



County of San Diego Mental Health Plan  
Initial Authorization Request Form

**NEW MEDI-CAL CLIENT: OUTPATIENT REQUESTS ONLY**

FAX to Access and Crisis Line : (619) 641-6802

\* Provider Name \_\_\_\_\_ \* Phone ( ) \_\_\_\_\_ \*Fax ( ) \_\_\_\_\_

\* Client Name \_\_\_\_\_ \* Client Gender M / F  
Last , First Middle

\* Client SSN - - \_\_\_\_\_ \* Client Date of Birth / / \_\_\_\_\_

Client Address \_\_\_\_\_  
\_\_\_\_\_

Client Telephone Number ( ) \_\_\_\_\_

\* Client Ethnicity \_\_\_\_\_ \* Client Primary Language \_\_\_\_\_

\* Presenting Problem \_\_\_\_\_  
\_\_\_\_\_

\* Date of First Service or Authorization to Begin / / \_\_\_\_\_

\*Required information which, if not provided, will result in the return of this form with no authorization included.

Payment for initial outpatient services requires an authorization request submitted on or prior to the first date of service. Please do not submit a retro-authorization request using this form.

An initial authorization consists of one 90801 and thirteen (13) follow-up visits (e.g. 90806/90807). All 90801 authorizations are valid for one year. For psychiatrists authorized to treat child and adolescent patients, the authorization for the initial 13 follow-up sessions is valid for one year. For psychiatrists treating adults, psychologists, MFTs, and LCSWs, the 13 follow-up sessions will be valid for a period of six months. Initial sessions may be utilized at a frequency of weekly or less often, as decided by the provider and client.

Payment for services described in this authorization is subject to the beneficiary's eligibility as a County of San Diego Mental Health Plan member within the month the services are provided. The provider is responsible for verifying eligibility. This authorization is neither a statement of benefit coverage nor a guarantee of eligibility.

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