

Supporting Our Provider Partners Through  
Communication and Collaboration



## New Prior Authorization Guidance on July 1, 2025

**DATE:** May 1, 2025

**FROM:** Passport by Molina Healthcare

**TO:**

☒ All      ☐ Primary Care      ☐ Specialist Care      ☐ Hospital/Facility  
☐ Ancillary      ☐ Behavioral Health

**LINE OF BUSINESS:**

☒ All      ☐ Medicaid      ☐ Medicare      ☐ Marketplace

### BACKGROUND:

Passport by Molina Healthcare (Passport) is making providers aware of new **Prior Authorization Guidance**, which will become effective on **July 1, 2025**.

Behavioral Health services, including Mental Health and additional Substance Use Disorder (SUD) services, will be re-instated for all members, including children, adolescents, and adults.

**Effective 7/1/2025, the following services will require prior authorization, in addition to those services that previously required prior authorization:**

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Service	Notes
Non-participating (non-par) Providers	<ul style="list-style-type: none"><li>· All Services require prior authorization, excluding emergent</li></ul>
Inpatient Psychiatric Hospital (free standing and distinct part) including EPSDT Special Services in Extended Care Units (Revenue Codes 114, 124 and 128 – with a behavioral health diagnosis)	<ul style="list-style-type: none"><li>· Members who were admitted prior to 7/1/2025 will require notice of admission for payment; concurrent review (prior authorization) is required if the stay extends more than three (3) days after 7/1/2025, regardless of admission date</li><li>· Members admitted on or after 7/1/2025 require prior authorization</li></ul>
Partial Hospitalization for Substance Use Disorder and Mental Health (CPT Code H0035)	<ul style="list-style-type: none"><li>· Members who were admitted prior to 7/1/2025 will require notice of admission for payment; concurrent review (prior authorization) is required if the stay extends more than three (3) days after 7/1/2025, regardless of admission date</li><li>· Members admitted on or after 7/1/2025 require prior authorization</li></ul>
Psychiatric Residential Treatment Facilities (Revenue Code 1001)	<ul style="list-style-type: none"><li>· All services for Residential Treatment on or after 7/1/2025 require prior authorization</li></ul>
Intensive Outpatient Program (CPT Codes S9480 and H0015)	<ul style="list-style-type: none"><li>· Prior authorization required after 16 visits per member per calendar year, beginning 1/1/25</li><li>· If member has already utilized 16 visits prior to 7/1/2025, prior authorization will be required for additional visits</li></ul>

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Service	Notes
Therapeutic Rehabilitation Program (CPT Codes H2019 and H2020)	· Prior authorization required
Applied Behavior Analysis (CPT Codes 97151, 95152, 97153, 97154, 97155, 97156, 97157, 97158)	· Prior authorization required after 48 units, for any combination of CPT Codes listed, per member per calendar year, beginning 1/1/25 · If the member has already utilized 48 units, for any combination of CPT Codes listed, prior to 7/1/2025, prior authorization will be required for additional units
DayTreatment (CPT Code H2012)	· Prior authorization required
Peer Support Services (CPT Code H0038)	· Prior authorization required for services exceeding 200 units (units measured in 15-minute increments) per member per calendar year, beginning 1/1/25
Psychoeducation (CPT Code H2027)	· Prior authorization required for services exceeding 100 units (units measured in 15-minute increments) per member per calendar year, beginning 1/1/25
Targeted Case Management (CPT Code T2023)	· Prior authorization required
Comprehensive Community Supports (CPT Code H2015)	· Prior authorization required
Assertive CommunityTreatment (CPT Code H0040)	· Prior authorization required

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Inpatient Acute Detox and Residential Substance Use Treatment already require PA and should continue to be prior authorized. All services that required prior authorization prior to July 1, 2025, remain in place and are otherwise required.

Passport will host provider training opportunities on the prior authorization process prior to and after the effective date.

**When submitting requests, please include all relative clinical information including any Regulatory requirements when applicable.**

## Provider Action Needed:

Authorizations may be submitted via the Online portal, Phone (800)-578-0775, or Fax (833) 454 0641. We highly recommend that providers use the online portal to help expedite the decision process.

## Questions:

If you have questions, please contact Provider Services at (800) 578-0775 or your [Provider Relations Representative](#).