

Request Type in Atrezzo (ANG)	Service Type	Mental Health Services	Procedure Code	Registration	Initial Authorization	Continued Stay Authorization
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	23- Hour Crisis Stabilization	S9485	Yes	N/A	N/A
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Community Stabilization	S9482	N/A	Yes	Yes
Outpatient	0650 Community Mental Health Rehab Services	Mental Health Case Management	H0023	Yes	N/A	Yes (Reregister)
Outpatient	0650 Community Mental Health Rehab Services	Mental Health Peer Support Services – Individual	H0024	Yes	N/A	Yes (Reregister)
Outpatient	0650 Community Mental Health Rehab Services	Mental Health Peer Support Services – Group	H0025	Yes	N/A	Yes (Reregister)
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Mobile Crisis Response	H2011	Yes	N/A	N/A
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Residential Crisis Stabilization Units (RCSUs)	H2018	Yes	N/A	Yes (Cont Stay Authorization)
Outpatient	0094 EPSDT Outpatient Psychiatric Services	Applied BH Therapy (ABA)	97153, 97154, 97155, 97156, 97157, 97158, 0373T	N/A	Yes	Yes
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Assertive Community Treatment (ACT)	H0040	N/A	Yes	Yes
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Functional Family Therapy (FFT)	H0036	N/A	Yes	Yes
Outpatient	0650 Community Mental Health Rehab Services	Intensive In-Home	H2012	N/A	Yes	Yes
Outpatient	0650 Community Mental Health Rehab Services	Therapeutic Day Treatment (TDT) for Children *TDT School Day	H2016, H2016 *UG, H2016 *U7	N/A	Yes	Yes
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Mental Health -Partial Hospitalization Program (MH-PHP) (Same form as IOP)	H0035	N/A	Yes	Yes
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Mental Health - Intensive Outpatient (MH-IOP) (Same form as PHP)	S9480	N/A	Yes	Yes
Outpatient	0650 Community Mental Health Rehab Services	Mental Health Skill-building Services (MHSS)	H0046	N/A	Yes	Yes
Outpatient	0050 Outpatient Psych (Enhanced Behavioral Health Services (EBH)	Multisystemic Therapy	H2033	N/A	Yes	Yes
Outpatient	0650 Community Mental Health Rehab Services	Psychosocial Rehab (PSR)	H2017	Yes	N/A	Yes (Reregister)
Outpatient	0700 Treatment Foster Care	Treatment Foster Care(TFC)-Case Management	T1016	N/A	Yes	Yes
Inpatient	0753 Therapeutic Group Home (PA Community Based Residential Level B)	Therapeutic Group Homes (TGH)	H2020 HW(CSA), H2020 HK (Non CSA), H0019 (EPSDT)	N/A	Yes	Yes
Inpatient	0750 Non CSA Psychiatric Residential Treatment ; 0751 Non-CSA Psychiatric Residential Treatment	Psychiatric Residential Treatment Facility (PRTF)	99221 or 99231	N/A	Yes	Yes
Outpatient	0094 EPSDT Outpatient Psychiatric Services	IACCT Assessment	90889	N/A	Yes	Yes
Inpatient	0750 CSA Psychiatric Residential Treatment ; 0751 NON-CSA Psychiatric Residential Treatment	EPSDT Residential One to One Care	H2027	N/A	Yes	Yes
Request Type in Atrezzo (ANG)	Service Type	Provider Types	Notes	Registration	Initial Authorization	Continued Stay Authorization
Inpatient	0093 Inpatient Psychiatric Services	Provider types allowed include 003 and 007	Age restrictions: 003 (encompass <21 and =>64) and 007 (encompass <21 only) The procedure code is transmitted as "INPSYCH"	N/A	Yes	Yes
Inpatient	0401 INPT Psych	Provider type 001 is allowed only	The procedure code is transmitted as "INPAT"	N/A	Yes	Yes