

**Access Call Center**

310 Harbor Blvd. Building E

Belmont, CA 94002

Ph: 1-800-686-0101

Fax: 650-596-8065

[www.smchealth.org](http://www.smchealth.org)

[www.facebook.com/smchealth](https://www.facebook.com/smchealth)

## Authorization Instructions for LCSW's, MFT's, LPCC's, PhD's

Dear Provider:

Welcome to the San Mateo County Health Plan. We are pleased to have you join our panel of private providers serving our managed care network for mild to moderate mental health services. The following instructions describe the procedures for obtaining authorization for services.

**Initial Authorization:** When you have been authorized to provide mental health services to a health plan member, you will be contacted by the Access Call Center with the client's name, phone number, and authorization number. You will also receive a copy of the authorization by fax and/or mail. The client has also been given your name and phone number and should be calling you to set up an appointment. It is expected that you will return the client's call within 24 hours, and be able to offer the client a first appointment within five business days.

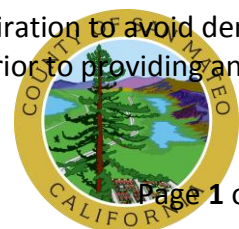
**For Adults clients:** Your initial authorization provides you with authorization for two assessments, one 15 min. phone consultation and two no-shows. (2) 90791, (1) 99442, (2) N0000

**For Youth clients:** Your initial authorization provides you with authorization for two assessments, one family session, one phone consultation, and two no-shows. . (2) 90791 (1) 90847 (1) 99442 (2) N0000

Once you have met with, and assessed your new client you must complete the **Managed Care Assessment & Client Plan**, and the **Assignment of Benefits (AOB)** form. The treatment plan which is part of the assessment, must be completed with, and signed by the client. The last page of the Managed Care Assessment contains the treatment authorization request for requesting additional services. Fax completed forms to the Access Call Center at 650-596-8065, or mail them to 310 Harbor Blvd. Belmont, CA 94002. Once you have received your authorization report, it is important to make note of the authorization expiration date. The expiration date is the last date on which the service authorization can be used. After this date, the authorization will be invalid even if all authorized services have not been utilized.

**Continued Authorization:** To request continued authorization of services, you must complete the **Continued Authorization Request** which includes a treatment plan to be updated with treatment goals and signed by the client.

Be sure to submit the request well in advance of your current authorization expiration to avoid denial of payment of unauthorized services. You must always have an authorization prior to providing any services.



Clients, who are approaching three years of treatment with the same provider, will require a new Managed Care Assessment.

**Request for Psychiatric Medication**

Please consult with your client’s Primary Care provider as the first step in a medication request. If your client’s PCP is unable to provide psychiatric medication, you may complete a Psychiatric Medication Referral and fax it to 650-596-8065. You will be notified when your client has been authorized to a provider who can assess for medication.

**Progress Notes:** It is a state requirement that you include all of the following elements in your progress notes:

Client Name, MR#	Provider/Agency name
Date & Year of Service	Face-Face Minutes (Client Present) – billed min.
CPT Code	Location Code
Language (if language svcs. provided)	Diagnosis Addressed
Service Description: Goal/behavior addressed, therapist interventions, client’s response/outcome, and plan.	Provider/Agency name

You must sign each progress note and include degree/license # and date the note was written.

You may use your own progress notes and include the above elements or the progress notes template found at <http://www.smchealth.org/sites/main/files/file-attachments/mcprognote.pdf>

**Health Insurance Claim Form (HCFA 1500)** - It is important to note that in section 24D (Procedure or cpt code) you must enter the duration of the service in minutes in the modifier column. The minutes of the service must match the minutes of service on the progress note.

**Closing Summary:** Please fill out and fax in a closing summary when treatment is concluded

Thank you for serving San Mateo County Health Plan members. If you have any questions about the above procedures feel free to call the Access Call Center at 1-800-686-0101.

**All required forms can be found at:** <http://www.smchealth.org/bhrs/contracts>