MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Idaho provider networks

ANNOUNCEMENT

Prior Authorization Requirement

Effective **July 1, 2026**, prior authorization will be required for the following services:

- Skills Training and Development – youth only
- Peer Support Services
- Assertive Community Treatment (ACT) Services
- Community Based Rehabilitation Services (CBRS) formerly Psychiatric Rehabilitation Services (PSR)

Providers must obtain authorization **prior to rendering services**. Failure to secure prior authorization may result in **denial of reimbursement**.

Basic skills

- H2014 (Skills Training and Development – youth only)
- H2017 (Community-Based Rehabilitative Services, or CBRS)

Adult Peer Support (recovery coaching is also H0038 without the Hb/ HQ Modifier)

- H0038-HB (Individual, 15 minutes)
- H0038-HB-HQ - (Group, 15 min)

ACT

- H0040: Assertive Community Treatment Program, per diem
- H0039: Assertive Community Treatment, per 15 minutes

CBRS

- H2017: Community Based Rehabilitation Services (CBRS formerly PSR) services billed in 15-minute increments
- H2018: PSR services billed as a per diem (daily)

Clinical Review Requirements

To ensure ongoing medical necessity and quality of care, the following review schedule will apply:

- A review of **medical necessity, goal setting, and progress toward goals** will be conducted.
- Subsequent reviews will occur **every 90 to 180 days**, as applicable. Documentation must support continued need for services, measurable goals, and demonstrated progress.

Provider Responsibilities

Providers are responsible for:

- Submitting timely prior authorization requests
- Ensuring all documentation meets established clinical guidelines,
- Establishing and documenting goals and progress to those goals
- Maintaining records that support medical necessity and treatment progress and expected duration of treatment.

Compliance
Failure to adhere to these requirements may result in claim denials or additional review actions.

Questions
For questions regarding this policy, please contact your provider relations representative or utilization management department.
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