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New ODM Utilization Management Policies for Community Behavioral Health Providers

Information for Behavioral Health providers

Effective July 1, 2026, Molina Healthcare of Ohio, Inc. will align with the Ohio Department of Medicaid’s (ODM) new Community Behavioral Health and Substance Use Disorder (SUD) Services guidance. ODM’s guidance is intended to ensure that Medicaid and MyCare members across all health plans receive clinically appropriate care and to establish necessary guardrails that uphold integrity across each member’s continuum of care.

ODM has taken this action in response to:

- A significant increase in the utilization of community BH services across all Medicaid populations
- Concerns about systemwide gaps which may fail to catch overutilization or layering of multiple services without coordinated clinical oversight
- Feedback from provider associations and managed care organizations (MCO)

Molina will implement prior authorization review on **July 1, 2026 for the service codes noted in Table A-1**. Utilization prior to July 1, 2026 will not count towards the newly established service thresholds. All service thresholds will **begin accumulating on July 1, 2026**.

Table A-1: Permitted Service Authorization Thresholds for Community BH Services

Service Name	Service Code	Service Threshold at Which Authorization is Required	Response Time by Molina
Psychosocial Rehabilitation Service	H2017	200 units (50hrs) combined TBS or PSR per calendar year	7 days
Therapeutic Behavioral Service (TBS) - Individual	H2019	200 units (50hrs) combined TBS or Psychosocial Rehabilitation (PSR) per calendar year	7 days
Therapeutic Behavioral Service - Group	H2019 HQ	120 units (30hrs) per calendar year	7 days
Therapeutic Behavioral Service Day Treatment - per diem	H2020	After 30 units per calendar year	7 days
Community Psychiatric Support Treatment - Individual	H0036	200 units (50hrs) per calendar year	7 days
Community Psychiatric Support Treatment - Group	H0036 HQ	120 units (30hrs) per calendar year	7 days

The following **exclusions** apply only to those services in Table A-1 above:

- Crisis Services as indicated by the KX modifier
- Behavioral Health Nursing rendered in accordance with Ohio Administrative Code (OAC) Rule 5160-27-11
- Children and youth enrolled in the OhioRISE plan
- Children and youth in the custody of a Public Child Welfare Agency

In addition to the exclusions, Molina will authorize Community BH Services for a duration of at least 90 days.

Molina will implement prior authorization review on **October 1, 2026** for the service codes noted in Table A-2. All service thresholds will **begin accumulating on July 1, 2026**.

Table A-2: Permitted Service Authorization Thresholds for SUD Services

Service Name	Service Code	Service Threshold at Which Authorization is Required	Response Time by Molina
SUD Ambulatory Withdrawal Management	H0012 H0014	After 7th consecutive day	48 hours
SUD Intensive Outpatient Program	H0015	After 30 units per calendar year	7 days
SUD Residential Clinically Managed -Withdrawal Management (WM)	H0010	After 7th consecutive day	48 hours
SUD Residential Medically Managed -WM	H0011	After 7th consecutive day	48 hours

Note: There are no changes to prior authorization requirements for service codes listed in Table A-3 below from the current state.

Table A-3: Service Authorization Thresholds for SUD

Service Name	Service Code	Service Threshold at Which Authorization is Required	Response Time by Molina
SUD Residential Treatment (level 3.1)	H2034	After 30 days and/or 3 or more stays per calendar year	48 hours
SUD Residential Treatment (level 3.3)	H2036 HI	After 30 days and/or 3 or more stays per calendar year	48 hours
SUD Residential Treatment (level 3.5)	H2036	After 30 days and/or 3 or more stays per calendar year	48 hours
SUD Residential Treatment (level 3.7)	H2036 TG	After 30 days and/or 3 or more stays per calendar year	48 hours

Authorization Pre- and Post-Service Limits:

- Pre-Service Limit: The authorizations will be implemented as “pass throughs,” which means that an approved authorization will not be required to initiate a service.
- Post-Service Limit: If the service limit is reached within the calendar year, authorization **will be** required to continue services.

This approach preserves medical necessity review at key intervals and ensures appropriate, intentional and personalized care for patients.

ODM is updating the existing community BH and SUD authorization forms ahead of the July 1 go-live date to capture additional information necessary to support decision-making for these services.

- The updated forms will be posted on ODM’s Behavioral Health Information for Providers website, located at medicaid.ohio.gov, by selecting Behavioral Health under the Resources for Providers Header, then Behavioral Health Information for Providers.

- The Molina Policies will be posted on the website by June 1, 2026. To review the policies, visit the Provider Website and select Molina Healthcare Billing and Reimbursement Policies under the Policy tab, then Molina Healthcare Medicaid Billing and Reimbursement Policies. Scroll down and select Ohio Medicaid under the State Specific Sites, then the policies under the Behavioral Health header.

We understand this will be a significant operational change for some providers. ODM and Molina will continue collaboration with the provider community throughout the transition to ensure there is adequate support.

Provider Claim Inquiry (PCI) Email Requirement

Information for all network providers

Effective July 24, 2026, Molina is introducing a new step to the Provider Claim Inquiry (PCI) process to enhance our communication with providers. When contacting the Provider Services Contact Center with a claim inquiry, providers will now be required to provide an email address to ensure our providers receive timely feedback on their inquiries.

This small change will make a big difference:

- Providers will get updates, ensuring systematic communication of claim decisions
- Resolution confirmations will be sent directly to the provider via the provided email address
- No follow-up calls needed thereby reducing administrative burden

Please note: If a provider cannot provide an email address, your inquiry will be redirected to the Availity Essentials portal or to the standard Claim Dispute or Appeal process to ensure questions and concerns are addressed appropriately and efficiently.

Questions and Quick Links

Provider Services: (855) 322-4079 Mon. - Fri.
Medicaid 7 a.m. to 8 p.m., MyCare Ohio 8 a.m. to 8 p.m., Medicare and Marketplace 8 a.m. to 5 p.m.

Email: OHProviderRelations@MolinaHealthcare.com

Provider Website: MolinaHealthcare.com/OhioProviders