



Santa Clara
Family Health Plan
The Spirit of Care

To: All SCFHP Contracted Providers
From: Health Services-Utilization Management
Date: December 21, 2017
Subject: 2018 Prior Authorization Grid

Dear Providers:

Thank you for your continued care of Santa Clara Family Health Plan members. We would like to share information about changes in our prior authorization requirements that will become effective for dates of service on or after January 1, 2018.

The Prior Authorization Grids indicating services that require prior authorization have been updated for all lines of business and are attached for your convenience. The following is a summary of the 2018 changes by line of business:

Cal MediConnect:

Added	Removed	Other Changes
Cataract Surgery	Penile Implant	Outpatient therapy will now require PA from start of care instead of before the 12th visit
Jaw Surgery, Orthognathic procedures including TMJ treatment		
Collection of autologous blood		
Sleep Studies		
Medi-Cal only benefit: LTC, MSSP		
Spinraza/Nusinersen (Drug)		
Ocrevus/Ocrelizumab (Drug)		

Medi-Cal and Healthy Kids:

Added	Removed	Other Changes
Orthognathic procedures, including TMJ treatment	Wound care, including wound vac	Update to the phone number for County Behavioral Health
Spinraza/Nusinersen (Drug)	IHSS	
Ocrevus/Ocrelizumab (Drug)		

For the full list, please see the attached 2018 Prior Authorization Grids for Cal MediConnect and Medi-Cal/Healthy Kids.

If you have any questions regarding this information, please contact SCFHP UM department at 408-874-1821.



Organizational Determination Telephone Line: 1-408-874-1821
Organizational Determination Fax Line: 1-408-874-1957 or 1-408-376-3548
Other Contact Information: • Eligibility: 1-800-720-3455
 • Customer Service: 1-877-723-4795
 • Provider Services: 1-408-874-1788

***Note:** The following services are subject to Organizational Determination requirements. When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. This Organizational Determination list contains services that require Organizational Determination only and is not intended to be a list of covered services. Providers should refer to an enrollee's Member Handbook (Evidence of Coverage (EOC)) for a complete list of covered services.*

For dental care please contact Denti-Cal at 1-800-322-6384

For vision care, please contact VSP at 1-844-613-4479

Non-participating provider	<ul style="list-style-type: none"> • All services
Inpatient Admissions, Services and Therapy	<ul style="list-style-type: none"> • Acute Hospital (including Psychiatric) Acute Rehabilitation Facilities • All elective medical and surgical inpatient hospitalizations • Long Term Acute Care (LTAC) • Partial hospital/Residential Treatment for Mental health, Substance Use disorder • Skilled Nursing Facilities (SNF) • Physical/Occupational/Speech Therapy (PT/OT/ST)
Outpatient Procedures/Surgery	<ul style="list-style-type: none"> • Abdominoplasty • Bariatric procedure • Blepharoplasty • Breast reductions and augmentation • Cataract surgery • Cochlear auditory implant • Dental surgery, jaw surgery and orthognathic procedures including TMJ treatment • Dermatology procedure: Laser treatment, Skin injections and implants • Experimental/investigational procedures/services and new technologies • Neuro and spinal cord stimulator • Panniculectomy • Plastic surgery reconstructive procedures • Spinal surgery • Surgery for obstructive sleep apnea • Varicose vein treatment

Outpatient Services	<ul style="list-style-type: none"> • Cardiac and Pulmonary Rehabilitation • Collection of autologous blood • Genetic testing and counseling • Hyperbaric oxygen therapy • Outpatient diagnostic procedures: Magnetic resonance imaging (MRI), Magnetic resonance angiography (MRA), Magnetic resonance Spectroscopy, Nuclear cardiology procedures (including SPECT), Positron-emission tomography (PET), Sleep studies. • Outpatient Physical/Occupational/Speech therapy (PT/OT/ST) • Radiation therapy: Intensity modulated radiation therapy (IMRT), Proton beam therapy, Stereotactic radiation treatment (SBRT), Neutron beam therapy • Sleep studies • Transplant-related services (EXCEPT Cornea transplant): prior to evaluation.
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Custom made items • Any other DME or medical supply item exceeding \$1000 allowable • Prosthetics & customized Orthotics exceeding \$1000 allowable
Home Health	<ul style="list-style-type: none"> • Home Health service • Home IV Infusion service
Part B drugs administered in a Physician's office or Outpatient setting	<ul style="list-style-type: none"> • Part B drugs - See 2018 Medicare Part B Specialty Drug Organizational Determination List (attached)
Medi-Cal only benefit	<ul style="list-style-type: none"> • Hearing aids • Incontinence supplies exceeding \$165 per month or non-formulary • Community Based Adult Services (CBAS) • Long Term Care • Multipurpose Senior Services Program (MSSP): No PAR, authorized by Sourcewise Fax Referrals to: 1-408-289-1880 • Referral to SCFHP MLTSS Team for timely LTSS access 1-408-874-1808
Transportation	<ul style="list-style-type: none"> • Non-Emergency Medical Transportation for ground and air • Schedule routine non-emergency medical transportation in area through SCFHP Customer Service at 1-877-723-4795.



ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY)

Brand	Generic
Aloxi	Palonosetron
Emend	Aprepitant
Emend IV	Fosaprepitant

NEUROMUSCULAR BLOCKING AGENTS

Brand	Generic
Botox	OnabotulinumtoxinA
Dysport	AbobotulinumtoxinA
Myobloc	RimabotulinumtoxinB
Xeomin	IncobotulinumtoxinA

ERYTHROPOIESIS STIMULATING AGENTS

Brand	Generic
Aranesp	Darbepoetin alfa
Epogen, Procrit	Epoetin alfa

GAUCHER'S DISEASE

Brand	Generic
Cerezyme	Imiglucerase
Elelyso	Taliglucerase
Vpriv	Velaglucerase

HEREDITARY ANGIOEDEMA

Brand	Generic
Berinert, Cinryze	Compliment C1 esterase inhibitor
Kalbitor	Ecallantide

IV IMMUNOGLOBULIN (IVIG)

Brand	Generic
Baygam, Flebogamma, Gamastan, Gammagard, Gammaplex, Gamunex, Gamunex-C, Hizentra, Octagam, Privigen, Vivaglobin	Immune globulin

MULTIPLE SCLEROSIS	
Brand	Generic
Tysabri	Natalizumab
Ocrevus	Ocrelizumab

OPHTHALMIC AGENTS	
Brand	Generic
Eylea	Aflibercept
Lucentis	Ranibizumab

OSTEOPOROSIS OR BONE MODIFIERS	
Brand	Generic
Aredia	Pamidronate

PULMONARY HYPERTENSION	
Brand	Generic
Flolan Veletri	Epoprostenol
Remodulin	Treprostinil

RHEUMATOLOGY/IMMUNOSUPPRESSANTS	
Brand	Generic
Actemra	Tocilizumab
Orencia	Abatacept
Remicade	Infliximab
Inflectra	Infliximab-dyyb
Stelara	Ustekinumab

RESPIRATORY	
Brand	Generic
Aralast, Aralast NP, Glassia, Prolastin, Prolastin C, Zemaira	α -1 proteinase inhibitor
Cinqair	Reslizumab
Nucala	Mepolizumab
Xolair	Omalizumab
Synagis	Palivizumab

MISCELLANEOUS	
Brand	Generic
Nplate	Romiplostim
Spinraza	Nusinersen



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Other Contact Information:

- Eligibility: 1-800-720-3455
- Customer Service: 1-800-260-2055
- Provider Services: 1-408-874-1788

Note: *When faxing a request, please use SCFHP Prior Authorization Request – Medical Services form found at www.scfhp.com, attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support medical necessity. This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a list of covered services. Providers should refer to an enrollee’s Evidence of Coverage (EOC) for a complete list of covered services.*

For dental care for Medi-Cal members, please contact Denti-Cal at 1-800-322-6384

For dental care for Healthy Kids members, please contact Liberty Dental at 1-888-902-0403

For vision care, please contact VSP at 1-844-613-4479

Non-Contracted Provider	<ul style="list-style-type: none"> • ALL SERVICES
Inpatient Admissions, Services and Therapy	<ul style="list-style-type: none"> • All elective medical and surgical inpatient admissions • Acute hospital (including psychiatric) • Acute rehabilitation facilities • Long Term Acute Care (LTAC) • Partial hospital psychiatric treatment, substance use disorder including detoxification • Skilled Nursing Facilities (SNF) - Skilled, custodial and long-term care
Outpatient Procedures/Surgery	<ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy • Bariatric procedure • Breast reconstructive surgery • Cataract surgery • Cochlear auditory implant • Dental surgery, jaw surgery and orthognathic procedures including TMJ treatment) • Dermatology procedures: Laser treatment, skin injections and implants • Endoscopy, colonoscopy, esophagogastroduodenoscopy (EGD) • Experimental/investigational procedures/services and new technologies • Gender reassignment surgery • Neuro and spinal cord stimulator • Plastic surgery reconstructive procedures, including Blepharoplasty, Rhinoplasty, Tracheoplasty • Podiatric procedures and surgery • Spinal procedures, excepting epidural injections • Surgery for obstructive sleep apnea • Varicose vein treatment

Durable Medical Equipment (DME)	<p>Most DME is capitated to CHME, FAX to 650-931-8928</p> <ul style="list-style-type: none"> • Enteral nutrition • Incontinence supplies • Home medical equipment: walkers, wheelchairs, commodes • Mobility devices including motorized wheelchairs and scooters • Respiratory: Oxygen, BIPAP, CPAP, ventilators <p>Specialty DME: PAR should be submitted to SCFHP, including:</p> <ul style="list-style-type: none"> • Prosthetics and orthotics • Hearing aids • Other specialty devices
Outpatient Services	<ul style="list-style-type: none"> • Cardiac and pulmonary rehabilitation • Collection of autologous blood • EEG, EMG, NCV • Genetic testing and counseling • Hyperbaric oxygen therapy • Radiation therapy: Intensity modulated radiation therapy (IMRT), proton beam therapy, stereotactic radiation treatment (SBRT), neutron beam therapy • Outpatient diagnostic imaging: Magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), nuclear cardiology procedures (including SPECT), positron-emission tomography (PET), • Outpatient physical/occupational/speech therapy (PT/OT/ST) • Sleep studies • Transplant-related services (EXCEPT Cornea transplant): prior to surgery
Home Health	<ul style="list-style-type: none"> • All home health services • Home IV infusion services
Drugs Administered in Office or Outpatient setting	<ul style="list-style-type: none"> • See attached Medi-Cal drug PA list
Transportation	<ul style="list-style-type: none"> • Non-Emergency Medical Transportation for ground and air • Schedule routine non-emergency medical transportation in area through SCFHP Customer Service at 1-800-260-2055
Organ Transplant	<ul style="list-style-type: none"> • Kidney and corneal transplants • Other organs transplant: Contact SCFHP for enrollment in FFS Medi-Cal
Behavioral Health Treatment (Autism) Mental Health Services Substance Abuse Treatment	<ul style="list-style-type: none"> • Behavioral Health Treatment (Autism): Requires PAR. Includes ST, PT, and OT with Autism dx • Mental Health Services: No PAR. Specialty MH services authorized by County Behavioral Services Department 1-800-704-0900 • Substance Abuse Treatment: No PAR for SBIRT, all other are provided through the County Gateway access 1-800-488-9419
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> • Community-Based Adult Services (CBAS) • Long Term Care • Multipurpose Senior Services Program (MSSP): No PAR, authorized by Sourcewise Fax Referrals to: 1-408-289-1880 • Referral to SCFHP MLTSS Team for timely LTSS access 1-408-874-1808



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Dysport	AbobotulinumtoxinA
Myobloc	RimabotulinumtoxinB
Xeomin	IncobotulinumtoxinA

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Aranesp	Darbepoetin alfa
Epogen, Procrit	Epoetin alfa

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Brand	Generic
Cerezyme	Imiglucerase
Elelyso	Taliglucerase
Vpriv	Velaglucerase

HEREDITARY ANGIOEDEMA

Brand	Generic
Berinert, Cinryze	Compliment C1 esterase inhibitor
Kalbitor	Ecallantide

IV IMMUNOGLOBULIN (IVIG)

Brand	Generic
Baygam, Flebogamma, Gamastan, Gammagard, Gammaplex, Gamunex, Gamunex-C, Hizentra, Octagam, Privigen, Vivaglobin	Immune globulin
Prolia; Xgeva	Denosumab
Reclast, Zometa	Zoledronic acid

MULTIPLE SCLEROSIS	
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Tysabri	Natalizumab
Ocrevus	Ocrelizumab

OPHTHALMIC AGENTS	
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