



Authorization Instructions for LCSW, LMFT, LPCC, PhD, PsyD

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 Adult clients: Your initial authorization provides you with authorization for two assessments, one 15-minute 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 15-minute phone consultation, and two no-shows. (2) 90791 (1) 90847 (1) 99442 (2) N0000

Authorization for Treatment: 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/Guardian. The last page of the Managed Care Assessment contains the treatment authorization request for requesting additional services. Fax or mail the Managed Care Assessment & Client Plan to the Access Call Center at 650-596-8065, or 310 Harbor Blvd. Bldg. E, Belmont, CA 94002.

Mail the signed Assignment of Benefits (AOB) form to the Claims Department: 2000 Alameda de las Pulgas Suite 280, San Mateo, CA 94403.

Your completed assessment will be reviewed for diagnosis, treatment goals, and number of sessions requested. All or part of the number of sessions requested may be approved, denied or partially denied based on medical necessity as supported by industry standards found in Milliman Care Guidelines. You will be notified if the approval will be different from the request and you will have the opportunity to provide further documentation to justify the original request.

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.



Requests for Continued Authorization: At the conclusion of an authorized period, if you determine that your client continues to need additional services, a [Continued Authorization Request form](#) must be completed along with a new Client Treatment Plan that includes updated goals, interventions, and provider and client signatures. Be sure to submit the request well in advance of the expiration of your current authorization to avoid denial of payment of unauthorized services. The initial assessment is good for up to three years but may be updated with new information at any time. For continued services beyond three years, a new full assessment must be completed and submitted with the treatment plan.

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 to Access at 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	Service Time (Client not present)
Location Code	Language (if language svcs. provided)
Diagnosis Addressed	Service Description: Goal/behavior addressed, therapist interventions, client’s response/outcome, and plan.

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>

Closing Summary: Please fill out and fax or mail the closing summary to Access when the provider and beneficiary agree that treatment has concluded; when an authorization expires and no further services will be requested or when a client fails to show for services.

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>

Access Fax: 650-596-8065

Address: 310 Harbor Blvd. Bldg. E, Belmont, CA 94002

Claims Department: 2000 Alameda de las Pulgas Suite 280, San Mateo, CA 94403