

# Provider Bulletin

Molina Healthcare of Nevada

May 1, 2026

## Re: Prior Authorization Requirements for Behavioral Health Services

Dear Provider,

Starting June 1, 2026, Molina Healthcare of Nevada will require prior authorizations for the following service codes.

All prior authorization requests must be submitted through [Availity.com](https://www.availity.com).

80307	DRUG TEST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	20 UNITS PER 12 ROLLING MONTHS
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	PA required after 26 units for QMHP, LCSW, LMFT, LCPC.
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	PA required after 26 units for QMHP, LCSW, LMFT, LCPC.
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	PA required after 26 sessions per calendar year
90839	PYSCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	PA required after 26 sessions per calendar year
90840	PYSCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	PA required after 26 sessions per calendar year
90846	FAMILY PSYCHOTHERAPY (EXCLUDE PATIENT) 26-50 MINUTES	PA required after 26 sessions per calendar year
90847	FAMILY PSYCHOTHERAPY (W/PATIENT) 26-50 MINUTES	PA required after 26 sessions per calendar year
90849	MULTIPLE- FAMILY PSYCHOTHERAPY 60 MINUTES	PA required after 26 sessions per calendar year
90853	GROUP PSYCHOTHERAPY (EXCLUDE MULTIPLE-FAMILY GROU 45-60 MINUTES	PA required after 26 sessions per calendar year
90875	INDIVIDUAL PSYCHOTHERAPY INLC BIOFEEDBACK 30 MINUTES	PA required after 26 sessions per calendar year
90876	INDIVIDUAL PSYCHOTHERAPY INLC BIOFEEDBACK 45-50 MINUTES	PA required after 26 sessions per calendar year
H0004	BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	PA required after 104 units per calendar year (26 sessions)
H0015	ALCOHOL/DRUGSERVICES; INTENSIVE OUTPATIENT PROGRM (IOP, ONE UNIT PER DAY)	PA required after 17 units
H0018	BEHAVIORAL HEALTH, SHORT-TERM RESIDENTIAL (NON-HOSPITAL) <30 DAYS	PA Required



H0019	BEHAVIORAL HEALTH, SHORT-TERM RESIDENTIAL (NON-HOSPITAL) >30 DAYS	PA Required
H2011	CRISIS INTERVENTION SERVICE PER 15 MINUTES	H2011 Crisis Intervention: Maximum of four hours per day over a three-day period (one occurrence) without prior authorization; maximum of three occurrences over a 90-day period without prior authorization.
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	PA Required

### Questions?

We're here to help. Contact your Provider Relations Representative or email the Provider Relations team at [NVProviderRelations@MolinaHealthcare.com](mailto:NVProviderRelations@MolinaHealthcare.com)

Learn more about provider updates by visiting [MolinaHealthcare.com/NV](https://MolinaHealthcare.com/NV).

Sincerely,

Molina Healthcare of Nevada Provider Relations