



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 Cal MediConnect**

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Dear Provider:

Effective **January 1, 2017**, Santa Clara Family Health Plan (SCFHP) has updated its prior authorization requirements for medical services and Part B drugs. Please review the attached Prior Authorization Grid for Cal MediConnect which can also be found on our website at **[www.scfhp.com/for-providers/forms](http://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>
<b>Cal MediConnect</b>	14 calendar 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 only be 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](mailto:providerservices@scfhp.com)**.

Thank you!



**Organizational Determination Request Telephone Line: 1-408-874-1821**

**Organizational Determination Request Fax Line: 1-408-874-1957 or 1-408-376-3548**

**Other Contact Information:**

- Eligibility and Benefits: 1-800-720-3455
- Member Services: 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 Evidence of Coverage (EOC) for a complete list of covered services.*

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

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

Outpatient Services	<ul style="list-style-type: none"> <li>• Cardiac and Pulmonary Rehabilitation</li> <li>• Genetic testing and counseling</li> <li>• Hyperbaric oxygen therapy</li> <li>• 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.</li> <li>• Outpatient Physical/Occupational/Speech therapy (PT/OT/ST) – Prior authorization (PA) required after 11<sup>th</sup> therapy. Request PA prior to 12<sup>th</sup> therapy. <i>Count includes any combination of these services.</i></li> <li>• Radiation therapy: Intensity modulated radiation therapy (IMRT), Proton beam therapy, Stereotactic radiation treatment (SBRT), Neutron beam therapy</li> <li>• Transplant-related services (EXCEPT Cornea transplant): prior to evaluation.</li> </ul>
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> <li>• Custom made items</li> <li>• Any other DME or medical supply item exceeding \$1000 allowable</li> <li>• Prosthetics &amp; customized Orthotics exceeding \$1000 allowable</li> </ul>
Home Health	<ul style="list-style-type: none"> <li>• Home Health service</li> <li>• Home IV Infusion service</li> </ul>
Part B drugs administered in a Physician's office or Outpatient setting	<ul style="list-style-type: none"> <li>• Part B drugs - See 2016 Medicare Part B Specialty Drug Organizational Determination List (attached)</li> </ul>
Medi-Cal only benefit	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Incontinence supplies exceeding \$165 per month or non-formulary</li> <li>• Community Based Adult Services (CBAS)</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Non-emergency out of area air or ground ambulance transportation</li> <li>• Non-emergency facility to facility transportation no longer requires an authorization (Including retro to 1/1/2015)</li> </ul>



## Medicare Part B Specialty Drug Organizational Determination List

### 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	$\alpha$ -1 proteinase inhibitor
Cinqair	Reslizumab
Nucala	Mepolizumab
Xolair	Omalizumab

**MISCELLANEOUS**

Brand	Generic
Nplate	Romiplostim