

ANNOUNCEMENT

August 11, 2026

Reminder: As you saw in the Provider Bulletin 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 Psychiatric Rehabilitation Services (PSR):

PSR/Community-Based Rehabilitative Services:

H2017: PSR services billed in 15-minute increments

H2018: PSR 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:

- An initial review of medical necessity, goal setting, and progress toward goals will be conducted on or near 30 days following initiation of services
- 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.

mhidprovidersvcreq@molinahealthcare.com

mhid.priorauthorizations@molinahealthcare.com