



Molina Healthcare of Texas, Inc. Behavioral Healthcare Services



CHIP 2011

Outpatient Behavioral Health Care Covered Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Initial Psychiatric/ Counseling Assessment	One visit per provider per member year	PA required	Per Medical Necessity
Outpatient Psychotherapy	Psychotherapies: Individual, group, family, crisis intervention	PA required at initial visit; Outpatient Treatment Review required at 15 th visit. Crisis Intervention requires PA within 72 hours of visit	Per Medical Necessity
Skills Training and Community Based Treatment	Includes psycho-educational skills training and rehabilitative day treatment	PA required at initial visit; PA required on or before every 48 units	Per Medical Necessity
Psychological Testing	Covers psychological and neuropsychological testing	No PA required if requesting less than 4 hours of testing per episode of care	Per Medical Necessity
Medication Management	No PA required on 90862	PA required on 90805 and 90807	Per Medical Necessity
Electroconvulsive Therapy (ECT)	Provided Inpatient and Outpatient	PA required	Per Medical Necessity

Inpatient and other Hospital Step-down or Diversion Services

Service	Coverage Details	Prior Authorization (PA)	Limitations
Inpatient	Includes residential, partial or therapeutic foster care	PA required. Concurrent review every 3 days or as needed. After hours/weekend admissions are reviewed on next business day	Per Medical Necessity.

Substance Use Disorder Services

Service	Coverage Details	Prior Authorization	Limitations
Detoxification Services	Medical, Ambulatory Outpatient, Inpatient	PA required	Per Medical Necessity
Outpatient Counseling	Psychotherapies: Individual and Group	No PA required (for first 15 visits Par Provider only)	Limited to a combined total of 135 hours of group counseling and 26 hours of individual counseling per client per calendar year
Inpatient Residential	Includes Partial Hospitalization (PHP) and Intensive Outpatient Services (IOP) with Substance Use Disorder concentration	PA required	Per Medical Necessity

*Behavioral health and substance use services are not a covered benefit for CHIP Perinate members.

Questions: Call the MHT Behavioral Health Hotline 1-800-818-5837 Fax to: 1-866-617-4967 Effective March 1, 2011

For Behavioral Health Services in Dallas Service Area (STAR or STAR+PLUS), please call NorthSTAR at (888) 800-6799.