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# AUTHORIZATION MATRIX

## FEBRUARY 2005

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**SANTA CLARA COUNTY IPA**  
**PACIFIC PARTNERS MANAGEMENT SERVICES, INC.**

Hours of Operation: Monday through Friday, 8 AM – 5 PM

Mailing & Claims Address: PPMSI / SCCIPA, P.O. Box 5860  
San Mateo, CA 94402-5860

Main PPMSI Telephone: 800-993-1993

Utilization Management: 800-977-7331 (beginning 8:30 am); Fax 650-570-6205

Provider Services: 800-977-7478

Member Services: 800-977-7332

Main PPMSI Fax Number: 650-577-1464

Senior Medical Director: 650-358-5831 Lawrence A. William, M.D.

Medical Director: 650-358-5707 Ralph J. Watson, M.D.

Inpatient Management Team: 408-371-4714 Good Sam, Los Gatos Community, O'Connor  
408-729-2820 Regional Medical Center of San Jose

Senior Services: 877-722-4726 (1-877-SCCIPAMD)

Member Website: [www.sccipa.com](http://www.sccipa.com)

Access Express Website Login: [www.ppmsi.com/login](http://www.ppmsi.com/login)

Help Desk: 877-258-4357 (258-HELP)



## SCCIPA CONTRACTS

This Authorization Matrix applies to the SCCIPA Medicare+Choice, Commercial & Medi-Cal HMO & Point of Service contracts listed below.

Aetna Select Choice

Blue Cross of California: CaliforniaCare HMO & Point of Service

Blue Cross of California Medi-Cal

Blue Shield of California: Access + HMO & Point of Service

CIGNA HealthCare

Health Net Commercial HMO

Health Net Seniority Plus Medicare+Choice

PacifiCare Commercial HMO

Secure Horizons/PacifiCare Medicare+Choice

*Effective 1/1/2005, Great West Healthcare moves to a DIRECT Fee-for-Service HMO contract. Call 800-663-8081 for information.*

SCCIPA also negotiates contracts for many of your office's PPO plans which are listed online at [www.sccipa.com](http://www.sccipa.com).

## GENERAL AUTHORIZATION INFORMATION

The Authorization Matrix summarizes HMO services that require preauthorization by your IPA, by the health plans and by third party organizations appointed by the health plans. Most care delivered by the primary care doctor in the office does not require prior approval, with the exception of the Special Procedures listed in the table on the next page. Most other care requires an entry into the web-based *Access Express* system for automated eligibility checking and/or authorizations. Most online referral requests are instantly approved based on automated protocols embedded in the online system.

*Access Express* is the fastest way to confirm membership, get a medical service approved, or have PPMSI personnel investigate eligibility for an individual who is not yet identified in the system. In a business with ever-changing contracts, *Access Express* helps your office staff make the right provider choices for each patient and health plan, and it provides *direct access* to IPA data, using drop-down lists to simplify data entry and minimize offline research. Your staff can quickly check IPA member eligibility and enter authorization requests using search tools to select appropriate diagnosis (ICD-9) and procedure (CPT) codes. They can confirm the status of prior authorization requests, update patient Pay for Performance data now required by most California health plans, and submit claims electronically. ***PPMSI does not use or accept faxed requests.***

- ***Access Express is available 7 days a week, 24 hours a day.***
- ***For Technical Support, call the Access Express Help Desk at 1-877-258-4351 (258-HELP), Monday - Friday, 8 am - 5 pm.***
- ***The Access Express Provider Office Guide can be downloaded from the Access Express website.***

**Telephone requests to Utilization Management** may also be used by those who lack an Internet connection. Please keep in mind that telephone requests take considerably more of your staff time, with a PPMSI maximum of three requests per phone call to assure availability of phone lines to other callers. Authorization request calls are received from 8:30 am to 5 pm, Monday thru Friday, excluding holidays. On weekends, after hours and on holidays, requests may be called into UM voice mail, which is checked daily during normal business hours. When calling in requests, the caller must have the following information available to assist the authorization representatives:

- Member name & Identification number
- Health plan name
- Referring provider
- Provider selected to perform or provide the service
- Type & Number of services or procedures requested to be authorized
- Diagnosis code (ICD-9)
- Procedure code (CPT)
- Clinical information relating to the requested service or procedure

### Four Categories of Service Requests:

1. **Referrals:** Requests for one or more visits to a specialist. *The Referral category does not include the Special Procedures described in #3 below.*
2. **Precertifications:** Requests involving a facility like an inpatient hospital admission or outpatient surgicenter procedure. The Precertification category approves *both the facility and the doctors* who provide care during the stay at the facility. It covers all needed care from date of admission to date of discharge. No further authorizations are required for needed inpatient consultants if the admission is authorized. *Note: a Precertification approval authorizes only a single stay in that facility, although the stay may be brief or lengthy.*

- 3. Special Procedures:** Requests for special outpatient services and medical equipment your IPA wants to approve before care is rendered. When these services are performed as part of an approved inpatient authorization, no additional approval is necessary. Special Procedures include the specific list of services in columns 2 and 3 below. All other services are entered as Referrals, Precertifications or Emergencies.
- 4. Emergencies:** All services that were performed without prior authorization because of the urgent or emergent nature of the medical problem. This is the only place where past unauthorized care can be described for possible retroactive approval. *Note: retroactive care is only authorized for urgent or emergent problems or when certain administrative difficulties prevent necessary approval before care is rendered (e.g., when the member was not in the IPA data bank or the wrong patient was entered into the system in error). Retroactive authorizations are not given for elective services in other circumstances.*

This table provides examples of the services and procedures that require authorization **regardless** to which specific health plan the member belongs. The services and procedures have been categorized by the type of authorization data-entry screen to be used by *Access Express* users.

| Referral Authorization  | Special Procedure Authorization  | Precertification Authorization   | Emergency Authorization  |
|---|--|--|--|
| <ul style="list-style-type: none"> <li>• Referrals/visits/procedures by specialists in specialist's office</li> <li>• Brain stem auditory evoked response (BSAER/BAER)</li> <li>• Pulmonary function test (in office)</li> <li>• Radiation therapy</li> <li>• Radiology procedures not done by contracted radiologists</li> <li>• Routine vision care services (call health plan to verify benefits)</li> <li>• Request for consultation with non-contracted providers (explain why contracted provider could not be used)</li> </ul> | <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Amniocentesis</li> <li>• Bone Density Study</li> <li>• Bunionectomy</li> <li>• Chelation therapy</li> <li>• Chorion biopsy</li> <li>• CT scans</li> <li>• Dialysis</li> <li>• Durable Medical Equipment (DME)</li> <li>• Echocardiogram</li> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Endoscopy</li> <li>• Epidural injection</li> <li>• Holter monitoring</li> <li>• Home Health Care</li> <li>• Hospice Care</li> <li>• Hyperbaric oxygen treatment</li> <li>• Infusion services</li> <li>• Laboratory services</li> </ul> | <ul style="list-style-type: none"> <li>• All in-area facilities including acute hospital care, SNU/SNF admission</li> <li>• Outpatient procedures &amp; diagnostic testing when done in a hospital surgicenter, outpatient center or urgent care center</li> <li>• Surgical center care</li> <li>• Facility-based surgical procedures (D&amp;C, liver biopsy, etc.)</li> <li>• Arteriogram when done at a facility</li> <li>• Hospital-based diagnostic tests</li> </ul> | <ul style="list-style-type: none"> <li>• Emergent/urgent services/visits/procedures</li> <li>• Request for services that have already occurred (describe both the medical problem &amp; reason prior notification was not done)</li> <li>• Services/visits/procedures that could not be previously entered because the member was not in the PPMSI eligibility system</li> <li>• Retro authorization for in-area facility admission</li> </ul> |

## Authorization Category Details & Exceptions

- **Carefully review Approved Authorizations** to make sure you understand exactly the approved provider and the number of visits.
- **Reason Field** explains WHY the patient requires a service. When services are denied, exactly what you have typed in the REASON field is printed in the Authorization letters sent to patients. Therefore, please restrict your entry in the Reason field to the specific medical problem or service requested. The Reason field should NOT include # of requested visits, abbreviations, codes or terms a member would not understand.
- **Notes to the Medical Director**, which is NOT printed in the Authorization letter should include number of visits, reasons for requesting a non-network provider, and clinical and provider information to support your request.
- **Check the box** in the Request form to indicate when the Member (NOT the doctor) requests the service.

## Special Procedures

- **Services NOT FOUND on the Special Procedure list** are to be requested as Referral Authorizations, Precertifications or Emergencies.
- **Procedures that DO NOT Require Prior Authorization when performed in the doctor's office:**
  - routine immunizations
  - obstetrical & urologic ultrasounds
  - laryngoscopy
  - ophthalmic ultrasounds
  - gynecologic endoscopies
  - proctosigmoidoscopy
  - fetal stress tests
  - anoscopy
  - sigmoidoscopy

## Urgent Referrals, Procedures & Precertifications

- **If care has not yet taken place:**  
Fill out a Referral, Precertification or Procedure Authorization Request explaining why the care is Urgent in the Note Section.
- **If care has already been provided on an Emergency basis:**  
Fill out an Emergency Request explaining why the care was required as Urgent or Emergency care without advance authorization.

**Claims for Emergency Services.** In order to correctly pay claims related to urgent or emergent services that were not prior approved, PPMSI must at some time prior to claims adjudication receive information about the Emergency and its circumstances. Failure to report an Emergency using *Access Express* or phone may lead to incorrect denial of services or delay in payment if the medical problem is not recognized as an Emergency.

## Services Requiring Authorization by Health Plan or by Contracted 3rd-party Health Plan Vendor.

- To obtain benefit information or prior authorization for services authorized and provided by a specialty provider, such as a mental health or vision care vendor, etc.), the provider may need to contact the entity specified in the Health Plan-specific section of this Authorization Matrix.
- All authorization requests for **Experimental or Investigational treatment** for members with a life threatening or seriously debilitating condition are referred to the Health Plan for coverage determination. Check the Operations Manual for more information.
- Claims for these services must be submitted to the Health Plan or to the third party for payment, not to PPMSI. The services requiring prior authorization by some entity other than PPMSI will be noted in the health plan-specific authorization tables.

## Referrals

- **All Non-Emergent referrals** from a Primary Care Physician to a Specialist require Referral Authorization.
- **Primary Care Physicians (PCPs) & Specialists may perform office procedures as necessary with the exception of the Special Procedures** in the Authorization Matrix which require Procedure Authorization.
- **A PCP acting as a Sub-Specialist** does not require a Referral Authorization to see one of his/her primary care patients.
- **Specialist care is limited to the number of visits authorized**, which is determined based on input by the PCP, Utilization Management policy and other industry-specific criteria. One visit includes all care provided by all providers who share a common tax ID in a given day.
- **Capitated & Network Referrals.** Referral Authorizations to a Non-Capitated or Out-of-network provider WILL NOT be approved if services can be provided by a network provider. SCCIPA has capitated arrangements with **Stanford Clinical Laboratory, PRN/Carr Physical Therapy** for physical & occupational therapy, **Valley Radiology, Inc.** for all radiology services, certain specialty groups like **cardiology, orthopedics, otolaryngology, podiatry, urology, rheumatology, vascular surgery.** PPMSI UM may be contacted should you need assistance in selecting a specialist. **Any request for referral to a non-capitated or non-preferred provider requires the reason why a member was not directed to a preferred provider.** Costs incurred by the medical group for non-authorized out-of-network referrals will be charged back to the referring physicians.
- **A Specialist cannot refer directly to another Specialist.** A Referral Authorization must be requested by the PCP.
- **Referral Extensions.** After an initial referral, a Specialist can request additional visits through *Access Express*. These requests are electronically routed to PCPs for input and transferred to the Medical Director for a decision if PCP input is not provided within 24 hours. A Specialist should not expect to receive an extension if s/he has not submitted a progress or consultative report to the PCP.
- **Referral Authorizations are not issued retroactively.** They are effective on the date of entry into the PPMSI system and expire four months after the authorization has been approved, with the exception of maternity referrals, dialysis, and chemotherapy that expire in ten months.
- **Authorization Guideline Questions.** *Access Express* users who request referrals and authorizations will often be required to answer additional questions about their requests. These questions were developed by PPMSI to expedite referral and authorization requests by making sure requesters consider IPA protocols and include the minimal information required for an appropriate decision. For example, the IPA may have decided that all referrals to allergists for pollinosis should be made only after two different antihistamines and inhaler with steroids have been tried. For these referrals, requesters will be asked to answer two questions with answers factored in referral decisions. *Has the primary care doctor treated patient with at least 2 different antihistamines? Has the primary care doctor given patient a prescription for intranasal steroid?*

**OB/GYN Open Access.** If the OB/GYN is a participating IPA provider, members do not need a referral from their PCP to see an IPA OB/GYN for most gynecological services. However, authorization is required for the following:

- Outpatient hospital procedures
- Elective inpatient hospital admission & inpatient admissions for obstetric or gynecologic care
- Infertility treatment
- Out of network provider

OB/GYN providers continue to coordinate and communicate all treatment with the member's PCP as needed.

**Blue Cross Ready Access.** Blue Cross CaliforniaCare members can self-refer to Allergists, Dermatologists & ENT (Otolaryngology) physicians as well as OB/GYN physicians. Check the Health Plan specific section towards the end of the Authorization Matrix for more information. The Specialist office is responsible for obtaining the necessary authorizations for services they will provide to the member.

**Infertility Referrals & Coverage.** Health plans provide varying coverage for infertility benefits. Because of complexities associated with infertility care benefits, PPMSI must be contacted prior to providing infertility services.

## Authorization Denials & Notifications

- **Most online referral requests are instantly approved based on automated protocols embedded in the online system.**  
Most common cause for denials of needed care: The requesting provider leaves out relevant information to explain why the service is needed.
  - **Most Access Express authorization requests are reviewed instantly using automated PPMSI protocols** developed by UM management over the past fifteen years. Utilization criteria used to make the decision are included in the notification letter sent to the Requesting Provider, and a copy of these criteria are also available to the provider upon request by calling 650-358-5831 during normal business hours.
  - **APPROVED Authorizations.** Requesting and Referred to providers are notified of APPROVED authorizations in one of three ways, depending on office capability. Approval letters are also sent via *Access Express* or Fax to involved Facilities and mailed to Members.
    - Instantly receives notification through secure *Access Express* email, OR
    - Next business day receives Faxed notification, OR
    - Notification mailed next business day after request is approved.
  - **DENIAL letters** (including Utilization Criteria) are sent to
    - Requesting providers, via *Access Express* or Fax within 24 hours of the denial decision
    - Referred to providers and Members, within 2 business days.
- When additional information is needed, UM staff contact the requesting provider's office.
- Request is pended for 5 days & if additional information is not received, letter is sent to requesting provider specifying needed information.
  - Request is pended & if additional information is not received, a review decision is made based on available information.

# SCCIPA SPECIAL AUTHORIZATION REQUIREMENTS

## After Hours Policy

Except in life-threatening emergencies, members are required to coordinate all their medical care through their PCP, including after-hour urgent and emergency care. Providers must be available, or have arrangements in place for a covering physician, 24 hours a day, seven days a week including after-hours, weekends and holidays. IPA physicians should use their best efforts to inform the IPA of member emergency room visits and inpatient admissions. *Covering physicians must agree to accept IPA reimbursement rates and member copayment as payment in full. On-call bills sent to IPA members by non-contracting providers will be paid by the IPA and deducted from future payments to the IPA provider.*

## SCCIPA OnCall Advice/ MedAmerica OnCall

**OnCall Advice is a toll-free after-hours telephone-based triage system staffed by MedAmerica OnCall at—1-800-4SCCIPA (1-800-472-2472). Hours are Monday – Thursday 5 pm – 7 am and Friday 5 pm – Monday 7 am.** Staffed by experienced medical professions, the advice line counsels IPA members seeking medical care after hours, on weekends or holidays. In addition to advice for home treatment, the MedAmerica staff will set up a PCP appointment, if needed, identify local urgent care facilities and arrange transportation to a facility and communicate with PCP and PPMSI UM staff. MedAmerica is used for after-hours office triage by a number of IPA physicians. If your office wishes to subscribe to MedAmerica, call 800-377-CALL.

## Urgent Care Centers

SCCIPA Members may be seen at these Urgent Care Centers for acute illness or injury, if a covering physician is not available:

| NAME   | PHONE        | ADDRESS  | MONDAY – FRIDAY* | WEEKENDS*                             |
|--|--------------|--|------------------|---------------------------------------|
| Almaden Family Physicians                                | 408-997-9155 | 6475 Camden Ave #105, San Jose (corner Trinidad & Camden)    | 5 – 6:30 pm      | Sat: 9 am – 5 pm<br>Sun: 11 am – 4 pm |
| Gateway Family Medical Center                            | 408-364-7600 | 50 East Hamilton Ave #100, Campbell                          | 9 am – 6 pm      | Closed                                |
| Medical Express  | 510-782-7111 | 22429 Hesperian Blvd, Hayward (Skywest & Hesperian)          | 8 am – 6 pm      | Closed                                |
| Novacare Medical Care Services                           | 408-996-8656 | 20289 Stevens Creek Blvd, Cupertino (between DeAnza & Vista) | 8 am – 8 pm      | Sat: 8 am – 8 pm                      |
| Nga V Pham, MD   | 408-532-0105 | 2470 Alvin Ave, #50, San Jose                                | 9 am – 6 pm      | Sat: 9 am – 3 pm                      |
| Samaritan Medical Care Center                            | 408-281-2772 | 554 Blossom Hill Rd, San Jose (Blossom Hill & Highway 85)    | 8 am – 6 pm      | Sat., Sun., Holidays:<br>9 am – 3 pm  |
| San Jose Medical Group<br>Willow Glen Urgent Care Center | 408-278-3620 | 625 Lincoln Ave, San Jose                                    | 8 am – 8 pm      | Sat., Sun., Holidays:<br>8 am – 8 pm  |
| South Valley Family Health Center                        | 408-842-1544 | 9460 No Name Uno #230, Gilroy (across St Louise Reg Med Ctr) | 8 am – 6 pm      | Closed                                |

\*Schedule subject to change

## **Stanford Clinical Laboratories**

Stanford Clinical Laboratories is a recognized leader in laboratory testing, with an extended menu of tests that includes genetic, HIV & Hepatitis testing and genotyping. There are also many pediatric test modifications available like pediatric reference ranges, instruments & test methodology. Stanford will provide SCCIPA physicians with prompt access to medical lab faculty for consultations re: test selection and interpretation. Stanford Clinical Lab locations are listed on the next page.

## **Web-based 4Medica Software Links SCCIPA Offices to Patient Lab Results**

4Medica is an easy-to-use software will be used to efficiently report lab results to your office. It is accessible through the Access Express website.

- LAB TESTS CAN BE TRACKED ONLINE.
- COLOR CODED REPORTS and test values indicate results with normal, abnormal and critical values. System automatically alerts physicians when test values are critical.
- Test values are automatically GRAPHED against five previous Stanford test values for that patient; markers can be used to indicate significant events (medication changes, hospital admissions, etc.)
- GRAPHS CAN BE PRINTED for charts and patients.
- POWER SEARCH allows users to quickly find patients by name & partial spelling.
- REPORTS CAN BE SIGNED ELECTRONICALLY & forwarded to a user in a different location.
- PATIENT SUMMARY displays all lab results for one patient on a spreadsheet, replacing multiple pages in the chart.

## **Valley Radiology & PRN/Carr Physical Therapy**

All SCCIPA patients must be referred to Valley Radiology and PRN/Carr Physical Therapy for radiology and physical therapy services. Local sites are listed on the following pages.

# STANFORD LABORATORY PATIENT SERVICE CENTERS

Call 1-877-717-3733 with Questions about Site Locations, Hours, Opening Dates

STAT LABS—OPEN AFTER HOURS, SUNDAYS & HOLIDAYS—EL CAMINO, O’CONNOR, ST. LOUISE & STANFORD HOSPITALS

| CITY       | ZIP                   | ADDRESS  | PHONE        | PEDIATRIC TESTING <sup>2</sup> | DAYS & HOURS OF OPERATION                          |
|------------|-----------------------|--|--------------|--------------------------------|--|
| Cupertino  | 95014                 | 20555 Prospect Rd <sup>1</sup>   | 408-255-3064 |                                | Mon-Fri 8 am-12 noon, 1-5 pm                       |
| Gilroy     | 95020                 | 7949D Wren (Behind 7933 Wren)<br>NEAR Pinnacle Urgent Care <i>REPLACES 9360 No Name Uno</i>  | 408-846-8750 | Yes                            | Mon-Fri 8 am-5 pm                                  |
| Los Gatos  | 95032                 | 234 Los Gatos Blvd #A  | 408-395-2117 |                                | Mon-Fri 8 am-12:30 pm, 1-5:30 pm                   |
|            | 95032                 | Mission Oaks Hospital - STAT Lab<br>15891 Los Gatos Almaden Rd   | 408-358-5609 |                                | Mon-Fri 8:30 am-12 noon, 1-5:30 pm                 |
|            | 95030                 | 800 Pollard #B203  | 408-378-3143 |                                | Mon-Fri 8 am-6 pm, Sat 7:30 am-1 pm                |
| Milpitas   | 95035                 | 500 East Calaveras Blvd #130   | 408-946-8235 |                                | Mon-Fri 7:30 am-5:30 pm                            |
| Mtn View   | 94040                 | 2500 Hospital Drive Bldg 2   | 650-965-8035 |                                | Mon - Fri 8 am-12:30 pm, 1 - 5 pm                  |
| San Jose   | 95112                 | 25 N 14th St #710  | 408-283-0495 | Yes                            | Mon-Fri 7 am-6 pm, Sat 7:30 am-1 pm                |
|            | 95116                 | 266 N Jackson #4 (near Regional Medical Ctr)<br><i>REPLACES 2380 Montpelier Dr</i>   | 408-347-1490 |                                | Mon-Fri 8 am-6 pm                                  |
|            | 95120                 | 6489 Camden Ave #106   | 408-997-7235 |                                | Mon-Fri 8 am-12:30 pm, 1:30-5 pm                   |
|            | 95121                 | 2060 Aborn Rd #200 (replaces 3151 S. White Rd.)  | 408-532-0679 |                                | Mon-Fri 7:30 am-5:30 pm                            |
|            | 95123                 | 393 Blossom Hill Rd #350   | 408-629-1998 |                                | Mon-Fri 8 am-6 pm                                  |
|            | 95124                 | 2460 Samaritan Dr <sup>1</sup>   | 408-356-0010 |                                | Mon-Fri 8 am-12 noon, 1-5 pm                       |
|            | 95124                 | 2505 Samaritan Dr #105 <sup>1</sup>  | 408-358-8931 |                                | Mon-Fri 8 am-12:30, 1:30-5 pm                      |
|            | 95124                 | 2585 Samaritan Drive #103  | 408-358-3149 | Yes                            | Mon-Fri 7 am-6 pm, Sat 7:30 am-1 pm                |
|            | 95128                 | 2419 Forest Ave  | 408-557-9053 | Yes                            | Mon-Fri 7 am-6 pm, Sat 7:30 am-1 pm                |
|            | 95129                 | 5150 Graves Ave Bldg 6 <sup>1</sup>  | 408-366-0890 |                                | Mon-Fri 8 am-12 noon, 1-5 pm                       |
| 95148      | 2690 South White Road | 408-531-1813   |              | Mon-Fri 8 am-5 pm              |  |
| Palo Alto/ | 95304                 | 730 Welch Rd - <b>NEW</b>  | 650-725-9302 | Yes                            | Mon-Fri 7:30 am-6 pm                               |
| Stanford   | 95304                 | Stanford Hospital, 300 Pasteur Dr (enter by Cafeteria or Fountains. Follow signs to Clinical Lab) NO Stanford registration required. | 877-717-3733 | Yes                            | 24 hours a day<br>7 days a week including holidays |

<sup>1</sup> Physician office location. <sup>2</sup> Specializes in Pediatric (<5 yrs Old) blood testing. Adult testing available at all sites.



## VALLEY RADIOLOGY SITES

| NAME & LOCATION   | PHONE & FAX                          | CAPABILITIES  |
|---|--------------------------------------|---|
| DiSalvo Imaging<br>123 DiSalvo Ave. #A, San Jose                                | (408) 297-4591<br>Fax (408) 297-7184 | General, Fluoroscopy, Ultrasound, Mammo, Phillips Spiral CT, Cine Esophogram, CT/Arthrography, Linear Tomography                    |
| Imaging & PET Ctr<br>2581 Samaritan Dr. #100, San Jose                          | (408) 358-6881<br>Fax (408) 356-8785 | General, Mammo, Ultrasound, DEXA, Fluoroscopy, Linear Tomography, 2GE Horizon LX 1.5T High Field MRI, GE Discovery PET/CT (8 slice) |
| MRI (Basement) #103 & 004<br>2585 Samaritan Dr., San Jose                       | (408) 356-1104<br>Fax (408) 358-2256 | Hitachi Airis .3T Open MRI  |
| Los Gatos Imaging<br>340 Dardanelli Lane #11,12A, Los Gatos                     | (408) 866-7131<br>Fax (408) 866-7494 | General, Fluoroscopy, Linear Tomography   |
| Los Gatos MRI at Community Hospital of Los Gatos<br>815 Pollard Road, Los Gatos | (408) 374-5001<br>Fax (408) 374-5017 | GE LX 1.5T High Field MRI   |
| Mountain View<br>285 South Drive #5 & 5A, Mountain View                         | (650) 967-1331<br>Fax (650) 691-6794 | General, Fluoroscopy, Ultrasound, Mammo, DEXA, Linear Tomography, GE HiSpeed Spiral CT, Phillips Gyroscan 1.0T MRI                  |
| MRI Imaging<br>451 Sherman Ave. #110, Palo Alto                                 | (650) 322-1075<br>Fax (650) 322-1219 | Hitachi Airis .35T Open MRI   |
| Brewster Imaging<br>801 Brewster Ave. #125, Redwood City                        | (650) 368-1302<br>Fax (650) 368-9055 | General, Fluoroscopy, Mammo, US GE HiSpeed NX/i Spiral CT, GE LX 1.5T High Field MRI  |
| MRI Imaging<br>35 Baywood Ave, #2, San Mateo                                    | (650) 685-1100<br>Fax (650) 685-1379 | Hitachi Airis .35T Open MRI   |

## PRN/ CARR PHYSICAL THERAPY

| CITY          | NAME  | LOCATION                     | PHONE & FAX                        |
|---------------|---|------------------------------|------------------------------------|
| Campbell      | Bascom Physical Therapy & Hand Rehabilitation     | 3395 S. Bascom Ave #140      | (408) 369-8556 Fax: (408) 369-8560 |
| Milpitas      | Calaveras Physical Therapy                        | 670 E Calaveras Blvd         | (408) 943-4700 Fax (408) 943-4701  |
| Morgan Hill   | Morgan Hill Physical Therapy Center               | 16130 Medical Center Dr #106 | (408) 778-3434 Fax: (408) 778-3464 |
| Mountain View | Mountain View Physical Therapy                    | 490 W. El Camino Real        | (650) 961-7370 Fax: (650) 961-2360 |
| San Jose      | Williamson / Hahn Physical Therapy                | 1688 Willow St #K            | (408) 264-6643 Fax: (408) 264-6652 |
|               | Performance Physical Therapy FREE PARKING IN REAR | 93 N. 14th St                | (408) 294-3922 Fax: (408) 294-6652 |
| Sunnyvale     | Sunnyvale Physical Therapy & Hand Rehabilitation  | 323 N. Mathilda Ave          | (408) 733-3670 Fax: (408) 733-6734 |



PLEASE CONSULT MEMBER ID CARD FOR APPROPRIATE AUTHORIZATION & CLAIMS PAYMENT  
INFORMATION FOR HEALTH PLANS OR PRODUCTS NOT LISTED ON PAGE 2.

©PPMSI 2/7/05

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## Organ Transplants

The Health Plan and PPMISI must be notified of all authorization requests related to organ transplants. PPMISI UM staff will coordinate the request with the appropriate staff at the Health Plan.

## Second Opinion Requests

The member may request a Second Opinion from the PCP or treating specialist for the following reasons. Authorization requests for a Second Opinion provided by a SCCIPA in-network provider are reviewed and authorized by PPMISI. Requests for a Second Opinion by an out-of-network provider are referred to the member's Health Plan for review and a decision determination.

- If the enrollee questions the reasonableness or necessity of recommended surgical procedures.
- If the enrollee questions a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
- If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition, and the enrollee requests an additional diagnosis.
- If the treatment plan in progress is not improving the medical condition of the enrollee within an appropriate period of time given the diagnosis and plan of care, and the enrollee requests a second opinion regarding the diagnosis or continuance of the treatment.
- If the enrollee has attempted to follow the plan of care or consulted with initial provider concerning serious concerns about diagnosis or plan of care.

## Routine Vision Care Services

Vision care benefits vary by health plan. PPMISI authorizes routine vision care services (if a benefit of the health plan) for the following plans:

- |                             |              |                                  |
|-----------------------------|--------------|----------------------------------|
| • Aetna Select Choice       | 800 756-7039 | Verify coverage with Health Plan |
| • CIGNA HealthCare          | 800 722-6059 | Verify coverage with Health Plan |
| • PacifiCare Commercial HMO | 800 624-8822 | Verify coverage with Health Plan |
| • Health Net Commercial HMO | 800 641-7761 | Verify coverage with Health Plan |

The Health Plan or a 3<sup>rd</sup> party vendor has responsibility for authorizing and providing vision care services for the following health plans:

- |                              |                    |
|------------------------------|--------------------|
| • Blue Cross of California   | 800 622-7444 (VSP) |
| • PacifiCare Secure Horizons | 800 438-4558 (VSP) |
| • Health Net Seniority Plus  | 800 641-7761       |

The following Health Plans provide coverage for routine vision care that is authorized by PPMISI:

- |                                      |   |
|--------------------------------------|---|
| • Blue Cross of California Medi-Cal  | Routine eye exams including refraction                    |
| • Blue Shield of California Access + | Routine eye exams 17 years and under, excludes refraction |

## Medicare Skilled Nursing Facility Referrals

Medicare members who require post hospital care may be covered for care in a skilled nursing facility if the following criteria are met: the patient requires skilled nursing services or skilled rehabilitation services (i.e., services that must be performed by or under the supervision of professional or technical personnel); the patient requires that these skilled services be provided on a daily basis; AND daily skilled services can be provided only on an inpatient basis.

The services must be furnished based on a physician's orders and be reasonable and necessary for the treatment of a patient's illness or injury

## Seniors-At-Home Program

Secure Horizons/PacifiCare and Health Net Seniority Plus contract with *Seniors-At-Home* to provide a social work based case management program for patients with chronic care needs. The goal of the program is to improve primary care for patients whose condition places them at risk for disability or hospitalization. PPMSI staff will work with the provider and his/her office staff to help identify patients who would benefit from this program. The UM staff also will help complete *the Seniors-At-Home Case Management Request Form* and help facilitate the referral.

### Selection Criteria Guidelines

- Two or more hospital admissions within the previous 6 month period of time
- Discharge diagnosis of dehydration
- Discharge diagnosis of failure to thrive or new diagnosis of inability to ambulate
- Discharged with, or readmitted within 30 days for the same condition
- ER Frequent Flyer
- Two or more ER visits within the previous three month period of time, or
- Ambulance utilization of 2 or more calls within a 2 month period
- Frequent falls reported by member or caregiver
- Living alone or institutionalized and also has any of #1-5
- Previous history of difficulty to place, and also has any of #1-5
- Pre-hospital planning for major surgery, such as elective orthopedic procedures that may impact the fragility of enrollee or elderly enrollee aged spouse in the home.
- Frail senior cared for or giving care to another compromised person.
- Five (5) or more major classes of medications
- CHF, COPD, ESRD, Diabetes, Dementia/Alzheimers as primary diagnosis with any of #1-5
- Poor compliance with medical service utilization or issues in their living environment

## **Inpatient Management Team**

To assure quality of hospital care and cost-effective use of inpatient resources SCCIPA has two dedicated inpatient teams of hospitalists that cover Community Hospital of Los Gatos, Good Samaritan Hospital, O'Connor Hospital and Regional Medical Center of San Jose. With the assistance of a UM nurse, the hospital inpatient team handles admissions, in-hospital care and discharge planning. The hospitalist teams can be reached at:

|                     |  |
|---------------------|--|
| <b>408-371-4714</b> | <b>Community Hospital of Los Gatos, Good Samaritan Hospital, O'Connor Hospital</b> |
| <b>408-729-2820</b> | <b>Regional Medical Center of San Jose .</b>                                       |

## **Medical Necessity Criteria**

PPMSI and the IPA use clinical review criteria based on professionally and nationally recognized standards of practice that are developed or adopted by the UM Committee. The following criteria are used by UM staff to review authorization requests for all types of services--inpatient and outpatient.

A written copy of the criteria or guidelines is available to the provider or member on request.

- IPA-developed Authorization Guidelines
- Health Plan guidelines
- Medicare coverage
- Milliman Care Guidelines effective 6/1/04
- Mandated benefits-California & Federal legislation

Recommendations made by the American Board of (Specialty).

## WORK/ TRAVEL IMMUNIZATION RESPONSIBILITIES MATRIX

The following table identifies authorization request requirements, member responsibility (i.e., not covered by the health plan) and member copayments for work and travel immunizations.

| PLAN                                       | RESPONSIBILITY        | COMMENTS   |
|--|-----------------------|--|
| <b>Aetna Select Choice</b>                 | Member Responsibility | Excluded from coverage in all HMO plans.   |
| <b>Blue Cross Commercial HMO &amp; POS</b> | Member Responsibility | Excluded from coverage in all HMO plans.   |
| <b>Blue Cross Medi-Cal</b>                 | Member Responsibility | Excluded from coverage in all HMO plans.   |
| <b>Blue Shield Access + &amp; POS</b>      | IPA Responsibility    | PPMSI Authorization required. If meets special requirements by the US Public Health Services - copayment may apply, depending on Member's plan benefits. |
| <b>CIGNA HealthCare</b>                    | Member Responsibility | Unless included in Benefit Plan.   |
| <b>Health Net Commercial</b>               | IPA Responsibility    | PPMSI authorization required. If meets special requirements by the US Public Health Services – 20% copayment may apply.                                  |
| <b>Health Net – Seniority Plus</b>         | IPA Responsibility    | PPMSI authorization required. If meets special requirements by the US Public Health Services – 20% copayment may apply.                                  |
| <b>PacifiCare Commercial</b>               | Member Responsibility | Excluded from coverage in all HMO plans.   |
| <b>PacifiCare Secure Horizons</b>          | Member Responsibility | Excluded from coverage in all HMO plans.   |

## SCCIPA AUTHORIZATION REQUIREMENTS BY HEALTH PLAN

The following tables summarize the authorization requirements by health plan. The tables also indicate the type of authorization request and the organizational entity that has responsibility for authorizing the service. For specialty services, verification of benefits must be obtained prior to authorizing or providing the services. The member's health plan ID card should be checked to verify eligibility and copayment information. The member services telephone number and the address to submit your claims are on the back of the ID card.

### Aetna Select Choice

|  |
|--|
| <b>AUTHORIZED BY: Aetna 888-239-1287</b><br><b>The following services require authorization by the health plan:</b>  |
| <ul style="list-style-type: none"><li>• <b>Clinical Cancer Trials</b></li><li>• <b>Out-of-Area ER Facility Admissions</b></li><li>• <b>Organ Transplants &amp; Immunosuppressants (must also notify PPMI)</b></li><li>• <b>Out-of-Network Second Opinion Requests</b></li><li>• <b>Investigational &amp; Experimental Services, Drugs, Equipment, etc.</b></li></ul> |
| <b>Chiropractic services: Verify benefit coverage through Aetna Member Services 800-756-7039</b><br><b>AUTHORIZED BY: American Specialty Health Plans (ASHP)</b>   |
| <b>Mental Health and/or Chemical Dependency Services</b><br><b>AUTHORIZED BY: HAI/Magellan 300 Continental Blvd., Ste. 260, El Segundo, CA 90245 800-424-3498</b>  |
| <b>Routine Vision Care Services</b><br><b>VERIFY BENEFIT COVERAGE: Aetna Member Services 800-756-7039</b>  |

## Blue Cross of California – CaliforniaCare

**Ready Access.** The Ready Access program allows Blue Cross HMO members to self-refer to four types of specialty providers within the IPA without obtaining a referral from the PCP or PPMSI UM. Members may self-refer to these providers for medically necessary and appropriate services that can be performed in the specialist’s office without limiting the number of visits. The Specialist office is responsible for obtaining the necessary authorizations for services they will provide to the member.

| Specialty                           | Self-Referral Guidelines   | Authorization Required  |
|-------------------------------------|--|---|
| <b>Allergy</b>                      | Initial & subsequent office-based visits.<br>Office-based, on-site diagnostic testing  | Elective & non-emergent surgical procedures   |
| <b>Dermatology</b>                  | Initial & subsequent office-based visits.<br>Office-based, on-site diagnostic testing, including simple biopsies                         | Elective & non-emergent surgical procedures   |
| <b>Ear, Nose &amp; Throat (ENT)</b> | Initial and subsequent office-based visits.<br>Office-based, on-site diagnostic testing, including basic audiometry, and simple biopsies | Endoscopic exams, Radiologic or ultrasonic testing, Complex auditory and vestibular function testing, Elective and non-emergent surgical procedures |
| <b>OB/GYN</b>                       | Initial and subsequent office-based visits.<br>Office-based, on-site diagnostic testing  | Elective and non-emergent surgical procedures   |

**AUTHORIZED BY: Blue Cross of California 800-677-6669**

**The following services require authorization by the health plan:**

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

**Mental Health & Chemical Dependency Services**

**AUTHORIZED BY: Blue Cross Behavioral Health & Wellpoint Behavioral Health 800-728-9493**

**Routine Vision Care Services**

**AUTHORIZED BY: VSP 800-877-7195**



## Blue Cross of California – Medi-Cal

**AUTHORIZED BY: Blue Cross of California 800-407-4627**

**The following services require authorization by the health plan:**

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

**Mental Health & Chemical Dependency Services**

**AUTHORIZED BY: Santa Clara County Mental Health Department 800-399-2421**

## Blue Shield of California HMO Access+ & POS

**AUTHORIZED BY: Blue Shield of California 800-424-6521**

**The following services require authorization by the health plan:**

- **Clinical Cancer Trials**
- **Infertility Services after evaluation done to determine infertility**
- **Out-of-Area ER Facility Admission**
- **Organ Transplants (310 568-4321) (must also notify PPMSI)**
- **Out-of-Network Second Opinion Requests**
- **Experimental/Investigational Treatments**
- **Durable Medical Equipment costing \$5000 or more (must also notify PPMSI)**

**Mental Health & Chemical Dependency**

**AUTHORIZED BY: US Behavioral Health Plan of CA 877-263-8827**

## **CIGNA HealthCare**

**AUTHORIZED BY: CIGNA 800-722-6059**

**The following services require authorization by the health plan:**

- **Clinical Cancer Trials**
- **Mental Health & Chemical Dependency Services (refer to member ID card for vendor phone or call CIGNA)**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**
- **Bariatric Surgery Services**

**Injectables, Chemotherapy drugs, Pevnar (outpatient facility, physician office, or when prescribed for home use)**

**AUTHORIZED &/OR PROVIDED BY: CIGNA Tel-Drug 800-351-3606**

**Routine Vision Care Services**

**VERIFY BENEFIT COVERAGE: CIGNA Member Services 800-722-6059**

## Health Net Commercial HMO

|  |
|--|
| <p><b>AUTHORIZED BY: Health Net 800-977-7282</b><br/> <b>The following services require authorization by the health plan:</b></p> <ul style="list-style-type: none"> <li>• Clinical Cancer Trials</li> <li>• Out-of-Area ER Facility Admission</li> <li>• Out-of-Network Second Opinion Request</li> <li>• Organ Transplants (must also notify PPMSI)</li> </ul> |
| <p><b>Decision Power Program for Patients with Asthma, Backache, CHF, COPD, Coronary Artery Disease, Diabetes, Prostate problems</b><br/> <b>ENROLL PATIENTS: 800-893-5597 (TDD/TYY 800-276-3821)</b></p>  |
| <p><b>Chiropractic &amp; Acupuncture Services &amp; Herbal Supplements – Optional Benefit– Self-referral by Member</b><br/> <b>VERIFY BENEFIT COVERAGE: Health Net Member Services 800-641-7761</b><br/> <b>AUTHORIZED BY: American Specialty Health Plans (ASHP) 800-678-9133</b></p>   |
| <p><b>Mental Health &amp; Chemical Dependency</b><br/> <b>AUTHORIZED BY: Managed Health Network (MHN) 888-426-0030</b></p>   |
| <p><b>Routine Vision Care Services</b><br/> <b>VERIFY BENEFIT COVERAGE: Health Net Member Services 800-641-7761</b></p>  |
| <p><b>Vision Care Hardware</b><br/> <b>AUTHORIZED BY: Medical Eye Services 800-638-3889</b></p>  |

## Health Net Seniority Plus

|  |
|--|
| <p><b>AUTHORIZED BY: Health Net 800-977-7282</b><br/> <b>The following services require authorization by the health plan:</b></p> <ul style="list-style-type: none"> <li>• Clinical Cancer Trials</li> <li>• Out-of-Area ER Facility Admission</li> <li>• Out-of-Network Second Opinion Request</li> <li>• Organ Transplants (must also notify PPMSI)</li> </ul> |
| <p><b>Decision Power Program for Patients with Asthma, Backache, CHF, COPD, Coronary Artery Disease, Diabetes, Prostate problems</b><br/> <b>ENROLL PATIENTS: 800-893-5597 (TDD/TYY 800-276-3821)</b></p>  |
| <p><b>Chiropractic Services - only a benefit for employer groups purchasing supplementary benefits thru ChiroNet.</b><br/> <b>VERIFY BENEFITS: Seniority Plus Member Services 800-960-4638</b></p>   |
| <p><b>Mental Health &amp; Chemical Dependency (Members may self-refer)</b><br/> <b>AUTHORIZED BY: Managed Health Network (MHN) 800-646-5610 (TDD/TTY 800-327-0801)</b></p>   |
| <p><b>Routine Vision Care Services</b><br/> <b>AUTHORIZED BY: Health Net Member Services 800-641-7761</b></p>  |
| <p><b>Vision Care Hardware</b><br/> <b>AUTHORIZED BY: Medical Eye Services 800-638-3889</b></p>  |

## PacifiCare Commercial HMO

**AUTHORIZED BY: PacifiCare 800-624-8822**

**The following services require authorization by the health plan:**

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

**Injectable Medications - See PacifiCare Table Next 2 Pages**

**AUTHORIZED BY: Prescriptions Solutions 800-853-3844** *(Use fax form available on Access Express – NEWS)*

**Mental Health & Chemical Dependency**

**AUTHORIZED BY: PacifiCare Behavioral Health (PBHI) 800-999-9585**

**Routine Vision Care Services**

**VERIFY BENEFIT COVERAGE: PacifiCare Member Services 800-624-8822**

## Secure Horizons/PacifiCare

**AUTHORIZED BY: PacifiCare 800-624-8822**

**The following services require authorization by the health plan:**

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

**Injectable Medications - See PacifiCare Table Next 2 Pages**

**AUTHORIZED BY: Prescriptions Solutions Fax 800-853-3844** *(Use fax form available on Access Express – NEWS)*

**Routine Vision Care Services**

**AUTHORIZED BY: VSP 800-438-4558**



## Injectable Medications Requiring Prior Authorization by PacifiCare

|                                    |   |
|------------------------------------|---|
| Alferon N                          | <ul style="list-style-type: none"> <li>• Hepatitis C</li> </ul>   |
| Avonex                             | <ul style="list-style-type: none"> <li>• Relapsing/Remitting Multiple Sclerosis</li> </ul>  |
| Betaserone                         | <ul style="list-style-type: none"> <li>• Relapsing/Remitting Multiple Sclerosis</li> </ul>  |
| Ceredase/Cerezyme                  | <ul style="list-style-type: none"> <li>• Gaucher Disease</li> </ul>   |
| Copaxone                           | <ul style="list-style-type: none"> <li>• Relapsing/Remitting Multiple Sclerosis</li> </ul>  |
| Enbrel                             | <ul style="list-style-type: none"> <li>• Rheumatoid Arthritis – at least 6 affected joints, 45 minutes of morning stiffness, ESR&gt;28mm/hr, CRP&gt;15mg/dl – <b>and -</b></li> <li>• Prescribed by a rheumatologist - <b>and -</b></li> <li>• Treatment failure to Methotrexate and one or more DMARD</li> </ul>   |
| Epogen/Procrit                     | <ul style="list-style-type: none"> <li>• Anemia refractory to iron, vitamin B-12, folic acid therapy - <b>and -</b></li> <li>• Chronic renal failure: Hct&lt;33% or Hg&lt;11 gm/dl <b>or</b></li> <li>• HIV-infected patient on zidovudine therapy <b>or</b></li> <li>• Cancer patient with non-myeloid malignancy receiving chemotherapy <b>or</b></li> <li>• Anemic patient scheduled for elective, non-cardiac, non-vascular surgery to reduce need for allogenic blood transfusions <b>or</b></li> <li>• Patient at high risk for perioperative transfusions with significant, anticipated blood loss <math>\geq</math> 2 units of blood</li> </ul> |
| Growth Hormone                     | <ul style="list-style-type: none"> <li>• Growth Hormone Deficiency <b>or</b></li> <li>• Turner Syndrome</li> </ul>  |
| Hyalgan/Synvisc                    | <ul style="list-style-type: none"> <li>• Osteoarthritis</li> </ul>  |
| Intron A                           | <ul style="list-style-type: none"> <li>• Chronic Hepatitis C</li> </ul>   |
| Infergen                           | <ul style="list-style-type: none"> <li>• Chronic Hepatitis C</li> </ul>   |
| Lovenox, Fragmin, Innohep/Intron A | <ul style="list-style-type: none"> <li>• Outpatient treatment of acute deep vein thrombosis (DVT) without pulmonary embolism; inpatients concurrently on Coumadin (warfarin); <b>Retail Pharmacy</b> up to 10 day supply</li> </ul>   |
| Neumega                            | <ul style="list-style-type: none"> <li>• Thrombocytopenia (platelet count &lt;50,000) –<b>and-</b></li> <li>• Nonmyeloid malignancies following myelosuppressive chemotherapy</li> <li>• <b>Not</b> indicated for myelablative chemotherapy</li> </ul>  |
| Neupogen, Leukine                  | <ul style="list-style-type: none"> <li>• ANC&lt;1,000 - <b>and -</b></li> <li>• Neutropenia associated with myelosuppressive chemotherapy <b>or</b></li> <li>• Bone marrow transplant, peripheral blood progenitor cell collection <b>or</b></li> <li>• Severe chronic neutropenia</li> </ul>   |

|                  |   |
|------------------|---|
| Rebetron         | <ul style="list-style-type: none"> <li>• Chronic Hepatitis C</li> </ul>   |
| Remicade         | <ul style="list-style-type: none"> <li>• Crohn's Disease</li> <li>• Rheumatoid Arthritis</li> </ul>   |
| Respigam/Synagis | <ul style="list-style-type: none"> <li>• RSV (,24 month old)</li> </ul>   |
| Roferon-A        | <ul style="list-style-type: none"> <li>• Chronic Hepatitis C</li> </ul>   |
| Roferon-A        | <ul style="list-style-type: none"> <li>• Chronic Hepatitis C</li> </ul>   |
| Serostim         | <ul style="list-style-type: none"> <li>• HIV Wasting - <b>and</b> -</li> <li>• Chronic unremitting weight loss of &gt;10% body weight in previous 4 months. - <b>and</b> -</li> <li>• Screened for hypogonadism and failure to hormone replacement therapy. - <b>and</b> -</li> <li>• Nutritional evaluation – decreased food intake indicates possible need for appetite stimulating medications (e.g. megestrol)</li> </ul> |

## SCCIPA DURABLE MEDICAL EQUIPMENT (DME) VENDORS & SERVICES

Durable Medical Equipment (DME) can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the home. Equipment that basically serves comfort or convenience functions does not constitute durable medical equipment. **DME Vendors, Copayments and Benefits vary by health plan. VENDORS DO NOT work with every plan.**

- All DME, regardless of cost, must be prior authorized under the Special Procedures category.
- To select the right vendor for your patient's health plan, enter *Member Name* in the *Access Express* Procedure Authorization request screen. Select *Procedure Authorization*, then *Medical Equipment* under specialty, and review the list of vendors displayed on your screen.
- Use the table below as a guide if you are not sure which products the vendors provide.

| VENDOR  | SERVICES   | SPECIALTY   |
|---|--|---|
| Applied Orthotics & Prosthetics<br>408 358 9741 | Durable Medical Equipment (DME)<br>Orthotics & Prosthetics | Custom Orthotics & Prosthetics / Post-mastectomy Care   |
| Apria Healthcare Inc.<br>800 801 9001           | Durable Medical Equipment (DME)<br>Orthotics & Prosthetics | Beds, Continuous Positive Airway Pressure (CPAP) Machines, Ambulatory Aids,<br>Mattresses, Bathroom Equipment<br><i>*No Diabetic Supplies</i> |
| Brannons Medical Inc.<br>408 448 3000           | Durable Medical Equipment (DME)<br>Orthotics & Prosthetics | Beds/ Continuous Positive Airway Pressure (CPAP) Machines, Ambulatory Aids,<br>Mattresses, Bathroom Equipment<br><i>*No Diabetic Supplies</i> |

## SCCIPA DURABLE MEDICAL EQUIPMENT (DME) VENDORS & SERVICES (CONT.)

|   |   |   |
|---|---|---|
| Certified Provider of Airway<br>877 348 2727        | Durable Medical Equipment (DME)<br>Respiratory Supplies     | Continuous Positive Airway Pressure (CPAP) Machines /<br>Bi-level Positive Airway Pressure (Bi-PAP)                   |
| California Rehabilitation Equipment<br>408 739 5750 | Durable Medical Equipment (DME)<br>Rehabilitation Equipment | Custom Electric Wheelchairs, Replacement Parts and Repairs  |
| Demar Industries<br>800 835 4672                    | Durable Medical Equipment (DME)<br>Medical Supplies         | Orthotics, Braces, Splints, Motorized Wheelchairs, Walking Boots  |
| E-Medical Supplies<br>888 814 6639                  | Medical Supplies  | Ostomy Supplies / Diabetic Monitors <i>*No Diabetic Supplies</i>  |
| Edgepark Surgical Inc.<br>800 321 0591              | Medical Supplies  | Diabetic / Ostomy Supplies<br><i>*No Continuous Positive Airway Pressure (CPAP) Machines</i>                          |
| Hanger/Novacare<br>408 358 5366                     | Durable Medical Equipment (DME)<br>Orthotics & Prosthetics  | Custom Orthotics & Prosthetics, Braces, Post-mastectomy Care  |
| Med Mart/PacificPulmonary<br>408 954 1961           | Durable Medical Equipment (DME)<br>Respiratory Supplies     | Oxygen / Pulmoaides<br><i>*No Continuous Positive Airway Pressure (CPAP) Machines</i>                                 |
| Medical Home Care Service<br>800 954 0515           | Medical Supplies  | Infusion/Respiratory Supplies/Wheelchairs & Accessories<br><i>*No Diabetic / Ostomy</i>                               |
| Medtronic MiniMed<br>800 999 9859                   | Medical Supplies  | Diabetic / Insulin Supplies / Equipment / Pumps / Meters  |
| National Seating & Mobility<br>408 920 0390         | Durable Medical Equipment (DME)                             | Custom Electric / Manual Wheelchairs, Scooters, Rehabilitation Equipment  |
| Norell Prosthetics<br>650 968 7464                  | Orthotics & Prosthetics                                     | Custom Orthotics / Prosthetics  |
| Orthologic<br>800 937 5520                          | Durable Medical Equipment (DME)                             | Bone Stimulators  |
| Sleep Med of CA<br>408 260 9170                     | Durable Medical Equipment (DME)                             | Continuous Positive Airway Pressure (CPAP) Machines / Bi-level Positive<br>Airway Pressure (Bi-PAP) / Sleep Equipment |
| Sterling Medical Services<br>888 229 7854           | Medical Supplies  | Incontinence / Wound Care<br><i>*No Continuous Positive Airway Pressure (CPAP) Machines</i>                           |

# HEALTHY FAMILIES

## WHAT IS THE HEALTHY FAMILIES PROGRAM?

Healthy Families is a California state program that partners with health plans around the state to offer low-cost insurance for children and teens up to age 19. It provides health, dental, vision coverage to children who meet program qualification rules & do not qualify for FREE Medi-Cal care. Questions should be directed to:

MRMIB, the Managed Risk Medical Insurance Board, 1-800-880-5305

Monday-Friday, 8 am-8 pm, Saturday, 8 am-5 pm.

Website: [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov)

## WHO IS ELIGIBLE TO JOIN HEALTHY FAMILIES?

Children & teens up to age 19, who live in California and:

- Are NOT eligible for FREE Medi-Cal
- Live in families with incomes not higher than 250% of Federal Income Guidelines.
- Live in families with no health insurance from an employer for the past 3 months.
- Are US citizens, nationals or eligible qualified immigrants.

## SCCIPA PHYSICIAN PARTICIPATION & REIMBURSEMENT VARY BY HEALTH PLAN:

### FOR BLUE SHIELD & HEALTH NET:

- SCCIPA providers receive the SAME reimbursement for Healthy Families as they receive for Blue Shield & Health Net COMMERCIAL contracts.
- **ALL SCCIPA providers** MUST SEE Healthy Families members of these plans assigned to them.

### FOR BLUE CROSS:

- Healthy Families uses MEDI-CAL-participating SCCIPA providers reimbursed at Medi-Cal rates.
- **SCCIPA Medi-Cal providers** MUST SEE Healthy Families members who are assigned to them.

## CALIFORNIA CHILDRENS SERVICES/ CCS

CCS is a statewide program that treats children with specific physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. CCS benefits are available to California residents under 21 who may have a medical condition covered by CCS, including

- ALL SCCIPA Members with Healthy Families coverage or full-scope Medi-Cal coverage with no cost sharing.
- SCCIPA Commercial Members who meet financial criteria for family income or out-of-pocket family medical expenses.

Family income is not a factor for children who need diagnostic services to confirm a CCS eligible medical condition; or were adopted with a known CCS eligible medical condition; or are applying only for Medical Therapy Program services.

**If you have a child with healthcare problems who may qualify for CCS, please send a secure email via PPMSI Online to the CCS Case Manager, Pam Jewett, RN or call her at 650-358-3125.**

CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Examples:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, metabolic diseases (thyroid, PKU, diabetes)
- Disorders of the G-U system (chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of sense organs (hearing loss, glaucoma, cataracts)
- Disorders of nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehab (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring intensive level of care

***Check Access Express for information: [www.ppmsi.com/login](http://www.ppmsi.com/login)***

# HEALTH PLAN INTERPRETER SERVICES

IPA will provide interpreter services to a member with sensory, manual, or speaking impairment to ensure that the member has the same degree of communication as a non-impaired member. Providers must evaluate the member's needs and offer an interpreter or auxiliary aid to facilitate communication between the member and the provider. The type of auxiliary aid to be provided is dependent on whether another form of communication would suffice. The member will be provided access through telephone interpreter services or face-to-face interpreter services. 24-hour interpreter services will be available for Blue Cross Medi-Cal and Healthy Families members through the health plan at no cost to the provider or member.

## Blue Cross of California Telephonic Language Interpreter Services

7:00 AM to Midnight: 1-800 407-4627 **Medi-Cal Members**, 1-800 845-3604 **Healthy Families Members**  
Midnight to 7:00 AM: 1-800 224-0336

Information that needs to be available at the time of the call:

- Member's identification number
- The need for an interpreter and the language
- Once the connection is made to the interpreter, introduce the member and explain the help that is needed

## Blue Cross Telecommunications Device for the Deaf (TDD) and the California Relay Service

Providers should call: California Relay Service at 800 735-2922  
Hearing-impaired members should call: Blue Cross TDD at 888 757-6034

## Blue Cross Face-to-Face Interpreter Services

Face-to-face interpreter services must be scheduled 72-hours in advance of the scheduled appointment with the member. Rescheduling or cancellation of a member's appointment requires a minimum of 24-hour notice to Blue Cross. Blue Cross Customer Service telephone numbers are:

Weekdays: 7:00 AM to Midnight & Saturdays: 8:00 AM to 4:00 PM: 1-800 407-4627 **Medi-Cal Members**; 1-800 845-3604 **Healthy Families**

After Hours: Midnight to 7:00 AM: 1-800 224-0336 **Medi-Cal & Healthy Families Members**

## Blue Cross Educational Materials

Blue Cross has a *Blue Cross Interpretation Services Card* and a variety of pamphlets and forms available in English and in alternate languages. Providers are to contact the Cultural and Linguistic contact person at (800 977-7332) at the PPMSI Customer Services Department to obtain an order form or the provider may contact the Blue Cross Customer Services Department at 1-800 407-4627.

# GENERAL IPA POLICIES

## Medical Decisions Not Influenced by Financial Consideration

IPA providers must provide services to members based on the individual's medical needs. Decision to provide medical care is based only on the appropriateness of care and service. Neither PPMSI nor the IPA offers incentives or rewards providers or any individuals conducting utilization review to deny coverage or to encourage inappropriate underutilization.

## Disclosure of Utilization Management Criteria

IPA and PPMSI Utilization Management (UM) staff make review decisions based on appropriateness of care using their clinical experience, PPMSI-developed review criteria, industry-standard review criteria, Medicare Guidelines, etc. Providers may request a copy of any IPA Policy and Procedure and/or UM criteria utilized in the decision-making process. You may request a copy of the review criteria by contacting the PPMSI Medical Director at 650 358-5811.

## Confidentiality and Disclosure of Member Data

IPA providers and their staff must ensure the confidentiality of member medical records and the appropriate release of medical information in accordance with Civil Code 56.10(a)-(c). The member's medical record may only be released if a written signed consent is obtained from the member, parent or legal guardian, or the person legally responsible for making medical decisions for the member.

Providers and their office staff may release medical information without a signed consent to Health Plans, legal entities, arbitrators, licensing agency staff government or administrative agency staff, etc. when needed in the performance of their job activities.

Provider offices are required to have policies and procedures in place describing confidentiality and disclosure of member medical records. Provider office staff should sign a "Confidentiality Statement" and this statement should be placed in the employee's personnel file.

## Members Rights

IPA members should be treated with respect, dignity and courtesy. Members are responsible for taking an active role with their practitioner in making decisions regarding their healthcare. A complete listing of Member Rights & Responsibilities are provided with your Provider Welcome Kit and at Access Express.

## Operations Manual

Please check the Operations Manual for additional information on IPA Policies and Procedures.