

Best Practices for Successful Approval and Billing of PSR & TCM Services

Friendly Reminder for Providers

1. Retro Service Request Dates

- All services must be pre-approved prior to the member starting services.
- Molina requires at least 4 business days from submission date to date of service (DOS) start.
- Submitting retro requests increases risk of denials

2. Approved Timeframe, Amount & Frequency

- Units are authorized for a specific timeframe aligned to member needs.
- Avoid requesting additional units early unless supported by clear clinical documentation demonstrating justification for additional units.
- Avoid “cookie-cutter” resubmissions across all members—this can trigger a Fraud, Waste, or Abuse investigation and service denials.

3. Initial Requests: Required Documentation

- Current Medications (with dosages & prescriber details).
- Recent Psychiatric Evaluation (date, provider, key findings).
- History of Diagnosis / Functional Impairment (confirm SMI, hospitalizations, functional challenges).
- Current Needs (functioning, natural supports, risk factors, resource needs).
- Individualized Goals & Objectives (measurable, tied to diagnosis & symptoms).
- Previous Treatment History (outpatient, inpatient, and why prior interventions were insufficient)

4. Provider Tips for Success

- Submitting complete, member-specific documentation the first time reduces back-and-forth, improves approval speed, and ensures your billing flows smoothly.

Remember: Successful discharges reflect your effectiveness, demonstrate quality care, and empower members to thrive in the least restrictive environment.

Questions? Call Molina Healthcare of Florida Provider Services at (855) 322-4076.