

PCSD – Authorization Request Guide

What forms to use with which payers:

PCSD **Senior Initial** Authorization Form- This is the form to utilize when requesting an initial admission to: Inpatient, Detox, Rehab, RTC, PHP or IOP.

PCSD **Senior Concurrent** Review Authorization Form- this is the form to utilize when requesting further days of treatment for Inpatient, Detox, Rehab, RTC, PHP or IOP.

Utilize the senior forms for the following payers and fax to 619-636-2242:

Insurance Provider: Secure Horizons/UHC with the Medical Groups of ARCH, SCMG, Graybill or SRS

Insurance Provider: Care 1st with the Medical Groups of ARCH, SCMG, Graybill or SRS

PCSD **Commercial Initial** Authorization Form- This is the form to utilize when requesting an initial admission to: Inpatient, Detox, Rehab, RTC, PHP or IOP.

PCSD **Commercial Concurrent** Review Authorization Form- this is the form to utilize when requesting further days of treatment for Inpatient, Detox, Rehab, RTC, PHP or IOP.

Utilize the commercial forms for the following payers: and fax to 619-398-2435 or e-mail to 6193982435@psychiatriccenters.com.

1) Insurance Provider: Sharp Health Plan HMO

2) Insurance Provider: PCAMG with Medical Groups of Humana, Secure Horizons/UHC, SCAN or Care 1st

3) Insurance Provider: Scripps Physicians with Medical Groups Blue Cross Senior or SCAN

4) Insurance Provider: Encompass with Medical Groups Blue Cross Senior or Secure Horizons/UHC