



Santa Clara
Family Health Plan
The Spirit of Care

To: SCFHP Providers
From: Jennifer Clements, Director of Provider Operations
Date: 01/19/2016
Subject: **Prior Authorization Process and Turnaround Times**

Dear Provider:

Santa Clara Family Health Plan (SCFHP) has regulated turnaround times for processing **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	3 business days	30 calendar days
Cal MediConnect	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) as quickly as possible for hospital discharges and other difficult placements.
2. Call 1-408-874-1821 to check the status of your prior authorization request. Do NOT fax another request until your verified the initial request is not on file.
3. Refer to the attached authorization grids to view a list of items that require a prior authorization. There is one list for Medi-Cal and Healthy Kids, and a separate list for Cal MediConnect.

If you have any questions please contact Provider Services at 1-408-874-1788.

Thank you.



The following reference guide is a summary of prior authorization (PA) rules for Medi-Cal and Healthy Kids programs. Covered services not listed do not require PA.

This guide applies to independently contracted providers and Palo Alto Medical Foundation providers. All services provided by a non-contracted provider require PA.

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

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

For DME and medical supply PAs, contact CHME: 1-844-412-4559 or fax 1-844-583-4049

Other SCFHP Contact Information:

- Eligibility and Benefits: 1-800-720-3455
- Member Services: 1-800-260-2055
- Provider Services: 1-408-874-1788

Note: 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 prior authorization list 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.

Benefit	Medi-Cal	Healthy Kids
Abortion: Self-Referral Facility Component > In or Out of Network Professional Component	No PA No PA No PA	No PA No PA No PA
Acupuncture	No PA Must go to Medi-Cal FFS provider	No PA Max 20 visits per benefit year
Allergy Treatment Testing Injections	No PA No PA	No PA No PA
Alpha-Feto Protein Testing	No PA	No PA
Ambulance Emergent Non-Emergency Ambulance Facility to Facility	No PA PA No PA	No PA PA No PA
APNEA Monitor (Outpatient) - DME	See DME	See DME
Artificial Eyes – Prosthetics	PA	PA
Artificial Limbs - Prosthetics	PA	PA
Audiology Hearing Aids Hearing Screening	PA No PA for under age 21. Not Covered over age 21. Codes: V5011, V5014, V5020-V5095, V5100-V5275, V5281-V5299, Z3604-Z3610	PA No PA

Benefit	Medi-Cal	Healthy Kids
Blood & Blood Products Blood Transfusion Collection of autologous blood	No PA PA Codes: 38206, 38232, 86890-86891	No PA PA
Cardiology (PA required at a Facility) In Office Procedure Office Visits Cardiolite/ Nuclear tests Doppler Color Flow Echocardiogram EKG Cardiac Therapy SPECT	At Cardiologist Office: No PA No PA No PA No PA No PA No PA No PA PA	At Cardiologist Office: No PA No PA No PA No PA No PA No PA No PA PA
Chemical Dependency Inpatient Facility Component Outpatient Facility Component Outpatient Professional Component	Gateway	Par No PA No PA
Chemotherapy (drugs and professional fees) Drugs Professional Component Outpatient Facility Component	PA PA PA Chemotherapy Codes: C9257, C9259, C9276, C9280, C9287, C9289, C9295, J0641, J1626, J2405, J3315, J9000-J9999, Q0162, Q0167-Q0181, Q2043, Q2048-Q2049 Injectable Drug Codes: 90281-90283, 90287-90399, 90760-90788, 90799, 96360-96379, C1178, C8950-C8955, C8952, C8957, C9105--C9113, C9121-C9130, C9202-C9203, C9208-C9212, C9220-C9226, C9232-C9235, C9245-C9256, C9270-C9275, C9277-C9279, C9285-C9286, C9288, C9290-C9296, C9410-C9414, C9438, C9704, G0258-G0260, G0345-G0358, G0363, G3001, J0000-J0640, J0642-J1625, J1627-J2404, J2406-J3314, J3316-J8999, Q0081, Q0138-Q0139, Q0144, Q0162, Q0510-Q0515, Q2001-Q2022, Q2026-Q2027, Q2040, Q2044-Q2046, Q3025-Q3026, Q4054-Q4055, Q4074-Q4082, Q4112-Q4114, Q9945-Q9969, S0009-S0198, S1090, S5001, S5010-S5014, S9430	PA PA PA
Circumcision Medically necessary Routine Newborn	PA Not Covered	PA Not Covered
Dental Care	Refer to Denti-Cal	HK - Liberty
Dental Surgery - Anesthesia and Facility	PA Code: 00100-01999, 41899, DX = K02.9	PA
Detoxification (Medically Necessary) Inpatient	PA	PA
Durable Medical Equipment/Medical Supplies Hearing aids, medical supplies	CHME PA	CHME PA

Benefit	Medi-Cal	Healthy Kids
Rental DME Orthotics and Prosthetics Repair or purchase of DME Wheelchair & WC related services (purchase, rental and repair) All Oxygen Equipment and related services/supplies Custom Helmet Compression Vest Custom Wheelchair	PA PA PA (Over \$250) PA PA PA PA PA DME Codes: A4556-A4557, A4566, A4595, A4604, A4615, A4619-A4620, A4635-A4637, A4640, A4660, A4663, A4670, A6550, A7001, A7005, A7015, A7020, A7027-A7039, A7044-A7046, A9281, A9284, A9900, B9000-B9006, E0100-E8002, K0001-K0617, K0620-K0628, K0650-K0900, S8130-S8131, S8182-S8183, S9001 Medical Supply Codes: A4206-A4259, A4262-A4263, A4265, A4270-A4554, A4558-A4565, A4570-A4590, A4600-A4601, A4605-A4614, A4616-A4618, A4621-4634, A4638-A4639, A4641-A4657, A4671-A4674, A4680-A5200, A6000-A6549, A6551, A7002-A7004, A7006-A7014, A7016-A7019, A7025-A7026, A7040-A7043, A7501-A7527, A9272-A9273, A9275, A9279-A9280, A9282-A9283, A9500-A9580, A9584-A9603, A9698-A9700, A9901, C1079-C1083, C1091-C1093, C1122, C1200, C1305, C1713-C1722, C1727-C1733, C1749-C1773, C1775-C1788, C1814, C1816-C1821, C1830, C1840, C1874-C1888, C1891-C1900, C2614-C2621, C2625-C2637, C9000, C9003, C9007-C9009, C9013, C9102-C9103, C9250, C9350-C9356, C9359-C9364, C9366-C9369, C9399-C9405, C9898-C9899, Q0478-Q0509, Q3000-Q3012, Q4001-Q4051, Q4100-Q4111, Q4115-Q4136, S1015-S1016, S4990-S4991, S4995, S5550-S5553, S5560-S5561, S5565-S5566, S5570-S5571, S8096-S8097, S8100-S8121, S8180-S8181, S8185-S8190, S8200-S8210, S8262-S8490, S8999, S9434-S9435, T1500, T1999, T2028-T2029, T2101, T4521-T4543, T5001, T5999, X1502-X1510, X1516-X1518, Z7610	PA PA PA (Over \$250) PA PA PA PA PA
Durable Medical Equipment RENTALS	*Contact CHME for DME and medical supply PAs at 1-844-412-4559 or fax 1-844-583-4049 . Medical Supply Codes: A4206-A4259, A4262-A4263, A4265, A4270-A4554, A4558-A4565, A4570-A4590, A4600-A4601, A4605-A4614, A4616-A4618, A4621-4634, A4638-A4639, A4641-A4657,	*Contact CHME for DME and medical supply PAs at 1-844-412-4559 or fax 1-844-583-4049 .

Benefit	Medi-Cal	Healthy Kids
	A4671-A4674, A4680-A5200, A6000-A6549, A6551, A7002-A7004, A7006-A7014, A7016-A7019, A7025-A7026, A7040-A7043, A7501-A7527, A9272-A9273, A9275, A9279-A9280, A9282-A9283, A9500-A9580, A9584-A9603, A9698-A9700, A9901, C1079-C1083, C1091-C1093, C1122, C1200, C1305, C1713-C1722, C1727-C1733, C1749-C1773, C1775-C1788, C1814, C1816-C1821, C1830, C1840, C1874-C1888, C1891-C1900, C2614-C2621, C2625-C2637, C9000, C9003, C9007-C9009, C9013, C9102-C9103, C9250, C9350-C9356, C9359-C9364, C9366-C9369, C9399-C9405, C9898-C9899, Q0478-Q0509, Q3000-Q3012, Q4001-Q4051, Q4100-Q4111, Q4115-Q4136, S1015-S1016, S4990-S4991, S4995, S5550-S5553, S5560-S5561, S5565-S5566, S5570-S5571, S8096-S8097, S8100-S8121, S8180-S8181, S8185-S8190, S8200-S8210, S8262-S8490, S8999, S9434-S9435, T1500, T1999, T2028-T2029, T2101, T4521-T4543, T5001, T5999, X1502-X1510, X1516-X1518, Z7610 DME Codes: A4556-A4557, A4566, A4595, A4604, A4615, A4619-A4620, A4635-A4637, A4640, A4660, A4663, A4670, A6550, A7001, A7005, A7015, A7020, A7027-A7039, A7044-A7046, A9281, A9284, A9900, B9000-B9006, E0100-E8002, K0001-K0617, K0620-K0628, K0650-K0900, S8130-S8131, S8182-S8183, S9001	
Emergency Care & Services	No PA	No PA
Diagnostic Imaging Services		
MRA	PA	PA
MRI	PA	PA
PET Scan	PA	PA
CT Scan	No PA	No PA
Nuclear Radiology/Imaging	PA	PA
Fluoroscopy	No PA	No PA
Bone Scans	No PA	No PA
Ultrasound non-OB	No PA	No PA
Endoscopic Studies	PA	PA
DEXA Scan	PA	PA
EEG	PA	PA
Stereostatic	PA	PA
Colonoscopy	PA	PA
EGD	PA	PA
	IMRT Codes: 77301, 77338 Stereotactic Codes: 77371-77399 Neuron Beam Codes: 77422-77423 Proton Beam Codes: 77520-77525 MRI Codes: 70336 , 70540, 70542-70543, 70551-70559, 71550-71552, 72141-72142, 72146-72149, 72156-72158, 72195-72197, 73218-73223, 74181-74183, 75557, 75559,	

Benefit	Medi-Cal	Healthy Kids
	75561, 75563, 75565, 76376-76377, 76390, 76498, 77021-77022, 77058-77059, 77084 MRA Codes: 70544-70549, 71555, 72159, 72198, 73225, 73725, 74185 PET Scan Codes: 78459, 78491-78492, 78608-78609, 78811-78816 Colonoscopy Codes: 44388-44389, 44390-44394, 44397, 45355, 45378-45387, 45391-45392 Bone Scan: 76977, 77078-77084, G0130 EGD Codes: 43200-43259, 91110-91112 EMG Codes: 51784-51785, 95860-95872, 95874, 95885-95887, 96002-96004 Nerve Conduction Codes: 95905, 95907-95913, 95926-95927, 95937-95938 Special EEG Codes: 95950-95967 Mobile Cardiac Telemetry Monitor Codes: 93228-93278	
Enteral Nutrition Supplies / Formula	CHME Codes: B4034-B4036, B4081-B4083, B4087-B4088, B4100-B4168, B4176-B4180, B4185, B4189-B4224, B5000, B5100, B9998	CHME
Family Planning –Self-referral In or Out of Network	No PA	No PA
Fetal Monitoring Outpatient Inpatient	No PA PA	No PA PA
Gastroenterology – Within a Facility Specialist Office	PA No PA Colonoscopy Codes: 44388-44389, 44390-44394, 44397, 45355, 45367-45372, 45378-45387, 45391-45392 EGD Codes: 43200-43259, 91110-91112 Sigmoidoscopy Codes : 45330 - 455336	PA No PA
Genetic Amniocentesis/Genetic Counseling	PA PA Genetic Counseling Codes: 81200-81479, 88230-88299, 89290-89291, 96040, G0452, G9143, S0265, S3722, S3800, S3833-S3834, S3840-S3890	PA PA
Hemodialysis Inpatient/Outpatient Facility Professional Component	PA PA	PA PA
Home Health SNV, HHA, PT, OT, ST, MSW	PA	PA
Home Infusion	PA Codes: 99551-99569, 99601-99602, S5035-S5036, S5497-S5498, S5501-S5502, S5517-S5518, S5520-S5522, S9325-S9368, S9373-S9381, S9490-S9504	PA
Hospitalization Acute, NICU, OB (OOA Admissions for Net 10, 20, 40, 50 & 60)	PA PA	PA PA
Incontinence Supplies	CHME	CHME
Laboratory Services	No PA	No PA

Benefit	Medi-Cal	Healthy Kids
Genetic Testing (Routine) Biopsies	PA No PA	PA No PA
Mammography	No PA	No PA
Medical Supplies	See DME	See DME
Mental Health Inpatient Outpatient	PA SCCMHD	PA No PA
Neurology (PA required if at a Facility) EEG EMG	At Neurologists Office: No PA No PA	At Neurologists Office: No PA No PA
Nerve Conduction Studies	No PA EGD Codes: 43200-43259, 91110-91112 EMG Codes: 51784-51785, 95860-95872, 95874, 95885-95887, 96002-96004 Nerve Conduction Codes: 95905, 95907-95913, 95926-95927, 95937-95938 Special EEG Codes: 95950-95967	No PA
Nuclear Medicine Treatment Diagnostic	No PA PA Nuclear Radiology Codes: 78000-78458, 78460-78489, 78494-78607, 78610-78808	No PA PA
Nutrition/Dietician	No PA Based on provider type/specialty (Nutrition/Dietician) and/or these codes: 97802-97804, G0271-G0271, G0447, S9470	No PA
OB/GYN Services Outpatient Diagnostic Inpatient Facility Nuchal Translucency Non stress test OB Ultrasound Prenatal Exams Gynecologic Exams Self-Referral within Network Well Woman Exam	No PA PA No PA No PA No PA No PA No PA No PA No PA No PA	No PA PA No PA No PA No PA No PA No PA No PA No PA No PA
Occupational Therapy Outpatient	No PA (under 21 years old) PA (over 21 years old NOBE)	No PA
In a Facility or In Home	PA	PA
Oncology – Dr. Office Facility	No PA PA	No PA PA
Ophthalmology (PA required if at a Facility) Exam & Services: Fundus Photography, Ophthalmic diagnostic imaging, Fluorescein Angiography, Ophthalmoscopy, Ophthalmic Ultrasound, Treatment of Retinopathy	At Ophthalmologist Office: No PA No PA	At Ophthalmologist Office: No PA No PA
Organ Transplants - Kidney and Corneal	PA	PA

Benefit	Medi-Cal	Healthy Kids
<i>Medi-Cal regulations require member to disenroll SCFHP and return to the Medi-Cal FFS if an organ (other than Kidney and Corneal) transplant is needed.</i>		
Orthotics	PA	PA
Orthopedic In Office DME - DME/Supplies Office Visits	PA above \$250 No PA	PA above \$250 No PA
Outpatient Surgery - Hospital	PA	PA
Oxygen - Outpatient CHME	PA	PA
Pain Management	PA Radiofrequency Ablation Codes: 64622-64627, 64633-64636, 64640, 64999, 77003 Steroid Injection Codes: 62310-62311, 62319, 64479-64480, 64483-64484	PA
Physical Therapy Outpatient NCP	No PA PA	No PA
Physicals Work Physicals Sports Physicals Preventative/Annual	Not covered Only through CHDP No PA	Not covered Healthy Kids Only through CHDP No PA
Podiatry	PA for under age 21 Not Covered over age 21 Codes: 10060-10061, 10120-10121, 10140, 10160, 10180, 11000, 11010-11012, 11040-11047, 11055-11057, 11100-11101, 11200, 11420-11426, 11620-11626, 11719-11765, 11900-11901, 11960, 11981-11983, 12001-12005, 12041-12045, 13131-13133, 13160, 14040, 14350, 15004, 15050, 15115-15116, 15120-15121, 15135-15136, 15155-15157, 15175-15176, 15240-15241, 15275-15278, 15320-15321, 15335-15336, 15340-15341, 15365-15366, 15420-15421, 15574, 15620, 15851, 16000-16035, 17000, 17003-17004, 17106-17111, 17270-17276, 17999, 20000-20005, 20103, 20200-20205, 20500-20501, 20520-20525, 20550-20553, 20600-20605, 20650, 20670-20680, 20838, 27605-27634, 27647-27648, 27650-27654, 27658-27704, 27760-27762, 27766-27769, 27786-27788, 27792, 27808-27810, 27814-27818, 27822-27829, 27840-27842, 27846-27848, 27860-27870, 27899, 28001-28436, 28445-28530, 28540-28575, 28585-28635, 28645-28665, 28675-28899, 29345-29450, 29505-29515, 29540-29581, 29700-29705, 29730-29750, 29799, 29891-29899, 29904-29907, 37799, 64450-64455, 64632, 64702-64704, 64726, 64782-64783, 64831-64834, 64837, 73500, 73590, 73600-73615, 73620-73660, 76000, 76140, 76499, 76881-76882, 76999, 89050, 90703, 93799, 93925-93926, 95004-95028, 95831, 95851, 96373-96379, 97010-97039, 97110-97140, 97597-97598, 97810-97814,	PA

Benefit	Medi-Cal	Healthy Kids
	A4217, A6248, A6542-A6549, A9283, C6250, C9356-C9359, C9363, G0127, G0180, G0245-G0247, G8553, J7340-J7349, K0672, L0978-L0982, L1836, L1900, L1900-L1971, L2000, L2010-L2030, L2035-L2039, L2050, L2070-L2090M L2106-L2116, L2180L2188, L2210, L2232, L2250-L2265, L2280, L2330, L2360-L2375, L2820, L2860-L2861, L2999, L3000, L3100, L3140-L3160, L3208-L3212, L3214, L3216-L3217, L3221-L3222, L3230, L3251-L3520, L3560-L3595, L3610-L3649, L4002, L4050-L4055, L4130, L4205-L4210, L4350-L4360, L4386, L4396-L4398, L5020, L5060, L5105, L5450, L5510-L5540, L5629, L5645, L5647, L5665-L5666, L5672, L5910, L5940, L5973, L5999, L8417, L8470, Q0092, Q4100-Q4136, R0070-R0075, S0395, S2117	
Procedures	PA	PA
Biopsies	No PA	No PA
Bronchoscopy	No PA	No PA
CT Guided Biopsies	No PA	No PA
Cystoscopy	No PA	No PA
Fine Needle Aspirations	No PA	No PA
Thoracentesis	No PA	No PA
Thyroid Scans	PA	No PA
Prosthetics	PA	PA
Pulmonary Function Tests	No PA	No PA
Radiation Therapy/Treatment	No PA	No PA
IMRT	PA	PA
Cyberknife	PA	PA
	Nuclear Radiology Codes: 78000-78458, 78460-78489, 78494-78607, 78610-78808 IMRT Codes: 77301, 77338 Stereotactic Codes: 77371-77399 Neuron Beam Codes: 77422-77423 Proton Beam Codes: 77520-77525	
Plastic Surgeon Consultation Procedures	No PA PA Codes: 11200-11201, 11920-11922, 11950-11971, 15731-15736, 15770-15776, 15780-15793, 15819-15839, 15847, 15876-15879, 17107-17108, 17340-17380, 19300, 19316-19396, 20926, 21137-21139, 21172-21188, 21210, 21248, 21255-21256, 21260-21263, 21295-21296, 30410-30420, 30430-30435, 30450-30462, 36468-36471, 37700, 37718, 37722, 55970-55980, 65771-65775, 67900-67909, 67912, 37916-67917, 67923- 67924, 69090, 69300	No PA PA

Benefit	Medi-Cal	Healthy Kids
	Plastic Surgery Codes: 11200-11201, 11920-11922, 11950-11971, 15731-15736, 15770-15776, 15780-15793, 15819-15839, 15847, 15876-15879, 17107-17108, 17340-17380, 19300, 19316-19396, 20926, 21137-21139, 21172-21188, 21210, 21248, 21255-21256, 21260-21263, 21295-21296, 30410-30420, 30430-30435, 30450-30462, 36468-36471, 37700, 37718, 37722, 55970-55980, 65771-65775, 67900-67909, 67912, 37916-67917, 67923- 67924, 69090, 69300	
Rehabilitation Services - Acute Inpatient Facility - PT, OT, Speech, and Cardiac Therapy Outpatient Facility - PT, OT, Speech, and Cardiac Therapy - under 21 years old OT & Speech Therapy - over 21 years old	PA No PA under 21 years of age NOBE over 21 years of age Not a covered benefit over age 21	PA No PA No PA
Speech Therapy - Outpatient	No PA Note: Not covered for over age 21 unless in hospital setting	No PA
Transportation (Medical) Non-Emergency Transportation - Arranged through Member Services	No PA	No PA
Vaccines / Immunizations Adult Adolescent Child Synagis	No PA No PA No PA PA	No PA No PA No PA PA
Vision Services Lens and Frames – Post-Cataract Surgery Lenses Frames Contact Lenses Vision Screening Exam	VSP VSP VSP VSP No PA VSP	VSP VSP VSP VSP No PA VSP
Wound Care Outpatient treatment Supplies	PA PA above \$250 Wound Care Codes: 11000-11006, 11010-11012, 11040-11044, 11720-11721, 16020, 16025, 16030, 69220, 97597-97598, 97602-97606, G0281-G0282, G0329	PA PA above \$250



Prior Authorization Reference Guide

Behavioral Health, Mental Health, Substance Abuse

Prior Authorization rules listed below are based on contracted providers. All services provided by a non-contracted provider require an authorization.

Applicable Networks: All except Kaiser

Benefit	Medi-Cal	Healthy Kids
Behavioral and Mental Health Outpatient Inpatient Emergency Psychiatric Services Prescribed Medications	Outpatient/Inpatient – N/A Carve out to Santa Clara County Mental Health Program	Outpatient - No PA Healthy Kids member receives unlimited visits. Inpatient - PA After admission, same criteria for Healthy Kids. SCFHP enters authorization.
Substance Abuse Treatment - Detox Only	Outpatient/Inpatient – N/A Carve out to Santa Clara County Mental Health Program	Outpatient – No PA Please call the Department of Alcohol & Drug Services for a self-referral at 1-800-488-9919. Inpatient – PA Benefit as medically appropriate to remove toxic substances from the system.



Organizational Determination Requirements (Prior Authorization Grid)

for Cal MediConnect

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	• All services
Inpatient Admission	• 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)
Outpatient Procedures/Surgery	• Abdominoplasty • Bariatric procedure • Blepharoplasty • Breast reductions and augmentation • Cochlear auditory implant • Dental surgery • Dermatology procedure: Laser treatment, Skin injections and implants • Experimental/investigational procedures/services and new technologies • Nasal and sinus surgery, Rhinoplasty, Septoplasty • Neuro and spinal cord stimulator • Orthognathic procedures (including TMJ treatment) • Panniculectomy • Penile Implant • Plastic surgery reconstructive procedures • Spinal surgery • Stereotactic radiosurgery and stereotactic body radiotherapy • Surgery for obstructive sleep apnea • Varicose vein treatment

Outpatient Services	• Cardiac and Pulmonary Rehabilitation • 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)– Organizational Determination required prior to 12th visit • Radiation therapy: Intensity modulated radiation therapy (IMRT), Proton beam therapy, Stereotactic radiation treatment (SBRT), Neutron beam therapy • Transplant-related services (EXCEPT Cornea transplant): prior to evaluation.
Durable Medical Equipment (DME)	• Custom made items • Any other DME or medical supply item exceeding \$1000 allowable • Prosthetics & customized Orthotics exceeding \$1000 allowable
Home Health	• Home Health service • Home IV Infusion service
Part B drugs administered in a Physician's office or Outpatient setting	• Part B drugs See <u>2016 Medicare Part B Specialty Drug Organizational Determination List</u> (attached)
Medi-Cal only benefit	• Hearing aids • Incontinence supplies exceeding \$165 per month or non-formulary • Community Based Adult Services (CBAS)
Transportation	• Non-emergency air or ground Ambulance transportation



2016 Medicare Part B Specialty Drug Organizational Determination List

ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY)

Brand	Generic
Aloxi	Palonosetron
Emend	Aprepitant
Emend IV	Fosaprepitant

CANCER CHEMOTHERAPY

Brand	Generic
Abraxane	Paclitaxel protein-bound
Adcetris	Brentuximab vedotin
Alimta	Pemetrexed
Beleodaq	Belinostat
Cosmegen	Dactinomycin
Erwinaze	Erwinia asparaginase
Firmagon	Degarelix
Folotyn	Pralatrexate
Herceptin	Trastuzumab
Idamycin	Idarubicin
Istodax	Romidepsin
Ixempra	Ixabepilone
Jevtana	Cabazitaxel
Kadcyla	Ado-trastuzumab emtansine
Keytruda	Pembrolizumab
Kyprolis	Carfilzomib
Marqibo	Vincristine (liposomal)
Nipent	Pentostatin
Temodar	Temozolomide
Torisel	Temsirolimus
Treanda	Bendamustine
Velcade	Bortezomib

ERYTHROPOIESIS STIMULATING AGENTS

Brand	Generic
Aranesp	Darbepoetin alfa
Epogen, Procrit	Epoetin alfa

GAUCHER'S DISEASE

Brand	Generic
Cerezyme	Imiglucerase
Elelyso	Taliglucerase
Vpriv	Velaglucerase

GRANULOCYTE COLONY STIMULATING FACTORS (GCSFs)

Brand	Generic
Leukine	Sargramostim
Neulasta	Pegfilgrastim
Neumega	Oprelvekin
Neupogen	Filgrastim
Neutroval, Granix	Tbo-filgrastim

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

OSTEOPOROSIS OR BONE MODIFIERS

Brand	Generic
Aredia	Pamidronate
Reclast, Zometa	Zoledronic acid

PULMONARY

Brand	Generic
Flolan, Veletri	Epoprostenol
Remodulin	Treprostinil

RHEUMATOLOGY/IMMUNOSUPPRESSANTS

Brand	Generic
Remicade	Infliximab

RESPIRATORY

Brand	Generic
Aralast, Aralast NP, Glassia, Prolastin, Prolastin C	α -1 proteinase inhibitor
Zemaira	
Xolair	Omalizumab

MISCELLANEOUS

Brand	Generic
Botox	Onabotulinum toxin A
Eylea	Aflibercept