

Dear Provider:

Thank you for your commitment to serving Molina Healthcare of Texas members. We wanted to let you know about an update to Molina's service offerings that may be available for Medicaid members in lieu of covered benefits when medically appropriate for behavioral health services.

Effective April 1, 2025, Molina will cover the following intensive outpatient (IOP) and partial hospitalization (PHP) outpatient behavioral health services as an "in lieu of service" (ILOS) with member consent:

- Partial hospitalization (PHP)
 - Mental health services: H0035 – Mental health partial hospitalization, treatment, less than 24 hours
 - SUD services: S0201 – Partial hospitalization, less than 24 hours, per diem
- Intensive outpatient (IOP) treatment
 - Mental health services: S9480 – Intensive outpatient psychiatric services, per diem
 - SUD services: H0015 – alcohol and/or drug services; intensive outpatient

This benefit change means that for the IOP & PHP services listed above, prior authorization must be obtained using the CPT codes identified and will only be available when medically necessary and appropriate and the member agrees to in lieu of services.

To request ILOS for your patients, you must:

- Evaluate your patient to determine if these services are appropriate to meet their behavioral health needs
- Obtain consent from the patient to receive ILOS in for either IOP or PHP hospitalization. Molina has developed the attached consent form for your convenience; however, it is not required that you utilize this form as long as consent is maintained by your office.

Once you have evaluated your patient and obtained written consent, you will submit a prior authorization request for the in lieu of service via Molina's normal prior authorization process. You can submit prior authorization requests via the Availity Essentials Provider Portal or by using a Prior Authorization form located at MolinaHealthcare.com.

Please ensure that the above CPT codes are included in any prior authorization requests and claims submitted for ILOS services, in addition to any corresponding revenue codes that may apply. Failure to include the appropriate CPT code may result in delays in processing of your prior authorization request or the denial of your claim.

At this time, Molina is not requiring any additional modifiers to be included on claims for ILOS services. If a specific modifier is required for ILOS claims in the future, Molina will provide notice to providers of this billing change within the regulatory required timeframe.

Additional information on this benefit change can be found at MolinaHealthcare.com. For specific questions, contact Provider Relations at MHTXProviderServices@MolinaHealthcare.com.

Sincerely,
Molina Healthcare of Texas



In-Lieu-of-Services Member Consent Form

I, _____, acknowledge that as a Molina Healthcare of Texas Medicaid member, my covered benefits give me the option to get partial hospital or intensive outpatient treatment in-lieu-of receiving inpatient behavioral health hospitalization upon my consent and evaluation by my doctor. By signing this form, I confirm that my provider has explained this option to me, and I consent to this course of treatment option.

Member Signature

Printed Name

Date

Provider Name

Formulario de consentimiento del miembro para servicios alternativos

Yo, _____, reconozco que, como miembro de Medicaid de Molina Healthcare of Texas, mis beneficios cubiertos me dan la opción de recibir tratamiento ambulatorio intensivo u hospitalario parcial en lugar de recibir hospitalización por salud conductual para pacientes internados, con base en mi consentimiento y la evaluación de mi médico. Al firmar este formulario, confirmo que mi proveedor me explicó esta opción y que doy mi consentimiento para recibir este tratamiento.

Firma del miembro

Nombre en letra de imprenta

Fecha

Nombre del proveedor