Retroactive Inpatient Authorization Request Claim Submission
Treatment Authorization Request (TAR) submission
(Medi-Cal Funded)

For Free Standing Psych Facility with client under 21 or over 64 years of age
OR
For hospitals with attached/affiliated Emergency Room and/or medical unit, please follow steps below.

1. Please see "San Diego Inpatient Concurrent Review Authorization Process" for approved reasons why a retroactive authorization request may be submitted to Optum per MHSUDS Info Notice 19-026 and for further information (available at optumsandiego.com>BHS Provider Resources>Fee For Service Providers>Inpatient Authorization Requests.)
2. Submit applicable portions of the medical record with Original TAR form (use black ink only with wet signatures; no photocopies) to Optum San Diego Public Sector (see address below).
3. Include Health & Physical.
4. Include Psychiatric MD and nursing notes for each day of stay that support medical necessity criteria for DTS/DTO/GD.
5. Discharge summary: including date client discharged, where discharged to, aftercare & scheduled follow-up (location/date/time), and discharge medications.
6. Eligibility POS Strip, showing San Diego Medi-Cal for dates of service requested.
7. Other Primary Health Insurance coverage information/status (if applicable).
8. Daily Call Logs (if applicable for Administrative Day Service Authorization request).

For further questions please call the Provider Line: 1-800-798-2254, Opt. 3, then Opt. 4

Please mail complete request after discharge to either of the addresses below:

Optum Public Sector
Attn. UM Dept
PO Box 601370
San Diego, CA 92160-1370

Optum Public Sector
Attn. UM Dept
3131 Camino Del Rio N. Ste 700
San Diego, CA 92108

Funding for services is provided by the County of San Diego Behavioral Health Services

Retroactive Inpatient Authorization Request Claim Submission
Out of Network submission
(Funded by the County of San Diego)

For California facilities without an attached/affiliated Emergency Room and/or Medical Unit (Short Doyle) and all Out of State facilities (non-bordering) with client 21 - 64 years of age, please follow steps below.

1. Please see "San Diego Inpatient Concurrent Review Authorization Process" for approved reasons why a retroactive authorization request may be submitted to Optum per MHSUDS Info Notice 19-026 and for further information (available at optumsandiego.com>BHS Provider Resources>Fee For Service Providers>Inpatient Authorization Requests.) All requests from Out of State/non-bordering facilities must be submitted retroactively.
2. Submit applicable portions of the medical record with Original Invoice/UB04 claim form to Optum San Diego Public Sector (see address below).
3. W-9 hospital form. *If this is your first claim with San Diego, please also include one of the following IRS-generated documents: SS-4 form, LTR 147C, or Interactive TIN Session Results page.
4. Include Health & Physical.
5. Include Psychiatric MD and nursing notes for each day of stay that support medical necessity criteria for DTS/DTO/GD.
6. Discharge summary: including date client discharged, where discharged to, aftercare & scheduled follow-up (location/date/time), and discharge medication.
7. Eligibility POS Strip, showing San Diego Medi-Cal for dates of service requested.
8. Other Primary Health Insurance coverage information/status (if applicable).
9. Daily Call Logs (if applicable for Administrative Day Service Authorization request).
10. On your invoice, please include the client's name, date of birth, Medi-Cal number, dates of service, and amount of days you are requesting for reimbursement.
11. On your invoice, specify which dates of service are being requested for acute and/or administrative days.
12. Include the San Diego County required debarment language below on a separate document with a **wet signature, and name/title of who signed (black ink only; no photocopies).**

"I certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this contract is currently listed as excluded on the Federal System for Award Management (SAM), the Federal Health and Human Services Office of Inspector General list of excluded individuals/entities (LEIE), or the State of California Medi-Cal suspended and ineligible list. I also certify that the above deliverables and/or services were delivered and/or performance specifically for this contract in accordance with the terms and conditions set forth therein."

For further questions please call the Provider Line: 1-800-798-2254, Opt. 3, then Opt. 4

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