

# Molina Healthcare Behavioral Health Training 2026



# Behavioral Health Authorizations



# Prior Authorization Determination

- If a provider is not contracted with Molina, then Prior Authorization is required for **all** services.
- If provider is contracted with Molina, then Prior Authorization is required for select services.
- Prior Authorization determination is separate and distinct from benefit determination. NE DHHS determines which services are covered within their benefit package, found here <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. **A service may indicate that Prior Authorization is not required; however, if the service is not a covered benefit, the service is not allowed, regardless of authorization.**

## To Determine if PA is required:

- Providers may call Provider Services at (844) 782-2678, Monday – Friday, 7 a.m. – 6 p.m. CT.
- The Prior Auth (PA) Look Up Tool can be used to determine if a code requires authorization: [www.molinahealthcare.com/providers/ne/Medicaid/palookup](http://www.molinahealthcare.com/providers/ne/Medicaid/palookup)

State: Nebraska | Health Plan Benefit: Molina Healthcare of Nebras | LOB: Medicaid

CPT / HCPCS Code: H0018

**Prior Authorization Status: Required**

\*Prior authorization required where covered.

State: Nebraska | Health Plan Benefit: Molina Healthcare of Nebrask | LOB: Medicaid

CPT / HCPCS Code: 90834

**Prior Authorization Status: Prior Authorization Not Required**  
**\*Exclusions Apply**

\*Exclusions:

- Non-Participating Provider Requests
- Non-Covered Codes
- LTSS/waiver services (All LTSS/waiver services require PA)
- Any elective service/procedure performed in the Inpatient setting (requires Prior Authorization)
- Elective Inpatient Admissions to Acute Hospitals, Skille Nursing Facilities (SNF), Rehabilitation Facilities (AIR), Long-Term Acute Care Hospitals (LTACH)
- Generic, Miscellaneous or Not Otherwise Specified (NC Codes)

\*The presence of a code on this tool should not be used to determine whether a service is covered. Refer to your regulatory agency for benefit coverage and non-covered codes.

\*Prior Authorization is not a guarantee of payment for services.

Code Description  
PSYCHOTHERAPY W/PATIENT 45 MINUTES



# Submission and Notification

## Submission Options:

- Online through Availity: <https://www.availity.com/molinahealthcare/>
- Fax number: 833-832-1015
- ❖ *Note: While faxing is available, Molina is moving toward digital first and the fax # will be decommissioned soon. Please submit PA requests through Availity.*
- ❖ *All authorizations will need up to date clinical for a review to be done.*

## Turnaround Times:

- STANDARD authorizations can take up to 7 business days to be decisioned.
- URGENT requests will be decisioned in 72 business hours.
  - For a request to be urgent it must be of a critical nature.
- INPATIENT requests will be decisioned in 3 business days.
  - Please note on the request if it's for an ongoing/concurrent review and include appropriate documentation.

## Provider Notifications:

- Notifications are provided for both approval and denial decisions.
- Notifications are available in Availity and sent by Fax. Providers have the option to opt in to receiving the notification through Availity Only, to reduce the duplication.

# Dispute Process

If Prior Authorization is denied, providers may request a Reconsideration, Peer-to-Peer (P2P), or Appeal. Typically, providers will start with the P2P or Reconsideration in the initial stage; however, they may skip those steps and go directly to an Appeal, if desired.

	Reconsideration	Peer to Peer	Appeal
<b>When to Use</b>	Dispute the denial of an authorization request	Via phone call with a medical reviewer, dispute either: 1) Denial of the initial authorization request, or 2) Upheld denial of a Reconsideration	1) Dispute the initial denial of an authorization (bypassing the reconsideration or P2P)  2) Dispute an upheld denial of a Reconsideration or P2P.
<b>Timeframe</b>	15 business days of the denial	5 business days of the denial NOTE: If a reconsideration was done first and it upheld the initial denial, providers have 5 business days to request a P2P.	60 business days of the denial
<b>How to Request</b>	Follow instructions on the denial letter	Online Scheduling Tool on Provider Website	Follow instructions on the denial letter
<b>If denial is upheld, next step</b>	If the reconsideration upholds the initial denial, may request P2P or submit an Appeal	If P2P upholds the denial, may submit an Appeal	If Appeal upholds the denial, please refer to your Molina contract for additional dispute process.

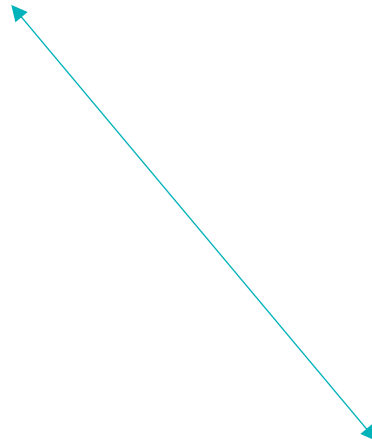
## Additional Notes

- If the request for reconsideration or P2P is not completed within the required timeframe, providers should submit an appeal.
- Sending new records produced after the last review can be very helpful. It is important that records corroborate any information shared in the peer-to-peer meeting

# How to Request a P2P?

Schedule a Peer-to-peer call through our **online scheduling tool** on the home page of our Provider Website.

[www.MolinaHealthcare.com/providers/ne/Medicaid/schedulertool](http://www.MolinaHealthcare.com/providers/ne/Medicaid/schedulertool)



MOLINA HEALTHCARE Availity Essentials Portal | Find a Doctor or Pharmacy Search Go Sign in Register

Home Provider Resources Claims & Authorizations Health Resources Communications Join Our Network

Learn More About Mental Health PsychHUB

EXPLORE EVIDENCE-BASED EDUCATION OPPORTUNITIES FROM PSYCH HUB.

Click here

Need a Prior Authorization? Code LookUp Tool

Welcome Molina Healthcare of Nebraska Providers

Contracted providers are an essential part of delivering quality care to our members. We value our partnership and appreciate the family-like relationship that you pass on to our members.

As our partner, assisting you is one of our highest priorities. We welcome your feedback and look forward to supporting all your efforts to provide quality care.

If you have any questions, please call Provider Services at (844) 782-2678 from 7 a.m. to 6 p.m. CT, Monday to Friday.

Important Provider Notices

Standby for some important provider information!

Your Opinion Matters

Email us to share your comments, concerns, or ideas Your feedback is important to us. Let us know what we're doing well and what we can do to improve.

New P2P Scheduling Tool

Need a Peer-To-Peer review for your Molina Medicaid patient? Put in a request with our convenient new scheduling tool. **CLICK HERE.**

What's New/ Recent Updates

It is important to Molina Healthcare and your patients that your provider directory demographics are accurate. The State of Nebraska's Department of Health and Human Services (NE DHHS) assigns a Provider Medicaid ID number to each Provider address. The Provider Medicaid ID number/ address/ NPI combination along with the Group NPI and Tax ID on file with Molina, must match the information that is on file with NE DHHS for claim payment; therefore, all changes should be made through the NE DHHS website. For more information **CLICK HERE.**

# Behavioral Health Authorizations for Secondary Members



# Behavioral Health Authorizations for Secondary Members

- If a member has a primary insurance that covers behavior health this will be used before billing Molina. If benefits are exhausted by the primary insurance, Molina will become the primary insurance.
  - If available, submit the primary denial letter.
  - If primary denial letter is not available, please add a note on the PA request that the primary payer’s benefits have been exhausted or that the service is not covered by them.
  
- Per Provider Bulletin from DHHS No 25-11, the following codes do not need to go through primary insurance; Molina will always be primary for these codes:

<https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%2025-11.pdf>

Code	Modifier	Description
H0018	HF	ASAM Level 3.5 – Adult Short Term Residential, Co-Occurring Enhanced
H0018	HH	ASAM Level 3.5 – Adult Substance Use Disorder Dual Diagnosis Residential
H0019		Adult Intermediate Therapeutic Residential, Co-occurring capable
H0019	TT	Adult Therapeutic Community
H0019	HE	Psychiatric Residential Rehabilitation Services
H0040		Assertive Community Treatment Program (ACT), Psychiatrist providing all Med Services
H0040	52	Assertive Community Treatment Program (ACT), APRN Providing Some Med Services
H2017		Day Rehabilitation Services - Mental Health
H2018		Day Rehabilitation Services - Mental Health
H2018	HK	Secure Psychiatric Residential Rehabilitation Services
H2027		Day Treatment, Direct Care Staff
H0038	HE	Certified Peer Support Services - Mental Health
H0038	HF	Certified Peer Support Services - Substance Use Disorder
H0038	HE/HQ	Certified Peer Support Group Services - Mental Health
H0038	HF/HQ	Certified Peer Support Group Services - Substance Use Disorder
H2015	HF	ASAM Level 1.0 – Adult Community Support
H2015	HE	Community Support Services - Mental Health
H2020		Therapeutic Group Home (THGH)
H2034		ASAM Level 3.1 – Adult Halfway House



# Molina Utilization Management Contacts



# Molina Utilization Management Contacts

Please reach out to Molina Utilization Management (UM) with questions.

- Contact Phone Number: 844-782-2678  
Monday – Friday, 7:00am – 6:00pm, CT
- Molina UM e-mail:  
[NE\\_UM@MolinaHealthcare.com](mailto:NE_UM@MolinaHealthcare.com)



# Behavioral Health Medications



# Behavioral Health Medications

- There are certain medications that will need an authorization through Molina Medicaid.
- Medications will be authorized through our pharmacy department.
- PA request submitted under the pharmacy benefit have a 1 business day turn around time and the forms are located on our website  
<https://www.molinahealthcare.com/providers/ne/Medicaid/resources/forms.aspx>

Please check the Molina pharmacy formulary to see if your medication needs a prior auth at:

<https://www.molinahealthcare.com/providers/ne/medicaid/resources/pharmacy.aspx>

Home > Provider Resources > Pharmacy

## Pharmacy

### Drug Formulary

Molina Healthcare of Nebraska (Molina) is in alignment with Nebraska Medicaid's Preferred Drug List (PDL). The list shows all the prescription and over-the-counter products members can get from a pharmacy. Some medications require prior authorization (PA) or have limitations on age, dosage and/or quantities. Molina complies with all of Nebraska Medicaid's criteria found within the comprehensive PDL.

- [Nebraska Medicaid Preferred Drug List](#)
- [Formulary Searchable Tool](#)
- [Medical Preferred Drug List\\_January 2025](#)
- [Medical Preferred Drug List\\_July 2025](#)
- [Pharmacy Specialty Drug List](#)
- [Medical Preferred Drug List\\_January 2026](#)
- [Memo\\_PDL Changes\\_January 2026](#)

### Clinical Guidelines

- [Buprenorphine: Practical Clinical Guidance for Prescribers](#)

### Clinical Criteria

### Step Therapy

### Pharmacy Billing





### Prescription Drug Monitoring Program (PDMP)

### Drug Recalls




# Behavioral Health Medications

## Formulary Example










### Results

Brand Name <small>generic name</small>	Therapeutic Class <small>Sub-Class</small>	Dose/Strength	Status	Notes & Restrictions
<b>Vraylar Oral Capsule 3 Mg</b> <small>cariprazine hcl</small>	<u>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</u> <u>*ANTIPSYCHOTICS - MISC.**</u> <u>- DRUGS FOR SEVERE MENTAL DISORDERS</u>	Capsule 3 MG		  

### Definition of Status

Icon	Status	Definition
	Preferred	Preferred Drug
	Non-Preferred	Non-Preferred
	Non-Formulary	Non-Formulary

### Definition of Restrictions

Icon	Restriction	Definition
	Age Limit	Age Limit
	Extended Day Supply	Extended Day Supply may be available
	Generic Indicator	Generic drugs have the same active ingredient, strength and dose as brand-name drugs.
	Prior Authorization	Prior Authorization
	Prior Authorization - Smart PA	Prior Authorization-Product is eligible for auto approval
	Quantity Limit	Quantity Limit
	Quantity Limit (Over Time)	Quantity Limit (Over Time)
	Special Notes	Special Notes
	Specialty Pharmacy	Specialty drugs are used to treat long term or complex conditions. You may need to get this drug through a specialty pharmacy.

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# Molina Pharmacy Utilization Management Contacts

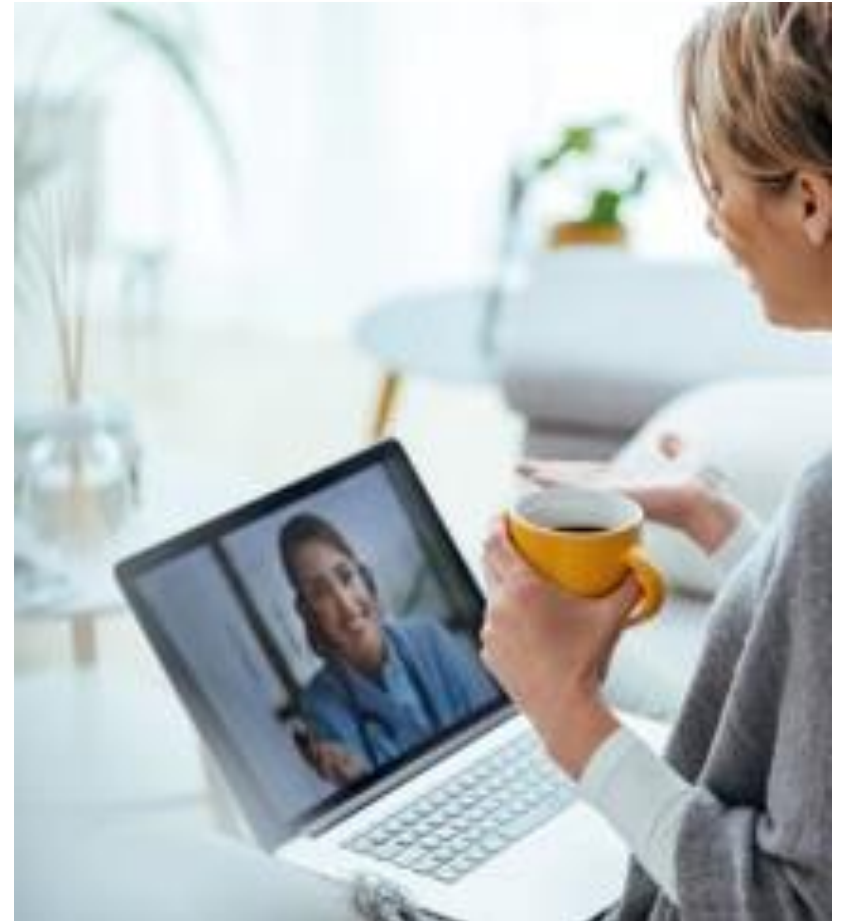
Please reach out to Molina Pharmacy Utilization Management (UM) with inquiries, including anything that is related to a specific prior authorization for a medication.

EXAMPLES including (but not limited to):

- Requests for meds rejecting for Discharge PAs
- Appeals (consult)
- J-Code PA related inquiries (about a specific request)
- CVS PA related inquiries (about a specific request)
- Escalated PA Requests
- D&B Emails/Claims appeals (only for medications that are PA Required)

Molina Pharmacy UM e-mail:

[MHIPharmacy\\_UM\\_NE@MolinaHealthCare.Com](mailto:MHIPharmacy_UM_NE@MolinaHealthCare.Com)



# Telehealth Billing



## Follow Applicable Laws and Regulations

- Health care practitioners providing telehealth services must follow all applicable state and federal laws and regulations governing their practice and the services they provide.
- The provider must ensure telehealth services can be delivered safely and effectively.
- The provider must be enrolled with Nebraska Medicaid and must be licensed in the state of Nebraska.
- All treatments or services submitted for reimbursement must be delivered by existing service definitions.
- All treatments and services are expected to be rendered in a clinically appropriate manner and be medically necessary and/or related to the treatment plan.

# Telehealth Billing

## Keep Required Documentation

- The provider must obtain informed consent before the initial telehealth visit and annually thereafter. The written consent form becomes a part of the individual's medical record. See 471 NAC 1 § 004.04.
- The medical record for telehealth services must follow all applicable statutes and regulations on documentation. The use of telehealth technology must be documented in the medical record.
- Providers are expected to document the rationale for the delivery of treatment or services through telehealth.
- Providers are expected to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs.
- Telehealth Info can be found at this link: [Medicaid Provider Rates and Fee Schedules \(ne.gov\)](#)

## Understand Unique Requirements

- Any service requiring hands-on interaction to meet the service definition should not be provided through telehealth.
- The location of the telehealth service is identified by the physical location of the individual. Out-of-State telehealth services are covered if the telehealth services otherwise meet the regulatory requirements for payment for services provided outside Nebraska. Coverage includes both when the individual is in Nebraska while the practitioner is in another state and instances in which the individual is in another state, regardless of where the practitioner is located.
- Telehealth services are intended to improve members' access to services by addressing barriers to receiving quality care.

## Billing Telehealth

- To bill for services administered through telehealth, please use the following Place of Service codes and Modifiers. See 471-1-004 for more information on telehealth.

# Telehealth Billing – Place of Service and Modifiers

## Place of Service Codes

- Place of Service 02: telehealth is administered while the patient is in a location besides their home.
- Place of Service 10: telehealth is administered while the patient is in their home.

## Modifiers

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers.
- The telehealth modifier is an informational modifier and should be placed after any payment modifier

Modifier	Definition
93	Synchronous Telemedicine Service rendered via telephone or other real-time interactive audio-only telecommunications system
95	Telehealth services are provided in real-time with an audio-visual component

# Inpatient Behavioral Health Reviews



# Inpatient Behavioral Health Reviews

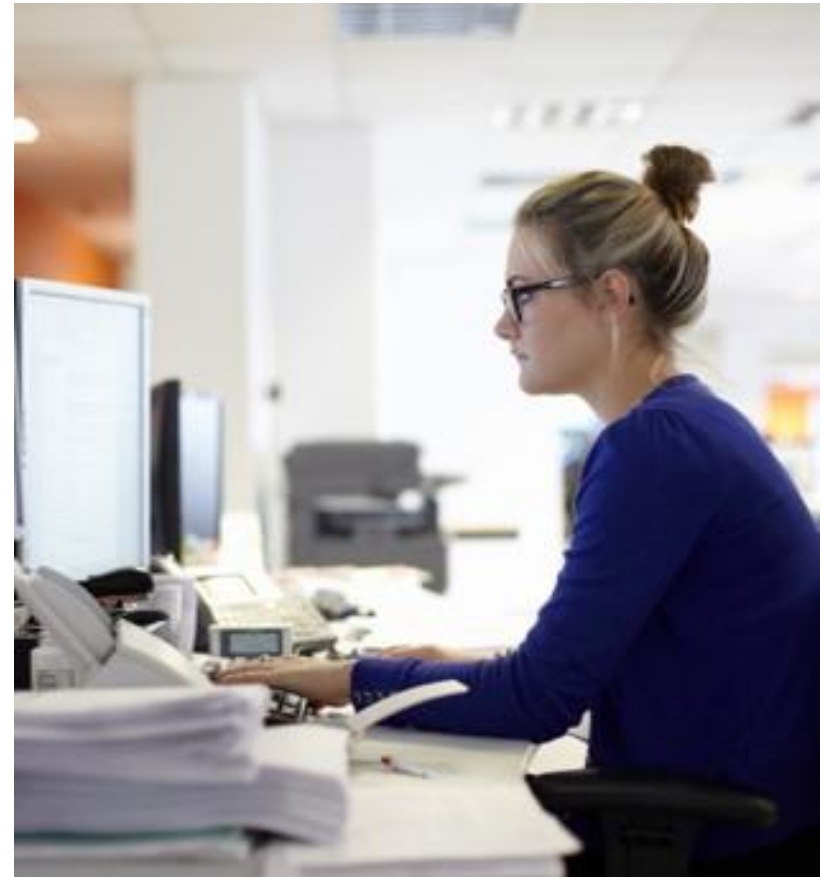
- Continued stay requires that the person still meets admission criteria.
  - Please note this is a concurrent review on the PA request.
  - Requests will be responded to within 3 business days.
- Active treatment is necessary
  - This must be treatment (medication changes, intensive medication monitoring, and/or therapy) that could not be done in less restrictive settings.
- Someone awaiting placement only would likely not meet continuation criteria.
- If member is involuntary, the provider cannot discharge because BOMH (Board of Mental Health) has not released them yet, then Medical Necessity still needs to be met.
- Additional information located here: [Inpatient Hospitalization Psychiatric Treatment \(ne.gov\)](#)

# Applied Behavior Analysis (ABA)



# ABA

- Cases are reviewed for medical necessity.
- Reviews are done on a case-by-case basis, according to [Applied Behavior Analysis \(ne.gov\)](https://www.ne.gov) State Definitions, aided by MCG, CASP guidelines, and available evidence.
- There are no hour limits imposed, but guidelines state the following: Direct ABA service hours provided to the individual may not exceed 6 hours per day up to a total of 20- 30 hours per week.
  - Treatment takes into consideration the developmental level of each individual, and treatment schedule considers the needs of the individual including rest and nutrition breaks and interactions with peers.
  - Additional daily or weekly treatment hours may be requested in certain clinical circumstances for which clinical justification must be submitted for prior authorization and be approved



# Maximus



Nebraska's Department of Health and Human Services assigns a Provider Medicaid ID number to a Provider for each location they will provide services at. The Provider Medicaid ID number/ address/ NPI combination along with the Group NPI and Tax ID on file with Molina, must match the information that is on file with NE DHHS for claim payment. Discrepancies in information can impact claims payment and result in claim rejection. To prevent issues, please keep your provider agreement current.

- For more information on keeping your provider agreement current please review the Maximus 2022 Newsletter by clicking here ([Maximus](#))
- It is important to remember that provider retroactive effective dates may be requested however they are not guaranteed.
- Please notify Maximus and Molina Healthcare ([NEProviderRosters@MolinaHealthcare.com](mailto:NEProviderRosters@MolinaHealthcare.com)) at least 30 days in advance when you have any of the following:
  - Change in office location, office hours, phone, fax, or email
  - Addition or closure of office location
  - Addition or termination of a provider
  - Change in Tax ID and/or NPI
  - Open or close your practice to new patients (PCPs only)

## Provider Bulletins and DHHS Regulations

- DHHS Provider Bulletins regarding Provider Types and specific information for Behavioral Health providers can be found on <https://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>
- To provide Mental Health and/or Substance Use Disorder services, providers are responsible for following Nebraska Medicaid Regulations including the service-specific chapters Title 471 NAC 20, 32, and 35. <https://dhhs.ne.gov/Pages/Title-471.aspx>
- Medicaid Behavioral Health Service Definitions can be found at <https://dhhs.ne.gov/Pages/Medicaid-Behavioral-Health-Definitions.aspx>
- Division of Behavioral Health's [Continuum of Care Manual](#) was updated July 2024.

## Provider Types and Specialties

- Provider Groups rendering services must register with the Maximus under the correct facility provider type. Payment is driven by the group's provider type.
- Individual Providers must register with a provider type corresponding to their license. As a provider's license changes, they must notify Maximus. Payment is driven by the individual's provider type.
- Individual Provider Specialty Code is equal to:
  - 26 (Psychiatry/Mental Health/Substance Abuse)
  - 62 (Licensed Psychologist (Clinical))
  - 80 (Rehab Providers)

## Updates for 2025

- APRN's need to enroll as Provider Type 29 with a Specialty of 26. - DHHS published bulletin <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%202024-19.pdf> August 26, 2024.

# Questions

