



# Molina Healthcare of Texas, Inc. Behavioral Healthcare Services

## CHIP and CHIP Perinate

*\*CHIP benefits are based on member enrollment year.*

*CHIP Perinate Members (mother) are not covered for behavioral health or substance use benefits*

### Outpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
<b>Psychiatric Diagnostic Interview</b>	Evaluation counts against 30 initial visits	Notification requested; PA not required	One visit per provider per year
<b>Outpatient Psychotherapy</b>	Psychotherapies: Individual, group, family, crisis intervention	Notification requested; No PA for first 30 visits; Treatment plan review required for each additional 15 visits	<b>Maximum 60 visits within 12 months</b>
<b>Outpatient Service Conversions</b>	60 visits may be converted to: psycho-educational skills training OR rehabilitative treatment	Benefit Conversions require PA	Conversions are based on financial equivalence of available benefit
<b>Rehabilitative Day Treatment</b>	60 days may be converted to additional outpatient visits	PA Required Benefit conversions also require PA	60 days within 12 months
<b>Psychological and Neuropsychological Testing</b>	Testing counts against initial 30 visits	Notification requested; PA not required if 8 hrs. or less and within first 30 visits	Per medical necessity
<b>Medication Management</b>	Does not count against initial 30 visits	PA not required	Per medical necessity
<b>Electroconvulsive Therapy (ECT)</b>	Does not count against initial 30 visits	PA not required	Per medical necessity

### Inpatient and other Hospital Step-down or Diversion Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
<b>Inpatient</b>	25 days of benefit may be converted to residential, partial or therapeutic foster care	PA required. Concurrent review every 3 days or as needed. After hours/week-end admissions are reviewed on next business day.	45 days within 12 months; Conversions are based on financial equivalence of available benefit.

### Substance Use Disorder Services

Service	Coverage Details	Prior Authorization	Limitations
<b>Detox</b>	Detox and crisis stabilization	PA required	14 days within 12 months
<b>Inpatient Residential</b>	30 days of benefit may be converted to partial or intensive outpatient	PA required	60 days within 12 month period
<b>Outpatient &amp; Intensive Outpatient Rehab Program (IOP)</b>	<b>Outpatient:</b> 1-2 hrs/wk of ind., group, psycho-ed and life skills training <b>IOP:</b> 10 hrs/wk for 4-12 wks of the same	PA required	<b>Outpt:</b> 6 mos within 12 month period <b>IOP :</b> up to 12 weeks within 12 month period

Questions: Call the MHT Behavioral Health Hotline 1-800-818-5837 Fax to: 1-866-617-4967

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