1. Professional Services

| **Service** | **Carve Out Language** | **Medi-Cal Coordination** |
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| Acupuncture | **ENGLISH TEMPLATE**  We hope this letter finds you well. We want to let you know that <IPA NAME> under contract with IEHP DualChoice, does not need to authorize the above requested service(s). IEHP DualChoice has contracted with American Specialty Network (ASN) to provide this service to you.  To get acupuncture (putting needles in the skin to treat pain), please call American Specialty Network (ASN) directly at (800) 678-9133 or TTY number (877) 710-2746 during the hours 8:00 A.M. and 5:00 P.M. Again, you do not need approval from IEHP Direct to get acupuncture.  **SPANISH TEMPLATE**  Esperamos que al recibir esta carta se encuentre bien. Queremos informarle que <IPA NAME>, conforme al contrato con IEHP DualChoice, no necesita autorizar los servicios solicitados más arriba. IEHP DualChoice ha contratado a American Specialty Network (ASN) para que le preste este servicio.  Para obtener acupuntura (poniendo agujas en ciertos puntos en el cuerpo para aliviar dolor), por favor llame a American Specialty Network (ASN) directamente al (800) 678-9133 o al número TTY (877) 710-2746 durante el horario de 8:00 A.M. a 5:00 P.M. Nuevamente, no necesita la aprobación de IEHP Direct para obtener acupuntura.  **CHINESE TEMPLATE**  我們希望您一切安好。我們想告知您，與 IEHP DualChoice 簽有合約的<IPA NAME>無須授權上述要求的服務。IEHP DualChoice 已與美國專業網絡 (American Specialty Network, ASN)簽約，可為您提供此服務。  如欲取得針灸(將針刺入皮膚以治療疼痛)服務，請在上午8點至下午5點期間直接致電 800-678-9133或 TTY 專線 (877)710-2746與美國專業網絡 (American Specialty Network, ASN) 聯絡。 再次提醒您，您無須獲得IEHP Direct的核准即可接受針灸服務。  **VIETNAMESE TEMPLATE**  Chúng tôi hy vọng quý vị nhận được lá thư này. Chúng tôi muốn thông báo cho quý vị biết rằng <IPA NAME>, theo hợp đồng với Chương trình IEHP DualChoice, không cần phải chấp thuận cho (các) dịch vụ được yêu cầu bên trên. IEHP DualChoice đã ký hợp đồng với American Specialty Network (ASN) để cung cấp dịch vụ này cho quý vị.  Để được châm cứu (đâm kim vào da để điều trị cơn đau), vui lòng gọi trực tiếp cho American Specialty Network (ASN) theo số (800) 678-9133 hoặc số TTY (877)710-2746 trong khung giờ từ 8:00 sáng đến 5:00 chiều. Xin nhắc lại, quý vị không cần sự chấp thuận từ IEHP Direct để được châm cứu. | N/A |
| Dental (Routine) | **ENGLISH TEMPLATE**  We hope this letter finds you well. We want to let you know you that <IPA NAME>, under contract with IEHP DualChoice, does not need to authorize the above requested service(s). IEHP DualChoice has contracted with Denti-Cal to provide this service to you.  To get dental services, please call Denti-Cal directly at 1-800-322-6384 or TTY number 1-800-735-2922 during the hours 8:00 A.M. and 5:00 P.M. Again, you do not need approval from IEHP Direct to get dental services.  **SPANISH TEMPLATE**  Esperamos que al recibir esta carta se encuentre bien. Queremos informarle que <IPA NAME>, conforme al contrato con IEHP DualChoice, no necesita autorizar los servicios solicitados más arriba. IEHP DualChoice ha contratado a Denti-Cal para que le preste este servicio.  Para obtener servicios dentales, por favor llame a Denti-Cal directamente al 1-800-322-6384 o al número TTY 1-800-735-2922 durante el horario de 8:00 A.M. a 5:00 P.M. Nuevamente, no necesita la aprobación de IEHP Direct para obtener servicios dentales.  **CHINESE TEMPLATE**  我們希望您一切安好。我們想告知您，與 IEHP DualChoice 簽有合約的<IPA NAME>無須授權上述要求的服務。IEHP DualChoice已與Denti-Cal簽約，可為您提供此服務。  如欲取得牙科服務，請在上午8點至下午5點期間直接致電1-800-322-6384或 TTY 專線1-800-735-2922與Denti-Cal 聯絡。 再次提醒您，您無須獲得IEHP Direct 的核准即可接受牙科服務。  **VIETNAMESE TEMPLATE**  Chúng tôi hy vọng quý vị nhận được lá thư này. Chúng tôi muốn thông báo cho quý vị biết rằng <IPA NAME>, theo hợp đồng với Chương trình IEHP DualChoice, không cần phải chấp thuận cho (các) dịch vụ được yêu cầu bên trên. IEHP DualChoice đã ký hợp đồng với Denti-Cal để cung cấp dịch vụ này cho quý vị.  Để nhận các dịch vụ nha khoa, vui lòng gọi trực tiếp cho Denti-Cal theo số 1-800-322-6384 hoặc số TTY 1-800-735-2922 trong khoảng thời gian từ 8:00 sáng đến 5:00 chiều. Xin nhắc lại, quý vị không cần sự chấp thuận từ IEHP Direct để nhận các dịch vụ nha khoa. | N/A |

1. DME

| **Item** | **Denial Reason** | **Medi-Cal Coordination** |
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| Bathroom Equipment  (E0240, E0241, E0243, E0244, E0245,  E0246, E0247, E0248) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Blood pressure Monitor/Cuffs  **that do not meet Medicare criteria**  (A4670, A4660, A4663) |  | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Breast Pump and Accessories  (E0603, E0604, A4281-A4286) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Compression Stockings  (A6545, A6544, A6549) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Enteral Nutrition (Oral Supplement only, ie: Ensure Drinks)  (B4150-B4162 - if requested for Oral route) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal.  **Please note: If enteral nutrition via feeding tube - IPA to process** |
| Foot Orthotics/Inserts  **That do not meet Medicare criteria**  (L3000/L3020) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Hearing Aids/Examination  92590, 92591, 92594, 92595, V5010, V5011, X4532, X4542, V5030, V5040, V5050, V5060, V5070, V5080, V5298, V5264, V5265, V5014, V5120-V5264 | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Incontinence Supplies  (T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530,  T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4540, T4541, T4542,  T4543, T4544, A6250, A4335, A4927) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Knee Scooter  (E0118) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Pulse Oximeter  (E0445, A4606) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Powered Wheelchair/Powered Operated Vehicle **that do not meet Medicare criteria**  (K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815,  K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828,  K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843,  K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857,  K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870,  K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891,  K0898) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
| Stairway chairlift (E1399) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal.  **IPA is responsible for ensuring a physiatry evaluation from an independent evaluator has been done and is attached before forwarding to IEHP** |
| Standing Frame  (E0637, E0638, E0640, E0641) | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |
|  | N/A | Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. |

1. Non-Contracted/Out of Network

| **Service** | **Denial Language** | **Medi-Cal Coordination** |
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| Non-contracted provider  (NON COC Related) | we found <NON CONTRACTED PROVIDER NAME> is not a <IPA NAME> contracted provider and the request is not medically necessary since we have a <IPA NAME> contracted provider that can provide the service/item requested.  An out of network provider may be needed if <IPA NAME> does not have a doctor who can do the services that are needed to treat your problem.  We have instead approved the <LIST ITEM/SERVICE BEING APPROVED ALONG WITH DEFINITION> with <CONTRACTED PROVIDER NAME> who is a <IPA NAME>contracted provider.  Please call <CONTRACTED PROVIDER NAME AND PHONE NUMBER> to make your appointment and refer to referral <APPROVED REFERRAL NUMBER> or check with your doctor for other treatment choices.  This coverage decision was based on the review of the IEHP DualChoice (HMO D-SNP) Plan Member Handbook- Chapter 3: Section D4- out-of-network providers. | N/A |
| Non-contracted provider  (COC Related) | we found that you do not meet the continuity of care requirements to see <NON CONTRACTED PROVIDER NAME>, an out of network provider.  You must meet all the requirements below for continuity of care (staying with a provider/provider outside of our network for twelve months from the day you enrolled with IEHP):  -You have an existing relationship with the out of network provider (you saw an out-of-network provider at least once for a non-emergency visit during the 12 months before the date of your initial enrollment in IEHP DualChoice)  -The out of network provider is willing to contract with <IPA NAME>  The notes say you have XXXXX. The notes do not show XXXXXX so this request has been denied.  We have instead approved the <LIST ITEM/SERVICE BEING APPROVED ALONG WITH DEFINITION> with <CONTRACTED PROVIDER NAME> who is a <IPA NAME>contracted provider.  Please call <CONTRACTED PROVIDER NAME AND PHONE NUMBER> to make your appointment and refer to referral <APPROVED REFERRAL NUMBER> or check with your provider for other treatment choices.  This coverage decision was based on theCY2024 D-SNP Policy Guide, section 4 - Medicare Continuity of Care Guidance for all D-SNPS, and the IEHP DualChoice (HMO D-SNP) Plan Member Handbook - Chapter 1: Section F- What to expect when you first join our health plan | N/A |