

HealthChoices Behavioral Health In Lieu of and In Addition to Services

This notice is to inform providers that all HealthChoices Behavioral Health In Lieu Of and In Addition To services require a signed behavioral health managed care organization (BH-MCO) attestation form for enrollment applications. CBH provides the signed form indicating the program has been credentialed. Required services include:

| <i>Provider Type/ Specialty Code</i> | <i>Service Description</i> |
|--|---|
| 11/110 | MH - BSU Assessment Diagnostic |
| 11/184 | D&A Level of Care Assessment |
| 21/138 | D&A Intensive Case Management and Resource Coordination |
| 11/110 | MH Adult Outpatient Treatment in an Alternative Setting |
| 11/110 | MH Adult Residential Treatment Facility |
| 11/110 | MH LTSR |
| 11/111 | MH Assertive Community Treatment (ACT) |
| 11/111 | MH Community Treatment Team (CTT) |
| 11/112 | MH Outpatient Practitioner |
| 11/119 | MH Services, Not Otherwise Specified |
| 11/123 | MH Psychiatric Rehabilitation Services |
| 11/128 | D&A Intensive Outpatient Program (ASAM 2.1) |
| 11/129 | D&A Partial Hospitalization Drug Free (ASAM 2.5) |
| 11/131 | D&A Inpatient Non-Hospital Drug Free Halfway House (ASAM 3.1) |
| 11/132 | D&A Inpatient Non-Hospital Detoxification (ASAM 3.7 WM) |

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| <i>Provider Type/ Specialty Code</i> | <i>Service Description</i> |
|--|--|
| 11/184 | D&A Outpatient Treatment in an Alternative Setting |
| 11/184 | D&A Intervention |
| 11/184 | D&A Services-Other |
| 11/185 | D&A Non-Hosp Residential Clinically Managed (ASAM 3.5) |
| 11/186 | D&A Non-Hosp Residential Clinically Managed (ASAM 3.7) |
| 08/084 | Methadone Maintenance |
| 11/084 | Methadone Maintenance |

To request a BH-MCO attestation form, please send an email to CBHProvider.Contracting@phila.gov.