



Santa Clara
Family Health Plan
The Spirit of Care

To: SCFHP Providers
From: Jennifer Clements, Director of Provider Network Management
Date: December 30, 2016
Subject: **2017 Prior Authorization Grid for Medi-Cal and Healthy Kids**

Dear Provider:

Effective **January 1, 2017**, Santa Clara Family Health Plan (SCFHP) has updated prior authorization requirements for medical services and medical drugs. Please review the attached Prior Authorization Grid for Medi-Cal and Healthy Kids, which can also be found on our website at www.scfhp.com/for-providers/forms.

As a reminder, the following chart summarizes turnaround times for Routine, Expedited, and Retro Authorization Requests.

<u>Line of Business</u>	<u>Routine</u>	<u>Expedited</u>	<u>Retro</u>
Medi-Cal/Healthy Kids	5 business days	72 hours	30 calendar days

Tips for submitting prior authorization requests:

1. Consider the time frames noted above before calling for a status of your prior authorization request. Providers are notified by fax within 24 hours after an authorization is processed. SCFHP works diligently to process prior authorization requests (PARs), and as quickly as possible for hospital discharges and other difficult placements.
2. Expedited requests should be only requested when the standard time for making a determination could jeopardize the life or health of the enrollee, or the enrollee's ability to regain maximum function.
3. Call 1-408-874-1821 to check the status of your prior authorization request. Do NOT fax another request until you have verified the initial request is not on file.
4. Refer to the attached authorization grids to view a list of items that require a prior authorization.

If you have any questions, please contact Provider Services **1-408-874-1788** or email us at providerservices@scfhp.com.

Thank you!



Prior Authorization Request Telephone Line: 1-408-874-1821

Prior Authorization Request Fax Line: 1-408-874-1957 or 1-408-376-3548

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 vision care, please contact VSP at 1-800-877-7195

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

<p>Inpatient Admissions, Services and Therapy</p>	<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
<p>Outpatient Procedures/Surgery</p>	<ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy • Bariatric procedure • Breast reconstructive surgery • Cataract surgery • Cochlear auditory implant • Dental surgery and jaw surgery • 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
<p>Durable Medical Equipment (DME)</p>	<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

Durable Medical Equipment (DME) <i>Continued</i>	<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 • Wound care including wound vac
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 out of area (air or ground ambulance transportation) • Schedule routine non-emergency medical transportation in area through SCFHP Customer Service at 1-800-260-2055 • Non-emergency facility to facility transportation no longer requires an authorization (Including retro to 1/1/2015)
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 1-800-704-0999 • 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) • In-Home Supportive Services (IHSS): No PAR, authorized by County Department of Aging & Adult Services 1-408-792-1600 • Multipurpose Senior Services (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
Non-Contracted Provider	<ul style="list-style-type: none"> • ALL SERVICES



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

OPHTHALMIC AGENTS

Brand	Generic
Eylea	Aflibercept
Lucentis	Ranibizumab

OSTEOPOROSIS OR BONE MODIFIERS

Brand	Generic
Aredia	Pamidronate
Prolia; Xgeva	Denosumab
Reclast, Zometa	Zoledronic acid

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