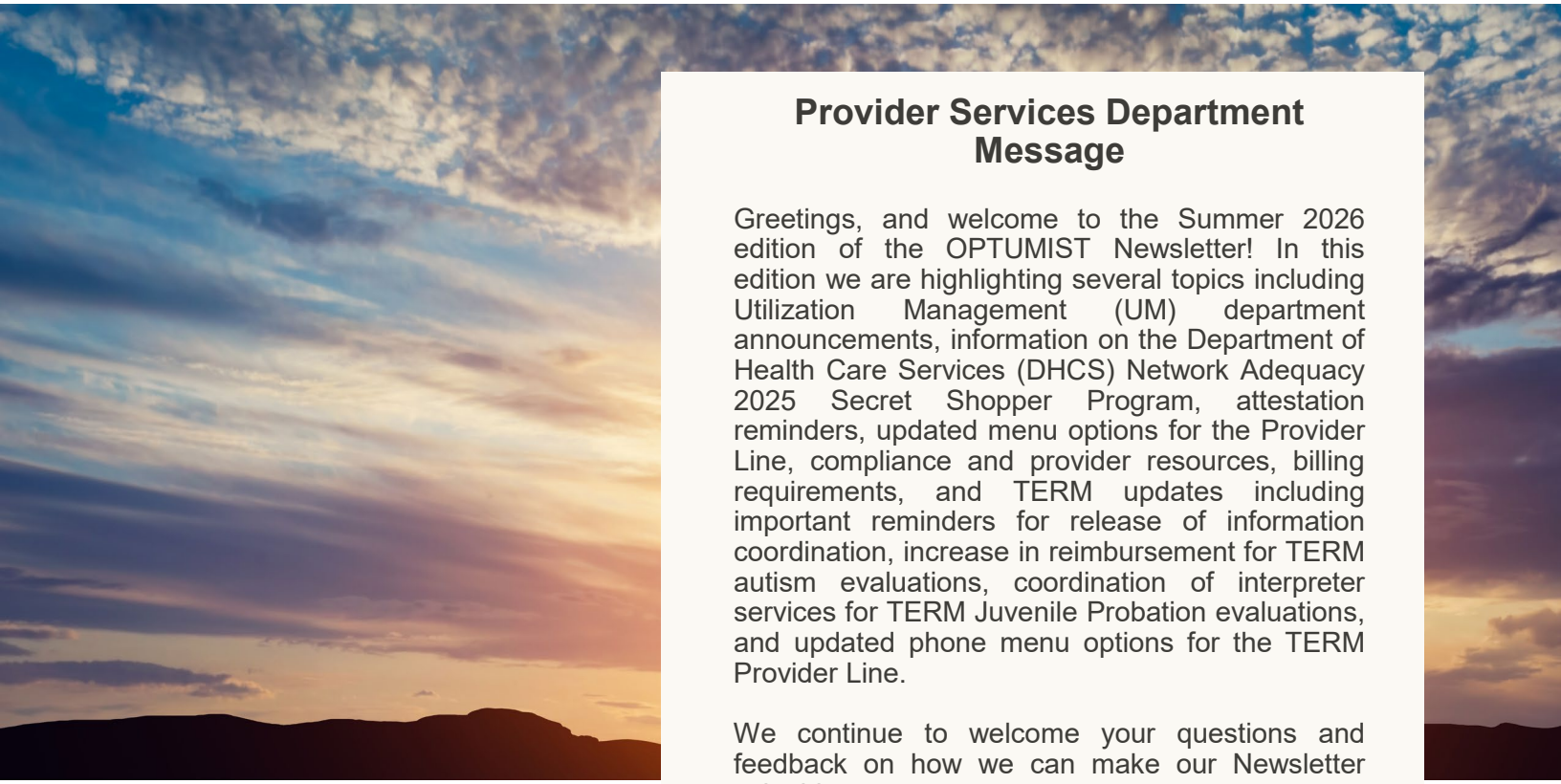
Optum

OPTUMIST

V52. Summer 2026



Provider Services Department Message

Greetings, and welcome to the Summer 2026 edition of the OPTUMIST Newsletter! In this edition we are highlighting several topics including Utilization Management (UM) department announcements, information on the Department of Health Care Services (DHCS) Network Adequacy 2025 Secret Shopper Program, attestation reminders, updated menu options for the Provider Line, compliance and provider resources, billing requirements, and TERM updates including important reminders for release of information coordination, increase in reimbursement for TERM autism evaluations, coordination of interpreter services for TERM Juvenile Probation evaluations, and updated phone menu options for the TERM Provider Line.

We continue to welcome your questions and feedback on how we can make our Newsletter valuable to you.

Best wishes,

Provider Services Department

Contact Numbers

San Diego Access and Crisis Line	(888) 724-7240
Medi-Cal Provider Line	(800) 798-2254
TERM Provider Line	(877) 824-8376

optumsandiego.com

Newsletter Content

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

Information and Updates for FFS Medi-Cal Providers

Utilization Management (UM) Department Announcements

Updates to Outpatient Authorization Requests (OARs)

Effective **July 1, 2026,** Optum Utilization Management (UM) will issue authorization determinations within **7 calendar days** of receiving an Outpatient Authorization Request (OAR), a reduction from the previous turnaround time of **14 calendar days**.

For OARs received after July 1, 2026, authorization determination letters will be faxed by the end of the 7th calendar day. If no fax number is on file, or if fax transmission attempts are unsuccessful, letters will be mailed.

Updated OAR Forms

Starting July 2026, please begin using the updated forms for authorization requests. The updated forms may be found on the Optum website at optumsandiego.com *(BHS Provider Resources → Fee for Services Providers → SMHS Authorization Requests)*

1. Medication Services Form – ***NEW***
2. Psychotherapy Form – ***NEW***
3. Transcranial Magnetic Stimulation (TMS) Form – ***NEW***
4. Esketamine Form – ***NEW***
5. Timeliness Record Form for Medication Services (TR) – ***NEW***
6. Timeliness Record Form for Psychotherapy Services (TR) – ***NEW***
7. Psychological Testing Form – ***NEW***

Important: Beginning October 1, 2026, any previous versions of these forms will be returned with the July 2026 form attached and will require resubmission.

Verbal Notification for Initial OARs

Effective August 1, 2026, UM will discontinue verbal notification for Initial OARs, as determinations will now be communicated within one week of submission.

The OAR forms will be updated to:

- Remove the option to waive verbal notification.
- Remove assessment code 90792 from Medication Services, as it does not require a UM authorization for claims processing.

Information and Updates for FFS Medi-Cal Providers

Utilization Management (UM) Department Announcements – *continued*

Reminders

- For each Outpatient Authorization Request (OAR) form Optum receives, an authorization or incomplete letter is sent to you as the provider. If you do not receive written follow up within 7 days of submission, please check with Outpatient Administrative Services at (800) 798-2254 option 3, then option 4 to ensure the OAR was received. Authorization should be received prior to submitting claims for services rendered. Submitting claims without an authorization in place will result in a denial for no authorization.
- When requesting authorization to a group practice, be sure to document the group practice name on the OAR. If only the individual provider's name is listed, the authorization will be processed under the provider's private practice.

Serving San Diego Medi-Cal Members with Managed Care Plans

We wanted to take a moment to share some information and help clarify a few common misconceptions regarding Fee-for-Service (FFS) providers' ability to serve members enrolled in a Medi-Cal Managed Care Plan (MCP). We have recently received feedback indicating that additional clarification may be helpful.

The San Diego County System of Care, including the FFS network, is designed to serve individuals who may need specialty mental health services. If a member presents for an assessment, the fact that they may require specialty mental health services should not, by itself, be a reason to decline services. FFS providers may assess and treat these members as appropriate. Of course, if a member's needs exceed what can be safely or effectively addressed within your scope of practice or setting, a referral to a more appropriate provider or level of care is understandable and encouraged.

We also want to clarify that providers participating in the San Diego Medi-Cal FFS Network may serve members enrolled in any San Diego MCP, including:

- Blue Shield Promise
- Community Health Group
- Kaiser Permanente
- Molina Healthcare

When providing services through your role as an FFS provider and billing Optum, you do not need to be contracted or in-network with the member's managed care plan. One common misconception relates to Kaiser Medi-Cal members. FFS providers may serve Kaiser Medi-Cal members as part of the FFS network when services are being billed through Optum.

Information and Updates for FFS Medi-Cal Providers

Utilization Management (UM) Department Announcements – *continued*

When providing services through your role as a FFS provider and billing Optum, you do not need to be contracted or in-network with the member's managed care plan. One common misconception relates to Kaiser Medi-Cal members. FFS providers may serve Kaiser Medi-Cal members as part of the FFS network when services are being billed through Optum.

We hope this information helps to address some of the questions we have been hearing. If you have any additional questions or would like further clarification, please don't hesitate to reach out. We're happy to help.

Thank you for your continued partnership and support.

For questions, contact the Optum Provider Line at (**800) 798-2254**:
Authorization Questions: Option 3, then Option 4
Clinical Questions: Option 3, then Option 3

Department of Health Care Services (DHCS) Network Adequacy 2025 Secret Shopper Program – Reinforcing Medi-Cal Member Navigation

DHCS selected the San Diego Behavioral Health Plan (BHP) for its 2025 Behavioral Health Secret Shopper pilot to evaluate provider directory accuracy and member access to behavioral health services. The pilot highlighted opportunities to strengthen member navigation when appointments cannot be scheduled and to improve Provider Directory information.

Member Navigation Reminders. When an appointment cannot be scheduled:

- Help members take the next step through an appropriate referral or warm handoff.
- Whenever possible, connect members to another appropriate in-network provider. When additional assistance is needed, refer members to the San Diego Access and Crisis Line (ACL), as appropriate.
- Follow existing FFS Handbook requirements related to member navigation, referrals, timely access, and continuity of care.
- If calls are routed to voicemail because you are seeing clients or otherwise unavailable, return messages promptly to support timely member access.

Provider Directory Reminders. Accurate Provider Directory information helps members access care.

- Routinely review your Provider Directory information and complete the required provider attestation every six months through the Optum Provider Portal.

Information and Updates for FFS Medi-Cal Providers

Department of Health Care Services (DHCS) Network Adequacy 2025 Secret Shopper Program – Reinforcing Medi-Cal Member Navigation - *continued*

- If your practice information changes (e.g., address, phone number, office hours, or services), submit updates through the Provider Portal or contact the Optum Provider Services Department promptly so the Provider Directory remains accurate.

Attestation Reminders

Wait Time Attestation

In order to ensure compliance with Senate Bill 1135 standards of forty-eight (48) hours for Urgent appointments and ten (10) business days for Non-Urgent Appointments, providers are required to complete a Wait Time Attestation twice a year to reflect the time a client must wait to get an appointment at each office in which the provider renders services. This attestation is available online and can be completed in conjunction with the required Practice Information Verification and Validation attestation. Providers whose wait times exceed the standards should close themselves to new referrals until the wait times are back within standards. Providers may close an office to new referrals by contacting Provider Services at: sdu_providerserviceshelp@optum.com.

Practice Information Verification and Validation Attestation

Senate Bill 137 (SB137) includes a requirement to verify and validate the accuracy of your practice information including changes in contact information (address, phone number, email address, etc.), areas of clinical expertise and whether or not you are accepting new Fee For Service (FFS) Medi-Cal clients/patients. Attestations are required to be completed every 6 months and can be completed by visiting the Optum San Diego website at optumsandiego.com and accessing the secure Provider Portal with your unique One Healthcare ID.

Have Questions? Contact the Provider Services Department

(800) 798-2254, Option 5

sdu_providerserviceshelp@optum.com

Information and Updates for FFS Medi-Cal Providers

Important Update: Changes to Optum Phone Menu Options

We would like to inform you of recent changes to the Optum phone system that may affect how you reach support teams.

Effective immediately, the Provider Line (800) 798-2254 phone menu options for the following departments have been updated:

- Press 2 for Bed Availability
- Press 4 for Claims
- Press 5 for Provider Services

When contacting Optum by phone, please listen carefully to the updated prompts and select the option that best matches your inquiry. These changes are intended to improve call routing and help connect you more efficiently with the appropriate support team.

We encourage you to share this information with staff members responsible for claims submission, eligibility verification, and provider support inquiries to help minimize any disruption.

The Provider Line is available for you from 8am – 5pm Monday through Friday.

If you have any questions or experience difficulty reaching the appropriate department, please contact your Optum representative for assistance.

This information is also available to you on our website: optumsandiego.com

QI Corner

What's new: Compliance and Provider Resources

Stay Compliant. Stay Informed.
Ensure your site meets all compliance requirements with the latest resources and important updates.

Did you know the Optum website offers:

- Beneficiary materials in 10 threshold languages
- Required notices from your governing board such as:
  - Human Trafficking Notice
  - Physician Notice to Patients
  - CA Board of Psychology Notice

- **You can access them all here**

Key Name updates:

- Problem Resolution Process (formerly Grievance and Appeals Process)

- Integrated Behavioral Health Member Handbook (formerly State Guide to Medi-Cal Behavioral Health)

Have Questions? Email us at: SDQI@optum.com

Information and Updates for FFS Medi-Cal & TERM Providers

Billing Requirements Reminder: Add-On Codes Must Be Submitted on the Same Claims as Primary Service

What has changed:
As of July 1, 2026, add on procedure codes must be submitted on the same claim as the corresponding primary procedure code for all dates of service. Add on codes submitted without the required primary code, or on a separate claim, will not be payable.

This requirement aligns with standard billing rules and ensures appropriate claims processing and downstream reporting.

What this means for you:

- Add on codes must always be billed together with the primary code to which they apply.
- Claims submitted with add on codes alone, or on separate claims from the primary service, will be denied.
- If an add on code is denied because it was not billed with the primary code, both services must be resubmitted together on a corrected claim for reconsideration.

We encourage providers to review internal billing processes to ensure compliance. If you have questions or need assistance understanding how it applies to your claims, please contact Provider Services.

Thank you for your partnership and for your continued commitment to accurate and timely billing.

Have Questions? Contact the Provider Services Department

(800) 798-2254, Option 5

sdu_providerserviceshelp@optum.com

Information and Updates for TERM Providers

Optum TERM At a Glance

Important Reminders for Release of Information Coordination

- Due to the third-party nature of TERM referrals, it is important for TERM providers to be cognizant of the process for coordination of care with the referring agency as well as with other professionals involved in a client's case. The release of information protocol for TERM referred cases is outlined.

Increase in Reimbursement for TERM Autism Evaluations

- Effective July 1, 2026, reimbursement for TERM Autism Spectrum Disorder Evaluations was increased to allow for additional time required for the evaluation process.

Coordination of Interpreter Services for TERM Juvenile Probation Evaluations

- The Juvenile Probation Department will authorize the use of interpreter services for TERM Juvenile Probation evaluations when needed to facilitate collateral interviews with non-English speaking caregivers.

QUICK LINKS

- TERM Provider Handbook
- TERM Group Report Facesheet
- TERM Treatment Plan Documentation Resources
- IPV-V Group Treatment Standards
- CSA-NPP Treatment Standards
- Format & Required Elements of a CFWB Psychological Evaluation
- TERM Therapy Provider FAQ
- FAQ For CFWB Evaluations
- Claims Resources for TERM Providers
- TERM Therapy Provider Telehealth Best Practices
- Request for Additional CFT Meeting Units
- Temporary Change of Authorization

Important Update: Changes to TERM's Optum Phone Menu Options

- Effective immediately, the phone menu options for the TERM network's toll-free number have been updated.

UPCOMING TRAINING OPPORTUNITIES

- **October 21, 2026:** Early Childhood Mental Health Conference (CEU's available).
- The National Child Traumatic Stress Network training site offers a variety of webinars and e-learning courses, some of which have CEU's available.

*Listed trainings are for informational purposes only. While topics may be relevant to TERM providers, they are not 'TERM approved/recommended' offerings.

TERM Advisory Board Provider Representatives

The TERM Advisory Board meets quarterly to provide professional input regarding the performance of the system and its policies, procedures, and protocols.

Representation on the Board includes San Diego County HHSA Behavioral Health Services, Child Welfare Services, Probation Department, Juvenile Court, Public Defender Juvenile Delinquency Branch, District Attorney, County Counsel, Dependency Legal Services, Children's Legal Services, Optum, TERM Provider Panel, Youth and Parent Partners.

Current TERM Provider Representatives on the Board:

Michael Anderson, Psy.D.: drmike6666@gmail.com

Denise VonRotz, LMFT: dvonrotz@msn.com

Please feel free to contact your provider representatives for updates from the Advisory Board meetings, process improvement ideas, or to provide professional or client feedback.

Information and Updates for TERM Providers

Release of Information Protocol for TERM-Referred Cases

Due to the third-party nature of TERM referrals, it is important for TERM providers to be cognizant of the process for coordination of care with the referring agency as well as with other professionals involved in a client's case. To facilitate effective communication and coordination, Child and Family Well-Being (CFWB) Protective Services Workers are required to ensure that a signed Form 04-29 Authorization to Use or Disclose Protected Health Information- Single Providers (ROI) is in place with the provider to allow for the exchange of confidential information. This includes the ability to discuss treatment needs, ongoing progress, and other relevant clinical details necessary to support the care and coordination of services for the client. Providers may request a copy from the client's Protective Services Worker and should also obtain their own release of information from their clients to release information to CFWB and Optum TERM.

In cases in which the client is the holder of privilege, the client's written authorization to exchange information with other involved professionals should be obtained during the initial diagnostic assessment session. For dependent minors, authorization to exchange information should be obtained from minor's counsel; for non-dependent minors, authorization is obtained from the client's legal guardian. When appropriate, obtaining the child's consent is additionally recommended.

Communication should take place as part of the intake process, during treatment, at the time of discharge or termination of care, and at any other point in treatment that may be appropriate. If a client refuses to allow for the release of information or revokes their authorization, this decision must be noted in the clinical record after reviewing the potential risks and benefits of this decision. The refusal to allow the release of information also should be shared with the referring agency so that the Court can be notified.

Because TERM providers are independent contractors, Optum does not provide release of information templates; however, providers may wish to consult with other sources such as their licensing board, relevant professional organizations, or with legal counsel if there are any questions as to whether the documents utilized in their practice meet legal requirements. Treatment record requirements for TERM cases, which include releases of information, are outlined in the following TERM Provider Handbook appendices on the Optum website:

- **Documentation Requirements - Individual/Conjoint/Family Therapy**
- **Documentation Requirements - Group Therapy**

Information and Updates for TERM Providers

Increase in Reimbursement for TERM Autism Spectrum Disorder Evaluations

We are happy to share that effective July 1, 2026, there was an increase in reimbursement for Autism Spectrum Disorder (ASD) evaluations referred through TERM process. The increase allows for extra time required for the ASD evaluation process.

Child and Family Well-Being (CFWB) Referrals
Optum will authorize two (2) additional units of CPT code 96131 for all ASD evaluation referrals. The CFWB evaluation referral form has been updated to include a section for ASD evaluations for youth and for parents, and ASD specific referral questions will be provided to the evaluator accepting the referral.

Juvenile Probation Referrals
Juvenile Probation rates for ASD evaluations referred through TERM process will be paid at the flat rate of $2704 to similarly allow for two (2) additional evaluation hours. The ASD rate will be specified on the Court's minute order, and the ASD referral questions will be specified on the Probation evaluation referral form.

Please note that this change does not apply as a standard increase for all evaluations. The hourly rate for evaluation services will remain unchanged, in line with established rates for the applicable CPT codes. Only the number of authorized units will be increased to support a higher total reimbursement.

Required elements for TERM ASD evaluations are outlined in the *Specialized Optum TERM Panel Evaluations* document located in the TERM Providers section of the Optum website (under both the Manuals tab and the CFWB/Probation Evaluations tab). We encourage TERM ASD evaluators to review these guidelines to ensure compliance with required elements for the ASD evaluation process.

Information and Updates for TERM Providers

Coordination of Interpreter Services for TERM Juvenile Probation Evaluations

The Juvenile Probation Department will authorize the use of interpreter services for TERM Juvenile Probation evaluations when needed to facilitate collateral interviews with non-English speaking caregivers. It should be communicated by the referring party at the time of referral when a client or family will require interpreter services; however, if this has not occurred and a clinical need for these services has been identified by the evaluator, authorization should be requested by the evaluator directly through the referring Probation Officer or Probation Aide. If there are any barriers, evaluators may also reach out to client's counsel. It is important to coordinate this as proactively as possible so that the evaluation process isn't compromised. If it hasn't been possible to access interpreter assistance prior to the evaluation due date, the attempts that were made should be documented in the evaluation report along with any consequent limitations to evaluation conclusions as a result of not being able to conduct the collateral interview.

Information and Updates for TERM Providers

Important Update: Changes to TERM's Optum Phone Menu Options

We would like to inform you of recent changes to the Optum phone system that may affect how you contact our support teams.

Effective immediately, the phone menu options for the TERM network's toll-free number have been updated.

TERM Phone Number (unchanged): (877) 824-8376

- Press 1 if you know your party's extension
- Press 2 for TERM referrals, authorizations, or reports
- Press 4 for Claims
- Press 5 for Provider Services

When contacting Optum by phone, please listen carefully to the updated prompts and select the option that best matches your inquiry. These changes are intended to improve call routing and help connect you more efficiently with the appropriate support team.

We encourage you to share this information with staff members responsible for claims submission, eligibility verification, and provider support inquiries to help minimize any disruption.

The TERM Provider Line is available for you from 8am – 5pm Monday through Friday.

If you have any questions or experience difficulty reaching the TERM department, please contact your Optum representative for assistance.

This information is also available to you on our website: optumsandiego.com

San Diego Access and Crisis Line

888-724-7240 TDD/TTY Dial 711

Free, confidential support in all languages

- 24 hours a day
- 7 days a week

optumsandiego.com

We are here for you

The San Diego Access and Crisis Line (ACL) is an outstretched hand to individuals or people they know, who are overwhelmed, depressed, or searching for answers.

A phone call will connect you with a compassionate counselor who is always standing by to provide hope and encouragement.

We can help you when:

- You need to talk to a professional who cares
- You do not feel you can cope with life
- You are looking for community resources
- You are concerned someone you know might hurt themselves
- You feel you might be in danger of hurting yourself or others

988 SUICIDE & CRISIS LIFELINE

If you or someone you know is in crisis, help is available nationwide. Call or text **988**, or chat at **988lifeline.org**

Optum

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

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

Optum

We Are Recruiting!

Contracting for Two Networks:

Fee-for-Service (FFS) Medi-Cal Provider Network

Specialty Mental Health Services:

- Advanced Outpatient Services
- Psychiatric Consultations
- Medication Management
- Psychological Testing

Treatment & Evaluation Resource Management (TERM) Provider Network

Child and Family Well-Being & Juvenile Probation Systems Services:

- Specialized Therapy
- Forensic Evaluations

Growing our richly diverse provider networks

Seeking:

- Master's Level Clinicians
- Psychologists
- Psychiatrists
- Psychiatric Nurse Practitioners
- Psychiatric Physician Assistants

Gain Supportive Solutions:

As a Contracted Provider, Optum is with you every step of the way.

We are here for you through personalized:

- Collaboration
- Courtesy Reviews
- Referrals
- Claims Processing & Payments
- And more!

What providers are saying:

"Optum was positive and collaborative."
"I never have to wait on hold for long periods of time which is appreciated."
"Provider Services staff is always friendly, responds quickly and offers help with all situations/questions. Thank you."

Are You Ready to Be Part of the Solution? Learn More Today!

Contact:
Jaqueline Cedillo, Provider Recruiter
(619) 641-5329
jaqueline.cedillo@optum.com
optumsandiego.com

Optum serves as the Administrative Service Organization for the County of San Diego Behavioral Health Services.