SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Authorization Instructions for MD & NP

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.

Your initial authorization provides you with authorization for **one assessment session** and two No Shows**.** Choose either 90792 (Psychiatric Evaluation with Medical Services), or one of the Evaluation and Management (E&M) codes – whichever is most appropriate for the session. If you choose an E&M code, follow the Evaluation and Management Services Guide, published by the American Psychiatric Association and American Academy of Child & Adolescent Psychiatry (this can be found in the Provider Manual and the Managed Care Website). The following is an example regarding choice of CPT code:

CPT code 99205 supports a service where comprehensive history and examination are performed, and the client's condition demands high complexity of medical decision making. Please note that a comprehensive history includes a complete Review of System which covers at least 10 body systems, and a comprehensive examination includes recording vital signs. A high complexity of medical decision-making is for situations in which serious problems or multiple problems occur, many additional data are required, and/or the risk of the presenting condition is high. E&M Codes in the 9920x series, including 99205 and 99204, can only be used once, and if you haven't seen this client in the last three years. The initial authorization that you receive will include the series of assessment CPT codes. You may choose only one CPT code--that which best reflects the service provided.

Authorization for Treatment: Once you have met with and assessed your new client you must complete the **MD/NP Managed Care Assessment**, 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 assessment also contains the treatment authorization request for requesting additional services.

Fax the MD/NP Managed Care Assessment to the Access Call Center at 650-596-8065 or mail to 310 Harbor Blvd. Bldg. E, Belmont, CA 94002. **Mail the 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.

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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.

Request for Continued Treatment Authorization: At the conclusion of an authorized period, if you determine that your client continues to need additional services, complete and submit a new **MD/NP Managed Care Assessment** and Treatment Plan, indicating any changes and progress towards treatment goals. Make sure to submit the request well in advance of your current authorization expiration to avoid denial of payment of unauthorized services.

Progress notes: It is a state requirement that you include all of the following elements in your progress notes. 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 elements below or the progress notes template found on the Managed Care Website.

- 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, interventions, client's response/outcome, and plan

Termination of Treatment*:* The **Closing Summary** is filled out and submitted 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 does not show for services. Fax or mail to Access.

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.