		15 Min						X	X		X	365	1	180
Adult Outpatient <b>Group Therapy</b> - Mental Health Agency	H0004	HQ		15 Min						X	X		X	365	1	180
Outpatient <b>Group Therapy</b> - Psychologist- Independent	H0004	HQ		15 Min						X	X		X	365	1	180
Adult OP <b>Group Therapy</b> Ind. Lic. LCSW, LCPC, LMFT- <b>Non Agency</b>	H0004	HQ		15 Min						X	X		X	365	1	180
Child Outpatient <b>Group Therapy</b> - Mental Health Agency	H0004	HQ		15 Min						X	X		X	365	1	180
Child OP <b>Group Therapy</b> Ind. Lic. LCSW, LCPC, LMFT- <b>Non Agency</b>	H0004	HQ		15 Min						X	X		X	365	1	180
Sub Abuse Outpatient <b>Group Therapy</b> -Substance Abuse Agency	H0004	HQ		15 Min						X	X		X	280	1	70
SA OP <b>Group Therapy</b> Sub Abuse Agency Non-Masters LADC	H0004	HQ		15 Min						X	X		X	280	1	70
SA OP <b>Group Therapy</b> 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 <b>Group Therapy</b> 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	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	HF	AF	15 Min				X		X	X	X	X	365	1	365
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
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

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<b>Section 65 Behavioral Health Services Cont.</b>																
Child Assertive Comm. Treat. (ACT)	H0040	HA		1 Day			X		X		X		X	90	52	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	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
HCT - FFT	H2021	HE		15 Min			X			X	X		X	120	1	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			Weekly			X			X	X		X	150	1	90
HCT- MST - Problem Sex. Behaviors	H2033	HK		Weekly			X			X	X		X	210	1	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 - Child Welfare	G9007	HU		15 Min					X		X		X	365	40	365
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		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
Triple P - 1:1	T1027	HA		15 Min					X		X		X	70	1	70
Triple P - Groups	T1027	HA	HQ	15 Min					X		X		X	63	1	63
Incredible Years - Groups	T1027	TJ	HQ	15 Min												
Parent-Child Interaction Therapy (PCIT) 1:1	T1027	HO		15 Min										140	1	140
<b>Section 65 HCT Referral Management Process</b>																
Section 65 HCT Eligibility Determination - OCFS Provider	220-300			1 Day			X		N/A	N/A	N/A		X	365	1	N/A
<b>Section 92 Behavioral Health Homes</b>																
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
<b>Section 93 Opioid Health Homes</b>																
Opioid Health Homes <b>with</b> Comprehensive Case Management	T2022			1 Mo						X	X		X	180	1	180
Opioid Health Homes <b>without</b> Comprehensive Case Management	T1012			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
<b>Section 97 Private non-Medical Institution Services</b>																
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		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

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<b>Section 97 Private non-Medical Institution Services Cont.</b>																
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	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
<b>Section 97 - Referral Management Process</b>																
Section 97 ITRT 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
<b>Section 107 - Psychiatric Residential Treatment Facility Services (PRFT)</b>																
Child Psychiatric Residential Treatment Facility Services (PRFT)				1 Day												
Board Certified Behavior Analyst (BCBA)	G9007	HK		15 Min				X			X		X	30	1	180
<b>Children Out of State Hospitals ONLY</b>																
Children Out of State Hospitals ONLY	BLNKT			1 Day	X	X				X	X		X	30	1	30
<b>Critical Incident</b>																
Critical Incident Level 1	100-600			CASE										1	1	N/A
Critical Incident Level 2	100-700			CASE										1	1	N/A