MOLINA HEALTHCARE

PROVIDER BULLETIN
A bulletin for the Molina Healthcare of Idaho provider networks

ANNOUNCEMENT

August 31, 2026

Reminder: As you saw in the Provider Bulleting posted in June, titled ACT/PEER Provider PA Update, there are Prior Authorization requirements being placed on H2017 and H2018.

Effective September 1, 2026, Prior Authorization will be required for Community Based Rehabilitation Services, formerly Psychiatric Rehabilitation Services (PSR):

Community-Based Rehabilitative Services:
H2017: CBRS services billed in 15-minute increments
H2018: CBRS 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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