



Pre-Service Denial Reason Matrix

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I. Professional Services

Service	Denial Reason	Medi-Cal Coordination
Acupuncture	<p>Based on your IEHP DualChoice Cal MediConnect Plan benefit we found that Acupuncture (putting needles in the skin to treat pain) is covered through your Medi-Cal insurance coverage.</p> <p>Please contact Inland Empire Health Plan Member Services at (800) 440-4347 or TTY/TDD at (800) 718- 4347. Or, American Specialty Network (ASN) at (800) 678-9133 or TTY/TDD at (877) 710-2746 for ACUPUNCTURE (putting needles in the skin to treat pain) for further assistance regarding the requested service(s).</p> <p>This coverage decision was based on the IEHP Dual Choice Cal MediConnect Evidence of Coverage Member Handbook.</p>	
Chiropractor	<p>Based on your IEHP DualChoice Cal MediConnect plan benefit, we found the CHIROPRACTIC SERVICES (alternative treatments of the muscles and bones) do not meet the Medicare criteria.</p> <p>These services may be needed if you have one of the following:</p> <ul style="list-style-type: none"> - You have x-rays no more than 12 months old showing you have one or more bones out of place in your spine - You have a doctor's exam notes showing you have one or more bones out of place in your spine <p>The notes show explaining how the member's condition does not meet</p>	



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	<p>criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare Benefit Policy Manual Chapter 15, 240.1 - Coverage of Chiropractic Services</p>	
Tertiary Care	<p>We found the Tertiary Care Center (hospital that provides a higher level of care) for the <Service and definition> 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. - There are records to show that a delay of care at a tertiary facility will lead to worsening of the condition - When standard medical services or treatment need to be sent for tertiary care since they cannot be done at community level (lower level of care not requiring more specialized treatment or tests). <p>The notes show (explaining how the member's condition does not meet criteria)</p>	



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	<p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Instead, you have been approved for the XXXXX under referral number ####.</p> <p>Please call Dr. XXXXX at XXXX to make your appointment or you may check with your doctor for other treatment options.</p> <p>This coverage decision was based on the IEHP UM Subcommittee Approved Authorization Guidelines - Tertiary Care Center Referral Requests</p>	
Pain Management	<p>We found that the PAIN MANAGEMENT SPECIALIST CONSULTATION (office visit with a doctor who specializes in treating pain) does not meet the criteria.</p> <p>This service may be needed if you have ALL the following:</p> <ul style="list-style-type: none"> - Your pain has lasted at least 3 months - Your pain keeps you from doing normal activities - Your pain is not better even after trying 2-3 types of medications - Your pain is not better after trying physical therapy or other conservative treatment such as activity modification, ice, rest, acupuncture (putting needles in the skin to treat pain), or Chiropractic care (alternative treatments of the muscles and bones) - You had a detailed physical exam - Your doctor has done tests such as imaging with an MRI (detailed picture) or X-ray and / or nerve studies to find out what is causing 	



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	<p>your pain</p> <ul style="list-style-type: none"> - If your pain can be treated by non-pain management doctors such as an orthopedist (a doctor who treats bones, muscles, and joints), a neurologist (doctor who treats nerves), you should be seen by them first <p>OR one of the following:</p> <ul style="list-style-type: none"> - You have injuries to multiple body parts - You have Substance abuse - You are not compliant with your medications and/or doses - You have a psychiatric diseases such as Major Depression (mood disorder that causes a persistent feeling of sadness and loss of interest) or Bipolar disorder (mood disorder involving cycles of sadness and happiness) made worse by your pain - You have Cancer pain - You have a condition that may indicate a more serious problem such as worsening weakness in your muscles, loss of feeling, abnormal walking pattern, or loss of control of your bowel/bladder <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p>	



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	This coverage decision was based on the IEHP UM Subcommittee Approved Authorization Guidelines - Referrals to Pain Management Specialists	

II. DME

Service	Denial Reason	Medi-Cal Coordination
Blood Pressure machine	<p>Based on your IEHP DualChoice Cal MediConnect plan benefit, we found that AMBULATORY BLOOD PRESSURE MONITORING (measures blood pressure in 24-hour cycles) does not meet the Medicare criteria.</p> <p>This service may be needed if you have ALL the following:</p> <ul style="list-style-type: none"> - You are going to be monitored for at least 24 hours - Your blood pressure was higher than 140/90 mmHg on at least 3 separate office or clinic visits with two separate measurements at each visit - Your blood pressure was higher than 140/90 mmHg outside the office or clinic at least TWO times - You do not have damage to major organs like heart, kidneys, or brain 	



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	<p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare National Coverage Determination (NCD) for Ambulatory BLOOD PRESSURE Monitoring (20.19)</p>	
Commode/Shower Chair	<p>The request for a COMMmode (a movable bedside toilet) was reviewed by our Medical Director and does not meet the Medicare criteria.</p> <p>This item may be needed if you are physically not able to use a regular toilet facility For example: If you are confined to a room and there is no toilet on that level, or there are no toilet facilities in the home</p> <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p>	



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	<p>Please check with your doctor for additional treatment choices.</p> <p>Please check with your doctor for other treatment choices. This coverage decision was based on a review of the Medicare Local Coverage Determination (LCD): Commodes (L33736)</p> <hr/> <p>Based on your IEHP DualChoice Cal MediConnect Plan benefit we found that BATHTUB SEAT (shower chair) is not covered.</p> <p>Bathtub Seats (shower chairs) are considered to be comfort or convenience items.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)</p>	
Foot orthotics	Based on your IEHP DualChoice Cal MediConnect Plan benefit we found that the ORTHOPEDIC FOOTWEAR (specially fitted supports and/or inlays for the foot) does not meet the criteria.	



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	<p>- Orthopedic Footwear may be needed if it is a part of a leg brace.</p> <p>The notes show you have XXX. The notes do not show that the requested orthopedic footwear is part of a leg brace. So this request has been denied.</p> <p>Please check with your doctor for additional treatment choices.</p> <p>This coverage decision was based on the Medicare Local Coverage Determination (LCD): Orthopedic Footwear (I33641)</p>	
Incontinence Supplies	<p>Based on your IEHP DualChoice Cal MediConnect plan benefit, we found the INCONTINENCE SUPPLIES (diapers, pads, and so on) are not covered.</p> <p>Please follow-up with your doctor for other treatment options.</p> <p>This coverage decision was based on a review of the Medicare guidelines, National Coverage Determination: Chapter 1, Part 4, Section 280.1- Durable Medical Equipment Reference List.</p>	Yes – Please forward the request to IEHP UM Department
Wheelchair	<p>We found the requested STANDARD (MANUAL) WHEELCHAIR does not meet the Medicare criteria.</p> <p>FOR A STANDARD (MANUAL) WHEELCHAIR you need to show the following:</p>	Yes – When the requested wheelchair is for community use* please forward to IEHP UM Department



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	<ul style="list-style-type: none"> - You are unable to do normal daily activities such as toileting, feeding, dressing, grooming, and bathing in your home - That you are not able to walk even with the help of an assistive device (such as a cane, walker) - Your home has enough space to use a manual wheelchair <p><u>AND ONE OF THE BELOW</u></p> <ul style="list-style-type: none"> - You have enough strength in your upper body and arms and safely use the manual wheelchair in the home, OR - You have a caregiver who is available, willing, and able to help you use the wheelchair <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare Local Coverage Determination (LCD): Manual WHEELCHAIR Bases (L33788)</p>	
Power wheelchair	We found that the requested POWERED OPERATED VEHICLE /	



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	<p>WHEELCHAIR / SCOOTER / SIMILAR ITEM does not meet the Medicare criteria.</p> <p>FOR A POWERED OPERATED VEHICLE / WHEELCHAIR / SCOOTER / SIMILAR ITEM, you need to show ALL of the following:</p> <ul style="list-style-type: none"> - You cannot safely use a cane, walker or other item to help you move around your home - You cannot move in your home so that you can feed, dress, and bathe yourself - You ALSO need to show that you cannot push a regular wheelchair - You should also be checked to see that you can SAFELY use this equipment in the home <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on the Medicare Local Coverage Determination (LCD) for Power Mobility Devices (L33789)</p>	



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Hearing Aid	<p>Based on your IEHP DualChoice Cal MediConnect Plan benefit we found that “hearing aids and hearing aid accessories” are not covered by MEDICARE.</p> <p>The hearing aids may be covered under your Medi-Cal Fee-For-Service Insurance coverage (through the state) if you meet their guidelines.</p> <p>Please check with your Medi-Cal Fee for Service provider.</p> <p>This coverage decision was based on the Medicare Benefit Policy Manual: Chapter 16 - General Exclusions From Coverage: Section 100 – “Hearing Aids and Auditory Implants”.</p> <p>You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.</p>	<p>Yes – Hearing Aid / Hearing Exam. Please forward the request to IEHP UM Department</p>
Air Purifier	<p>Based on your IEHP DualChoice Cal MediConnect plan benefit, we found the AIR PURIFIER (a device which removes dust, pollen, and dander from the air in a room) is not covered.</p> <p>Please follow up with your doctor for other treatment choices.</p> <p>This coverage decision was based on the Medicare guidelines, National Coverage Determination- Section 280.1 Durable Medical Equipment Reference List.</p> <p>You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.</p>	



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III. Non-covered / non-participating

Service	Denial Reason	Medi-Cal Coordination
Non-covered / Non Benefit Item	<p>Based on your IEHP DualChoice Cal MediConnect plan benefit, we found the <INSERT ITEM/SERVICE> is not covered.</p> <p>Please follow up with your doctor for other treatment choices.</p> <p>This coverage decision was based on the Medicare guidelines, National Coverage Determination- Section 280.1 Durable Medical Equipment Reference List.</p>	
Non-contracted provider	<p>Based on your IEHP DualChoice Cal MediConnect Plan benefit, we found <NON CONTRACTED PROVIDER NAME> is not an IPA NAME contracted provider and the request is not medically necessary since we have an 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.</p> <p>We have instead approved the <LIST ITEM/SERVICE BEING APPROVED ALONG WITH DEFINITION> with <CONTRACTED PROVIDER NAME> who is an IEHP 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>	



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	This coverage decision was based on the review of the IEHP DualChoice Cal MediConnect Plan Member Handbook- Chapter 3: Section D- How to get care from out-of-network providers	

IV. Procedures Surgical/Diagnostic

Service	Denial Reason	Medi-Cal Coordination
Colonoscopy	<p>We found that COLONOSCOPY (test by looking into the colon using a flexible scope) does not meet the Medicare criteria.</p> <p>This test is not covered for Chronic Irritable Bowel Syndrome (long lasting condition of a combination of symptoms like stomach pain, gas, bloating, cramping, food intolerances, and changes in bowel movement patterns) that is Stable.</p> <p>This test may be done for any of the following:</p> <ul style="list-style-type: none"> - When you have unexplained bleeding anywhere from your stomach to your bowels - When your blood iron is low with stomach pain or negative testing - When you have diarrhea with negative stool tests - To check for infections or disease of the bowels when you have symptoms - To find treatment choices for infections or diseases of the bowels - To remove foreign bodies from the bowels 	



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	<p>- When you have long lasting stomach pain that continues despite medical treatment</p> <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare Local Coverage Determination (LCD): Diagnostic Colonoscopy (L34213)</p>	
EGD	<p>We found that the ESOPHAGOGASTRODUODENOSCOPY (test where a thin scope with a light and camera at its tip is used to look inside the throat and stomach) does not meet the criteria. This is a test that examines the lining of the esophagus, stomach and small intestine using a scope.</p> <p>This test may be needed if:</p> <ul style="list-style-type: none"> - You have difficulty swallowing, OR - You have blood in your stool, OR - You have Celiac Disease (problem where eating a protein called GLUTEN causes damage in the small intestine), OR - You have swallowed something that cannot be digested or 	



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	<p>eliminated in your stool, OR</p> <ul style="list-style-type: none"> - You have Gastroesophageal Reflux Disease (where stomach acid comes up to towards the throat) with weight, OR loss, difficulty swallowing, or repeated vomiting, OR - You have diarrhea for 2 weeks or longer with stool tests that are negative, OR - You have stomach pain not responding to medications with negative tests <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on 2015 InterQual Review Criteria – Endoscopy, Upper Gastrointestinal</p>	
Cosmetic	<p>Based on your IEHP DualChoice Cal MediConnect Plan benefit we found that this COSMETIC SURGERY (surgery to improve appearance) is not covered.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare Benefit</p>	



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	<p>Policy Manual Chapter 16, 120 – Cosmetic Surgery /// Based on your IEHP DualChoice Cal MediConnect Plan benefit we found that this COSMETIC SURGERY (surgery to improve appearance) does not meet the criteria.</p> <p>COSMETIC SURGERY may be needed for the following:</p> <p>To quickly repair damage, improve and/or restore function of a specific area from an accidental injury such as severe burns or deep facial wounds</p> <p>The notes show (explaining how the member’s condition does not meet criteria)</p> <p>The notes do not show (explaining how the member’s condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>This coverage decision was based on the 2016 Apollo's Medical Review Criteria – Cosmetic Surgery</p>	
Panniculectomy	<p>We found that the PANNICULECTOMY (removal of extra skin from the area of the stomach) does not meet the Medicare criteria.</p> <p>This surgery may be needed when you have any of the following:</p> <ul style="list-style-type: none"> - You are unable to walk normally 	



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	<ul style="list-style-type: none"> - You have chronic pain - You have open wounds made by the skin folds on your lower stomach - You have rash in abdominal skin folds <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> - Your doctor has submitted photographs to support your condition <p>The notes show (explaining how the member's condition does not meet criteria)</p> <p>The notes do not show (explaining how the member's condition does not meet criteria)</p> <p>So this request has been denied.</p> <p>Please check with your doctor for other treatment choices.</p> <p>This coverage decision was based on a review of the Medicare Local Coverage Determination (LCD): Plastic Surgery (L35163)</p>	