



Pre-Service Denial Reason Matrix

I. Professional Services

Service	Carve Out Language	Medi-Cal Coordination
Acupuncture	<p>ENGLISH TEMPLATE</p> <p>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.</p> <p>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.</p> <p>SPANISH TEMPLATE</p> <p>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.</p> <p>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.</p>	N/A



DualChoice

Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
	<p>CHINESE TEMPLATE</p> <p>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。</p> <p>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。</p> <p>VIETNAMESE TEMPLATE</p> <p>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.</p> <p>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.</p>	



Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
Dental (Routine)	<p>ENGLISH TEMPLATE</p> <p>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.</p> <p>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.</p> <p>SPANISH TEMPLATE</p> <p>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.</p> <p>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.</p> <p>CHINESE TEMPLATE</p>	N/A



Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
	<p>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。</p> <p>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。</p> <p>VIETNAMESE TEMPLATE</p> <p>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.</p> <p>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.</p>	

Service	Carve Out Language	Medi-Cal Coordination
CCS Carve Out – Riverside	ENGLISH TEMPLATE	N/A



Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
	<p>This letter tells you that IEHP Direct cannot provide the care you asked for (shown above).</p> <p>You can get the care from County of Riverside- California Children Services (CCS), (CCS Case #XXXXXX) . You can call them at 951-358-5401. You can also contact IEHP and we will help you get the care you need and contact County of Riverside- California Children Services (CCS).</p> <p>SPANISH TEMPLATE</p> <p>El motivo de esta carta es informarle que IEHP Direct no puede proporcionar la atención médica que usted solicitó para (ver arriba).</p> <p>Usted puede obtener la atención médica de el Condado de Riverside - California Children Services (CCS), (Caso CCS # XXXXXX). Puede llamarlos al 951-358-5401. También puede comunicarse con IEHP y le ayudaremos a obtener la atención médica que necesita y a comunicarse con el Condado de Riverside -California Children Services (CCS).</p> <p>CHINESE TEMPLATE</p> <p>本信函旨在告知您， IEHP Direct 無法提供您所要求的照護 (如上所示)。</p> <p>您可透過 Riverside 縣的加州兒童服務 (County of Riverside- California Children Services, CCS) 取得 <service category with definition> 的照護 (加州兒童服務 [CCS] 個案編號 XXXXXX)。您</p>	



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	<p>可致電 951-358-5401 與他們聯絡。您也可與 IEHP 聯絡，我們將 會協助您取得您所需的照護並與 Riverside 縣的加州兒童服務 (CCS) 聯絡。您也可以致電 1-800-440-4347 / TTY 使用者專線 1- 800-718-4347 與 Inland Empire Health Plan 聯絡，以協助您協調照 護。</p> <p>VIETNAMESE TEMPLATE</p> <p>Thư này thông báo đến quý vị rằng IEHP Direct không thể cung cấp dịch vụ chăm sóc mà quý vị yêu cầu (hiển thị ở trên).</p> <p>Quý vị có thể nhận dịch vụ chăm sóc từ Dịch vụ Trẻ em của Quận Riverside - California (California Children Services -CCS) cho <service category with definition> (CCS Hồ sơ số#XXXXXX). Quý vị có thể gọi cho họ theo số 951-358-5401. Quý vị cũng có thể liên hệ Chương trình Chăm sóc Sức khỏe IEHP và chúng tôi sẽ giúp quý vị nhận được sự chăm sóc mà quý vị cần cũng như liên hệ Dịch vụ Trẻ em của Quận Riverside - California (CCS). Quý cũng có thể liên hệ Inland Empire Health Plan theo số 1- 800-440-4347 / 1-800-718-4347 TTY để hỗ trợ quý vị trong việc điều phối chăm sóc.</p>	
CCS Carve Out – San Bernardino	<p>ENGLISH TEMPLATE</p> <p>This letter tells you that IEHP Direct cannot provide the care you asked for (shown above).</p>	N/A



DualChoice

Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
	<p>You can get the care from County of San Bernardino- California Children Services (CCS), (CCS Case #XXXXXX) . You can call them at (909) 458-1637. You can also contact IEHP and we will help you get the care you need and contact County of San Bernardino- California Children Services (CCS).</p> <p><u>SPANISH TEMPLATE</u></p> <p>El motivo de esta carta es informarle que IEHP Direct no puede proporcionar la atención médica que usted solicitó para (ver arriba).</p> <p>Usted puede obtener la atención médica de el Condado de San Bernardino -California Children Services (CCS), (Caso CCS # XXXXXX). Puede llamarlos al (909) 458-1637. También puede comunicarse con IEHP y le ayudaremos a obtener la atención médica que necesita y a comunicarse con el Condado de San Bernardino -California Children Services (CCS).</p> <p><u>CHINESE TEMPLATE</u></p> <p>本信函旨在告知您， IEHP Direct 無法提供您所要求的照護 (如上所示)。</p>	



Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
	<p>您可透過 San Bernardino 縣的加州兒童服務 (County of San Bernardino - California Children Services, CCS) 取得 <service category with definition> 的照護 (加州兒童服務 [CCS] 個案編號 XXXXXX)。您可致電 (909) 458-1637 與他們聯絡。您也可與 IEHP 聯絡，我們將會協助您取得您所需的照護並與 San Bernardino 縣的加州兒童服務 (CCS) 聯絡。您也可以致電 1-800-440-4347 / TTY 使用者專線 1-800-718-4347 與 Inland Empire Health Plan 聯絡，以協助您協調照護。</p> <p>VIETNAMESE TEMPLATE</p> <p>Thư này thông báo đến quý vị rằng IEHP Direct không thể cung cấp dịch vụ chăm sóc mà quý vị yêu cầu (hiển thị ở trên).</p> <p>Quý vị có thể nhận dịch vụ chăm sóc từ Dịch vụ Trẻ em của Quận San Bernardino - California (California Children Services - CCS) cho <service category with definition> (CCS Hồ sơ số#XXXXXX). Quý vị có thể gọi cho họ theo số (909) 458-1637. Quý vị cũng có thể liên hệ Chương trình Chăm sóc Sức khỏe IEHP và chúng tôi sẽ giúp quý vị nhận được sự chăm sóc mà quý vị cần cũng như liên hệ Dịch vụ Trẻ em của Quận San Bernardino - California (CCS). Quý cũng có thể liên hệ Inland Empire Health Plan theo số 1- 800-440-4347 / 1-800-718-4347 TTY để hỗ trợ quý vị trong việc điều phối chăm sóc.</p>	



Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
DETOX – OUTPATIENT, ALCOHOL or SUBSTANCE ABUSE- CARVE OUT <i>Riverside County</i>	<p>ENGLISH TEMPLATE</p> <p>We hope this letter finds you well. We want to let you know you that IEHP Direct, under contract with IEHP DualChoice, does not need to authorize the above requested service(s). IEHP DualChoice has contracted with Riverside County Department of Mental Health to provide this service to you.</p> <p>To get substance abuse (alcohol or drug abuse) services, please call Riverside County Department of Mental Health directly at 1-800-706-7500 or for TDD/TTY call 2-1-1 during the hours 8:00 A.M. and 5:00 P.M. Again, you do not need approval from IEHP Direct to get substance abuse services.</p> <p>SPANISH TEMPLATE</p> <p>Ésta NO es una denegación de servicio. Este aviso es para informarle que IEHP Direct, conforme al contrato con IEHP DualChoice, no es responsable de proporcionar o autorizar los servicios antes solicitados. IEHP DualChoice hizo un contrato con Riverside County Department of Mental Health para proporcionar este servicio.</p> <p>Usted no necesita la aprobación de IEHP DualChoice para obtener este servicio. Para obtener este (estos) servicios puede llamar a Riverside County Department of Mental Health directamente al 1-800-706-7500 o para TDD/TTY llame al 2-1-1 durante el horario de 8:00 A.M. and 5:00 P.M.</p> <p>Si tiene alguna pregunta comuníquese a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8 a.m. a 8 p.m. (Hora</p>	N/A



DualChoice

Pre-Service Denial Reason Matrix

Service	Carve Out Language	Medi-Cal Coordination
	<p>del Pacífico), los 7 días de la semana, incluidos días festivos. Los usuarios de TTY/TDD deben llamar al 1-800-718-4347.</p> <p>CHINESE TEMPLATE</p> <p>我們希望您一切安好。我們想告知您，與 IEHP DualChoice 簽有合約的 IEHP Direct 無須授權上述要求的服務。IEHP DualChoice 已與 Riverside 縣心理健康部門 (Riverside County Department of Mental Health) 簽約，可為您提供此服務。</p> <p>如欲取得物質濫用(酒精或者藥物濫用)服務，請在上午8點至下午5點期間直接致電 1-800-706-7500 或 TDD/TTY 專線 2-1-1 與 Riverside 縣心理健康部門 (Riverside County Department of Mental Health) 聯絡。再次提醒您，您無須獲得 IEHP Direct 的核准即可接受物質濫用服務。</p> <p>VIETNAMESE TEMPLATE</p> <p>Thư này cho quý vị biết rằng IEHP Direct không thể cung cấp dịch vụ chăm sóc mà quý vị yêu cầu (ghi ở trên).</p> <p>Quý vị có thể nhận dịch vụ chăm sóc từ Đường Dây Giới Thiệu Điều trị Lạm Dụng Chất Gây Nghiện - Quận Riverside. Quý vị có thể gọi cho họ theo số 1-800-499-3008. Quý vị cũng có thể liên hệ với IEHP và chúng tôi sẽ giúp quý vị nhận được sự chăm sóc mà quý vị cần và liên lạc với Đường Dây Giới Thiệu Điều trị Lạm Dụng Chất Gây Nghiện - Quận Riverside. Quý vị cũng có thể liên hệ</p>	



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	với Inland Empire Health Plan theo số 1-800-440-4347 / 1-800-718-4347 TTY để hỗ trợ quý vị điều phối việc chăm sóc.	
DETOX – OUTPATIENT, ALCOHOL or SUBSTANCE ABUSE- CARVE OUT <i>San Bernardino County</i>	<p>ENGLISH TEMPLATE</p> <p>We hope this letter finds you well. We want to let you know you that IEHP Direct, under contract with IEHP DualChoice, does not need to authorize the above requested service(s). IEHP DualChoice has contracted with San Bernardino County Department of Behavioral Health to provide this service to you.</p> <p>To get substance abuse (alcohol or drug abuse) services, please call San Bernardino County Department of Behavioral Health directly at 1-888-743-1478 or for TDD/TTY call 2-1-1 during the hours 8:00 A.M. and 5:00 P.M. Again, you do not need approval from IEHP Direct to get substance abuse services.</p> <p>SPANISH TEMPLATE</p> <p>Ésta NO es una denegación de servicio. Este aviso es para informarle que IEHP Direct, conforme al contrato con IEHP DualChoice, no es responsable de proporcionar o autorizar los servicios antes solicitados. IEHP DualChoice hizo un contrato</p>	N/A



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Pre-Service Denial Reason Matrix

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	<p>con San Bernardino County Department of Behavioral Health para proporcionar este servicio.</p> <p>Usted no necesita la aprobación de IEHP DualChoice para obtener este servicio. Para obtener este (estos) servicios puede llamar a San Bernardino County Department of Behavioral Health directamente al 1-888-743-1478 o para TDD/TTY llame al 2-1-1 durante el horario de 8:00 A.M. and 5:00 P.M.</p> <p>Si tiene alguna pregunta comuníquese a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8 a.m. a 8 p.m. (Hora del Pacífico), los 7 días de la semana, incluidos días festivos. Los usuarios de TTY/TDD deben llamar al 1-800-718-4347.</p> <p>CHINESE TEMPLATE</p> <p>我們希望您一切安好。我們想告知您，與 IEHP DualChoice 簽有合約的 IEHP Direct 無須授權上述要求的服務。IEHP DualChoice 已與 San Bernardino 縣心理健康部門 (San Bernardino County Department of Mental Health) 簽約，可為您提供此服務。</p> <p>如欲取得物質濫用(酒精或者藥物濫用)服務，請在上午8點至下午5點期間直接致電 1-888-743-1478 或 TDD/TTY 專線 2-1-1 與 San Bernardino 縣心理健康部門 (San Bernardino County</p>	



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Service	Carve Out Language	Medi-Cal Coordination
	<p>Department of Mental Health) 聯絡。再次提醒您，您無須獲得IEHP Direct 的核准即可接受物質濫用服務。</p> <p>VIETNAMESE TEMPLATE</p> <p>Thư này cho quý vị biết rằng IEHP Direct không thể cung cấp dịch vụ chăm sóc mà quý vị yêu cầu (ghi ở trên).</p> <p>Quý vị có thể nhận dịch vụ chăm sóc từ Đường Dây Giới Thiệu Điều trị Lạm Dụng Chất Gây Nghiện - Quận San Bernardino. Quý vị có thể gọi cho họ theo số 1-800-968-2636. Quý vị cũng có thể liên hệ với IEHP và chúng tôi sẽ giúp quý vị nhận được sự chăm sóc mà quý vị cần và liên lạc với Đường Dây Giới Thiệu Điều trị Lạm Dụng Chất Gây Nghiện - Quận San Bernardino. Quý vị cũng có thể liên hệ với Inland Empire Health Plan theo số 1-800-440-4347 / 1-800-718-4347 TTY để hỗ trợ quý vị điều phối việc chăm sóc.</p>	



Pre-Service Denial Reason Matrix

II. DME / Services for coordination with Medi-Cal

Item / Service	Denial Reason	Medi-Cal Coordination
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. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Alcohol Wipes / prep pads <u>(for member who does NOT use insulin, regardless of Diabetes.)</u> (A4245)		IPA or Requesting provider to send request directly to Medi-Cal Rx (Prime Therapeutics) for processing under Medi-Cal LOB. Once submission and/or outreach is clearly documented, Authorization may be cancelled as misdirected. IPA may also choose to carve-out to Medi-Cal Rx. Please note: If member is using insulin, then coverage would be under D-SNP pharmacy benefit; Member should be able to pick up alcohol wipes at contracted pharmacy without prior authorization.
Blood pressure Monitor/Cuffs <u>that do not meet Medicare criteria</u> (A4670, A4660, A4663)		IPA or Requesting provider to send request directly to Medi-Cal Rx (Prime Therapeutics) for processing under Medi-Cal LOB. Once submission and/or outreach is clearly documented, Authorization may be cancelled as misdirected. IPA may also choose to carve-out to Medi-Cal Rx. https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-



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Item / Service	Denial Reason	Medi-Cal Coordination
		news/2024.05_A_Medical_Supplies_Updates_Billing_Policy_Contracted_BP_Monitoring_Devices_Cuffs.pdf
Breast Pump and Accessories (E0603, E0604, A4281-A4286)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Compression Stockings (A6545, A6544, A6549)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Enteral Nutrition (<u>Oral Supplement only, ie: Ensure Drinks</u>) (B4150-B4162 - <u>if requested for Oral route</u>)	N/A	IPA or Requesting provider to send request directly to Medi-Cal Rx (Prime Therapeutics) for processing under Medi-Cal LOB. Medi-Cal Rx maintains the list of contracted enteral nutrition products:



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		https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/List of Covered Enteral Nutrition Products v0.1 .xlsx Once submission and/or outreach is clearly documented, Authorization may be cancelled as misdirected. IPA may also choose to carve-out to Medi-Cal Rx.
Foot Orthotics/Inserts/ heel lifts <u>That do not meet Medicare criteria</u> (L3000, L3020, L3310)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Hearing Aids/Examination (92590, 92591, 92594, 92595, V5008, V5010, V5011, X4500-X4504, X4522, X4526, X4530, X4532, X4535, X4540 X4542, X4544, V5030,	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.



Pre-Service Denial Reason Matrix

Item / Service	Denial Reason	Medi-Cal Coordination
V5040, V5050, V5060, V5070, V5080, V5120-V5159, V5171, V5172, V5230, V5298, V5264, V5265, V5267, V5014, V5120-V5264, V5298)		
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, A4554, A4927)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Knee Scooter (E0118)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Pulse Oximeter	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP



Pre-Service Denial Reason Matrix

Item / Service	Denial Reason	Medi-Cal Coordination
(E0445, A4606)		Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Portable Ramp (for wheelchair/walker) (E1399)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Powered Wheelchair/Powered Operated Vehicle <u>that do not meet Medicare criteria</u> (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,	N/A	<p>Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.</p> <p>IPA is responsible for ensuring a physiatry evaluation from an independent evaluator has been done and is attached before forwarding to IEHP.</p> <p>See IEHP Policy 14E - Referral Procedure for Custom Wheelchairs and Powered Mobility Devices.</p>



Pre-Service Denial Reason Matrix

Item / Service	Denial Reason	Medi-Cal Coordination
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)		
Stairway chairlift (E1399)	N/A	<p>Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.</p> <p>IPA is responsible for ensuring a physiatry evaluation from an independent evaluator has been done and is attached before forwarding to IEHP.</p>
Standing Frame (E0637, E0638, E0640, E0641)	N/A	<p>Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.</p>



DualChoice

Pre-Service Denial Reason Matrix

Item / Service	Denial Reason	Medi-Cal Coordination
Surgical boot/shoe L3208, L3209, L3211, L3260	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.

Shift Care / Private Duty Nursing <u>for members under the age of 21.</u> (G0156, S5130, S9122, S9123, S9124)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Hospice Room and board (0658)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.
Doula Services (T1032, T1033, Z1032, Z1034, Z1038)	N/A	Yes –Forward to IEHP as expeditiously as possible through the secure IEHP Provider Portal. If unable to submit via IEHP Provider Portal, IPA may temporarily fax to IEHP UM Department at fax: (909)890-5751.



Pre-Service Denial Reason Matrix

III. Non-Contracted/Out of Network/Tertiary Care

Service	Denial Language	Medi-Cal Coordination
Non-contracted provider (NON COC Related)	<p>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.</p> <p>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.</p> <p>We have instead approved the <LIST ITEM/SERVICE BEING APPROVED ALONG WITH DEFINITION> with <CONTRACTED PROVIDER NAME> who is a <IPA NAME> contracted provider.</p> <p>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.</p> <p>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.</p>	N/A



Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination
<p>Non-contracted provider</p> <p>(COC Related)</p>	<p>we found that you do not meet the continuity of care requirements to see <NON CONTRACTED PROVIDER NAME>, an out of network provider.</p> <p>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):</p> <ul style="list-style-type: none"> -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> <p>The notes say you have <XXXXXX>. The notes do not show <XXXXXX> so this request has been denied.</p> <p>We have instead approved the <LIST ITEM/SERVICE BEING APPROVED ALONG WITH DEFINITION> with <CONTRACTED PROVIDER NAME> who is a <IPA NAME> contracted provider.</p> <p>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.</p> <p>This coverage decision was based on the CY2025 D-SNP Policy Guide, section 5 - Medicare Continuity of Care Guidance for D-SNPs, and the</p>	N/A



Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination
	IEHP DualChoice (HMO D-SNP) Plan Member Handbook - Chapter 1: Section F- What to expect when you first join our health plan	



Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination
Newly Termed Provider	<p><NON CONTRACTED PROVIDER NAME> is no longer a/an (IPA name) contracted provider as of <date of termination>. The request to be seen by an out of network provider is not medically necessary since we have an <IPA name> contracted provider that can provide the service/item requested.</p> <p>You must meet all the requirements below for completion of services with a newly termed provider (staying with a provider outside of our network for up to twelve months from contract termination):</p> <p>-You have an existing relationship with the out of network provider at time of contract termination and one of the following conditions:</p> <ul style="list-style-type: none"> - An acute condition (sudden onset of symptoms due to illness, injury, or other medical problem requiring prompt medical attention with limited duration. - A serious chronic condition (a long-time medical condition due to disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time, or requires ongoing treatment. - Pregnancy up to postpartum period (up to 8 weeks past delivery date). 	



Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination
	<ul style="list-style-type: none"> - Documented Maternal mental health condition (mental health condition occurring during pregnancy or postpartum period) - A terminal illness (incurable or irreversible condition that has a high chance of causing death within one year or less. - Care of newborn child between birth and 36 months of age. - Performance of a surgery or other procedure that is already authorized by <IPA name> as part of a documented course of treatment and documented by provider to occur within 180 days of contract termination. <p>-The out of network provider must also be willing to accept and comply with <IPA name>'s contract terms and conditions.</p> <p>The notes say you have XXXXX. The notes do not show XXXXXX so this request has been denied.</p> <p>We have instead approved the <LIST ITEM/SERVICE BEING APPROVED ALONG WITH DEFINITION> with <CONTRACTED PROVIDER NAME> who is an (IPA name) contracted provider.</p> <p>Please call <CONTRACTED PROVIDER NAME AND PHONE NUMBER> to make your appointment and refer to referral</p>	



Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination
	<p><APPROVED REFERRAL NUMBER> or check with your provider for other treatment choices.</p> <p>This coverage decision was based on the review of the California Health & Safety Code §1373.96 and IEHP DualChoice (HMO D-SNP) Plan Member Handbook- Chapter 3: Section D4- out-of-network providers</p>	



Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination
Tertiary Care	<p>we found the Tertiary Care Center (hospital that provides a higher level of care) for the <Service and definition> at <insert tertiary care facility requested> does not meet the criteria.</p> <p>Tertiary Care Centers may be needed when you have the following:</p> <ul style="list-style-type: none"> -The services requested require more advanced tests or treatments (known as tertiary level of care) -There are records of continuity of care (active treatment currently being done by a tertiary care provider or facility within the last 12 months -There are records to show that a delay of care, due to limited access within community, will lead to worsening of the condition. -When standard medical services or treatment need to be sent for tertiary care since they can not be done at community level (lower level of care not requiring more specialized treatment or tests) -Request is for second opinion with any additional requests being subject to medical necessity review. <p>The notes say you have XXXXX. The notes do not show XXXXXX. So this request has been denied. Instead, you have been approved for the XXXXX under referral number XXXX.</p> <p>Please call Dr. XXXXX at XXXX to make your appointment or you may check with your provider for other treatment options.</p> <p>This coverage decision was based on the Inland Empire Health Plan (IEHP) Policy “14A – Delegation and Monitoring: 9. Tertiary Care”.</p>	



DualChoice

Pre-Service Denial Reason Matrix

Service	Denial Language	Medi-Cal Coordination