

RYAN WHITE SPECIALTY POOLS

HIV & AIDS TREATMENT EXTENSION ACT



HANDBOOK 2014-2015

Administrator Contractor



COMMUNITY CLINICS
HEALTH NETWORK
A Service Organization

Subsidiary of



619.542.4308 619.718.9870 (FAX) www.cchealthnetwork.org
7535 Metropolitan Drive, San Diego, CA 92108-4402

TABLE of CONTENTS

OVERVIEW

Specialty Pools	Page 1
Eligible Patients	Page 2
Exclusions.....	Page 2
Authorizations	Page 3
Claims Processing	Page 4

MEDICAL SPECIALTY POOL

Overview	Page 5
Frequently Used CPT Codes for Medical Specialty Pool	Page 6
Participating Medical Specialists.....	Pages 7-9
Sample Authorization Request Form	Page 10

DENTAL SPECIALTY POOL

Overview	Page 11
Frequently Used CDT-4 codes for Dental Specialty Pool	Page 11
Participating Dental Specialists.....	Page 12
Sample Authorization Request Form.....	Page 13

HOME HEALTH / HOME HOSPICE POOL

Overview	Page 14
Participating Home Health/Hospice Agencies	Page 15
Sample Authorization Request Form	Page 16

SHORT-TERM MEDICATIONS

Overview	Page 17
----------------	---------

STANDARDS OF CARE

Practice Guidelines for the Primary Care Medical Care of Persons Living with HIV & AIDS (Sept 26, 2007)	Pages 18-22
--	-------------

MISCELLANEOUS

Appeal Process	Page 23
Complaint Process	Page 24

FORMS

Holiday Schedule for CCC	Page 26
Information Flyer for Clinics, Case Managers, and Providers	Pages 27-28
Medical & Home Health / Home Hospice Authorization Form	Page 29
Dental Specialty Authorization Form	Page 30
Appeal of Denied Service Form	Pages 31-32



RYAN WHITE

**HIV & AIDS TREATMENT
EXTENSION ACT**

**SPECIALTY POOLS
HANDBOOK**



619.542.4308 619.718.9870 (FAX) www.cchealthnetwork.org
Mailing Address: 7535 Metropolitan Drive, San Diego, CA 92108-4402

RYAN WHITE SPECIALTY POOLS HANDBOOK

The Community Clinics Health Network (CCHN) contracts with the San Diego County Health & Human Services Agency HIV STD & Hepatitis Branch to administer the Ryan White Specialty Pools. The Ryan White Specialty Pools were developed to provide specialty care services to HIV-positive individuals who have no other source to cover expenses for these services.

SPECIALTY POOLS

Address those specialty treatment services NOT covered by the Primary Care Program

SERVICE IS AVAILABLE FROM THE FOLLOWING POOLS

1. Medical Specialty Pool
2. Dental Specialty Pool
3. Home Health Pool
4. Home Hospice Pool

There is one authorization request form for the Medical Specialty, the Home Health and the Home Hospice Pools, and a separate request form for the Dental Specialty Pool.

PROCEDURE

1. Determine the patient with specialty service needs is eligible for Ryan White Program.
2. Based on the type of specialty care needed, select an appropriate specialist from the lists on pages 7-9, 12 or 15 of this Handbook.
3. Complete either the Specialty Pools Authorization Request (for Medical or Home Health & Hospice services) or the Authorization Request – Dental Specialty Pool. See page 3 for information on correctly completing authorization requests. Use the information from step 2 above to complete the Specialty Provider information items on the form.

REQUESTS MAY BE SUBMITTED BY

- Ryan White Primary Care Clinic Staff
- Specialty Providers
- Case Managers

**FAX REQUESTS TO
619-718-9870**

All authorization requests received by CCHN are approved, denied or determined to be incomplete and faxed back to the requesting clinic within 2 business days.

IF THE REQUEST IS

- **Approved** The requesting clinic is responsible for contacting the specialty provider to schedule an appointment and to provide them with the approved authorization information, including authorization number.
- **Denied** Except for dental, all services must be HIV-related. In addition, see the Exclusions (on page 2) for services not covered by the specialty pools. If you would like more information about a request denial, call the Ryan White Specialty Pools at 619-542-4308.
- **Incomplete** Along with the returned request will be an explanation of what information is missing and needed. Once the missing information is provided, the request will be reviewed again to determine if it can be approved. This additional review will happen within two business days.

RYAN WHITE SPECIALTY POOLS HANDBOOK

- Approved requests are good for 90 days from the date of authorization. Services must be provided within this timeframe.
- After services are delivered, the specialty provider will mail a claim with the correct authorization number on it to CCHN. See page 4 for additional information on claims.

ELIGIBILITY

- It is the responsibility of the referring agency to screen the patient for eligibility.
- In order to access Ryan White Primary Care Program services an individual must:
 - Have a positive HIV serology
 - Be currently enrolled in the Ryan White Primary Care Program
 - Not have other health coverage (e.g. Medi-Cal, Covered California) for specialty pools services covered by this program.
 - Clients who are not Ryan White-eligible because of other coverage may apply to the Specialty Pools for a specific service not covered by the client's primary insurance. Requests for such service, not covered by the client's insurance, should be submitted on a standard Authorization Request form. These requests will be considered on a case-by-case basis.

EXCLUSIONS

Services Not Covered

- Emergency Room Services
- In-Patient Hospital Services
- Cosmetic Services
- Experimental Services
- Primary Care Services
- HIV Resistance Testing
- Prostheses



**FOR HELP PLEASE CALL
619-542-4308**

RYAN WHITE SPECIALTY POOLS HANDBOOK

AUTHORIZATIONS

- The client must sign **each** request.
- Authorizations are valid for 90 days from the date issued.
- Include your fax number so the response can be returned to you.
- Claims for service rendered must be received within 60 days of the date of the service.

- All services must be pre-authorized to receive payment.
- **Please Fax Request Forms to 619.718.9870**
- All medical and dental services must include the appropriate CPT or CDT-4 code.

CCHN FAX Number
619.718.9870

The authorization request must be legibly and completely filled out.

See sample completed Authorization Request forms on pages 10, 13 and 16.

CONSUMER

Last Name, First Name, & Middle Initial

DATE OF BIRTH

Month, Day, Year

SSN

WHEN THERE IS NO SSN, USE:

First 3 digits = 999; Remaining 6 Digits = Use the Month, Day, and Year (Last 2 Digits) of the Patient's Birth Date. For Example: Patient has a birth date of July 2, 1956; so the ID # would be 999-07-0256

ADDRESS

Provide at Least the Zip Code

PHONE

Where the patient can be reached for scheduling appointments

GENDER

MOTHER'S MAIDEN NAME

CONSUMER'S SIGNATURE

Each request must be signed "Signature on File" isn't acceptable

SPECIALTY PROGRAM POOL

Indicate which pool is appropriate.

CPT CODE (FOR MEDICAL)

Refer to the CPT Manual for the current year

CDT-4 CODE (FOR DENTAL)

Refer to the CDT-4 Manual for the current year

DESCRIPTION

What service is being requested?

WORKING DIAGNOSIS

Required

IS THIS HIV RELATED?

If answer is "Possibly*" = A Utilization Review is Required

URGENCY

Options with "*" = Utilization Review is Required

EXPLANATION RELATION TO HIV

Brief Explanation is Required

SPECIALTY PROVIDER

Select From List of Contracted Providers

ADDRESS, PHONE, FAX

REFERRING CLINIC

Clinic where the patient was seen

ADDRESS, PHONE, FAX

Fax # of requesting provider enables the response to be returned

ELIGIBILITY SCREENING

Current Eligibility must be on the record at United Healthcare

CLAIMS PROCESSING

Only pre-authorized services will be considered for payment.

Service authorizations are
valid for **90 days** from the date issued.

The authorized service must be provided within that period.

Claims for the authorized service must be
received within **60 days** of the date of service
at the Community Clinics Health Network.

**No payment will be issued for service
exceeding these limits.**

MAIL CLAIMS for AUTHORIZED SERVICES

**Community Clinics Health Network
Attn: Claims Department
7535 Metropolitan Drive
San Diego, CA 92108-4402**



RYAN WHITE SPECIALTY POOLS HANDBOOK

The Medical Specialty Pool

is intended to pay for medically necessary, HIV-related, diagnostic, consultative, and therapeutic specialty outpatient services.

The Following Services Are NOT Covered

Emergency Room Services
In-Patient Hospital Services
Cosmetic Services
Experimental Services
Primary Care Services
HIV Resistance Testing
Prostheses

Intravenous (IV) medications, NOT covered by another funding source, that are to be administered in a clinical setting (i.e. UCSD Infusion Center) can be covered by the Medical Specialty Pool. Associated services and supplies for administration of the IV medications are also covered.

Coverage of physical therapy or osteopathic manipulation is limited to a single visit for evaluation purposes.

TIER	HIV-RELATED	URGENCY	CLINIC UTILIZATION REVIEW REQUIRED
1	Definitely	Today	NO
1	Definitely	Within 1 Week	NO
1	Definitely	Within 2 Weeks	NO
2	Definitely	Within 3-12 Weeks	YES
2	Possibly	Any Time Frame	YES

Requests requiring Utilization Review will be returned to the party making the request unless the name of the reviewer has been provided with the review date.

- List of Frequently Requested CPT Codes (Page 6)
- List of Contracted Specialty Providers (Pages 7-9)
- Sample Authorization Request (Page 10)
- Authorization form for Medical Services (Page 29)

RYAN WHITE SPECIALTY POOLS HANDBOOK

MEDICAL SPECIALTY POOL Frequently Used CPT Codes

CPT CODE	DESCRIPTION
11100	Biopsy of skin
17000	Destruction of lesion, skin, first lesion
17003	Destruction of lesion, skin, 2-14
31624	Bronchoscopy, w/ alveolar lavage
45330	Sigmoidoscopy
45378	Colonoscopy, with or without collection of specimens
45380	Colonoscopy, with biopsy, single or multiple
46220	Papillectomy, skin tag
46275	Surgical treatment, anal fistula
46600	Anoscopy
46900	Destruction of lesions, anus
46910	Destruction of lesions, anus, electrodesiccation
46922	Destruction of lesions, anus, surgical excision
46924	Destruction of lesions, anus, extensive
57454	Colposcopy w. biopsy
65730	Keratoplasty, penetrating
70450	CAT scan, head or brain, without contrast
70553	MRI, brain, with/without contrast
71250	CAT scan, thorax, without contrast
71260	CAT scan, thorax, with contrast
72192	CAT scan, pelvis, without contrast
74160	CAT scan, abdomen with contrast
74170	CAT scan, abdomen with/without contrast
74183	MRI, abdomen
76360	CAT scan guide for needle biopsy
76645	Ultrasound, breasts
76700	Ultrasound, abdomen
76705	Ultrasound, abdomen, limited, single organ or quadrant
76770	Ultrasound, kidneys
76942	Ultrasonic guidance for needle placement
92225	Ophthalmoscopy, initial
92226	Ophthalmoscopy, subsequent
92250	Fundus photography
93307	Echocardiography
95860	EMG, one extremity
95900	Nerve conduction
95903	EMG, motor, F wave
95904	EMG, sensory
99213	Office visit, follow-up
99243	Office consultation

RYAN WHITE SPECIALTY POOLS HANDBOOK

PARTICIPATING MEDICAL SPECIALISTS

CARDIOLOGY

Jerrold Glassman, MD

4060 Fourth Avenue, Suite #650
San Diego, CA 92103
Tele: 619-819-7222
Fax: 619-299-5023

DERMATOLOGY

Eric Gerstenfeld, MD

4060 Fourth Avenue, Suite 415
San Diego, CA 92103
Tele: 619-298-9809
Fax: 619-298-9823

Patricia Speelman, MD

3629 Vista Way
Oceanside, CA 92056
Tele: 760-724-7171

GASTROENTEROLOGY

**San Diego Gastroenterology
Medical Association**

Robert M. Epsten, MD

4060 Fourth Avenue, Suite 240
San Diego, CA 9213
Tele: 619-291-6064
Fax: 619-291-3078

Michael Goldhamer, MD

501 Washington Street, #508
San Diego, CA 92103
Tele: 619-299-2570 X257
Fax: 619-299-2216

Mark Johnson, MD

480 Fourth Avenue, Suite 506
Chula Vista, CA 91910
Tele: 619-585-0313
Fax: 619-585-0037

EAR, NOSE, & THROAT

None at this time; refer to UCSD

NEUROLOGY

None at this time; refer to UCSD

OPHTHALMOLOGY

Chris J. Gualtieri, MD

3969 Fourth Avenue, Suite 301
San Diego, CA 92103
Tele: 619-688-2648
Fax: 619-688-2626

Forrest P. Murphy, MD

9834 Genessee Avenue, Suite 209
La Jolla, CA 92037
Tele: 858-457-2220

Fane Robinson, MD

550 Washington Street, Suite 723
San Diego, CA 92103
Tele: 619-299-1554
Fax: 619-299-0274

Mark Smith, MD

550 Washington Street, Suite 723
San Diego, CA 92103
Tele: 619-299-1554
Fax: 619-299-0274

Michael Ibarra, MD

550 Washington Street, Suite 723
San Diego, CA 92103
Tele: 619-299-1554
Fax: 619-243-5059

Victor Wechter, MD

1020 East Vista Way
Vista, CA 92084
Tele: 760-940-1700
Fax: 760-758-2037

RYAN WHITE SPECIALTY POOLS HANDBOOK

PARTICIPATING MEDICAL SPECIALISTS

WEST COAST EYE CARE ASSOCIATES

All referrals to any of the Eye Centers must be made through the Office Manager at the College Eye Center Office.

*Please call **697-4600 X117** to schedule an appointment for a Ryan White patient.*

Alpine Eye Center

1347 Tavern Road,
Suite 4
Alpine, CA 91910
619-445-2687

Escondido Eye Center

830 West Valley Parkway
#300
Escondido, CA 92025
760-743-5872

Chula Vista Eye Center

301 Third Avenue
Chula Vista, CA 91910
619-420-4330

Hillcrest Eye Center

3689 Fourth Avenue
San Diego, CA 92103
619-299-0397

Clairemont Eye Center

4344 Convoy Street
Suite C-2
San Diego, CA 92111
619-565-8822

National City Eye Center

2220 Plaza Blvd.
Suite H
National City, CA 91950
619-470-2700

College Eye Center

6945 El Cajon Blvd
San Diego, CA 92115
619-697-4600

Valley Eye Center

1662 East Main Street
Suite 116
El Cajon, CA 92021
619-440-5400

El Cajon Eye Center

1069 Graves
El Cajon, CA 92021
619-447-5055



PATHOLOGY

Pathology Medical Laboratories

10788 Roselle Street
San Diego, CA 92121
Tele: 858-453-3141

San Diego Pathologist Medical Group

3350 Camino Del Rio North, Suite 106
San Diego, CA 92108
Tele: 619-283-1114

USLABS

P.O. Box 79331
City of Industry, CA 91716-9331
Tele: 949-788-9190

PROCTOLOGY

Dennis Mayer, MD*

4033 Third Avenue, Suite 204
San Diego, CA 92103
Tele: 619-295-8677
Fax: 619-295-7935

Mark Tapscott, DO

5555 Reservoir Drive, Suite 203
San Diego, CA 92120
Tele: 619-287-2590
Fax: 619-287-2913

Dhruvil P. Gandhi, MD*

2095 W. Vista Way, Suite 106
Vista, CA 92083
Tele: 760-295-2924

*Also General Surgery

RADIOLOGY

Imaging Healthcare Specialists

Formerly Radiology Medical Group
3366 Fifth Avenue
San Diego, CA 92103
Tele: 619-849-9729

PARTICIPATING MEDICAL SPECIALISTS

FACILITIES

Grossmont Hospital Corporation

5555 Grossmont Center Drive
La Mesa, CA 91942
Tele: 619-465-0711

Palomar Medical Center

555 East Valley Parkway
Escondido, CA 92025
Tele: 760-739-3000

Scripps Mercy Hospital

4077 Fifth Avenue
San Diego, CA 92103
Tele: 619-260-7702

Sharp Cabrillo Hospital

3475 Kenyon Street
San Diego, CA 92110
Tele: 619-221-3400

Sharp Chula Vista Medical Center

751 Medical Center Court
Chula Vista, CA 91911
Tele: 619-482-5800

Sharp Memorial Hospital

7901 Frost Street
San Diego, CA 92123
Tele: 858-541-3400

Tri City Medical Center

4002 Vista Way
Oceanside, CA 92056
Tele: 760-724-8411

San Diego Endoscopy Center

4033 Third Avenue, Suite 106
San Diego, CA 92103
Tele: 619-497-2888

UCSD Medical Center

200 W. Arbor Street
San Diego, CA 92103
Tele: 619-5433006



RYAN WHITE SPECIALTY POOLS HANDBOOK

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT SPECIALTY POOLS AUTHORIZATION REQUEST

All information must be completed and the form signed by both consumer and provider prior to authorization.
Fax completed requests to (619) 718-9870. For assistance, call (619) 542-4308.

Consumer Dough, John K Date of Birth 1-30-62 SSN 459-21-7683
Last Name First Name MI

Gender: Male Female Transgender Mother's Maiden Name Smith

Address 91910 Phone 619-457-7683

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.

Consumer's Signature [Signature] Date 4-1-10

SPECIALTY PROGRAM POOL: Medical Home Health & Hospice

REQUESTED SERVICE(S)
Medical Pool requests must include the CPT code(s); Home Health & Hospice Pool requests must specify the number of visits or hours by type of service.

CPT Code	Description	Authorization Number* (CCHN Use Only)
<u>99243</u>	<u>Consult</u>	

*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: _____

Working diagnosis for request: (ICD-9 Code/s) 070.11

Is this request HIV-related? Definitely Possibly* Not related

What is the urgency for this service? Today Within 1 week Within 2 weeks Within 3-12 weeks* Later*

*For requests that are 'Possibly' HIV-related or the urgency is greater than 2 weeks:

Has this request been approved by the requesting clinic's Utilization Review Committee? Yes No

Reviewer Matthew Date 3-15-10

Explanation of relation to HIV Personal want

Specialty Provider Mark A. Tapscott, DO Phone 619-287-2590 Fax 619-287-2913

Referring Primary Clinic [Signature] Referring Physician [Signature]
Address 5th Street Phone 619-231-9300 Fax 619-295-7258

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form [Signature] Print Name & Title _____

AUTHORIZATION STATUS Approved Denied 1 2 3

Date _____ Time _____ Staff _____

Community Clinics Health Network 7535 Metropolitan Drive, San Diego, CA 92108-4402
Submit Claim within 60 days of date of service to this address.

RYAN WHITE SPECIALTY POOLS HANDBOOK

THE DENTAL SPECIALTY POOL

is intended to provide necessary dental specialty services for people living with HIV & AIDS who have no dental coverage or who have been denied coverage of a specific treatment through Medi-Cal or other payers.

RESTRICTIONS

As of March 1, 2010 only the following procedures related to oral surgery are covered:

CDT-4 CODE	DESCRIPTION
D7111	Extraction, single tooth, uncomplicated
D7140	Extraction, erupted tooth or exposed root
D7210	Surgical removal erupted tooth
D7220	Remove impacted tooth - soft tissue
D7230	Remove impacted tooth - complete bony
D7240	Remove impacted tooth - unusual surgical Complication
D7250	Surgical removal residual tooth roots
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue - soft
D7310	Alveoplasty with extractions - per quadrant
D7320	Alveoplasty (no extractions) - per quadrant
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7510	Incision and drainage of abscess - intraoral tissue
D9310	Consultation
D0330	Panoramic film
D9220	General anesthesia - first 30 minutes
D9221	General anesthesia - each additional 15 minutes
D9241	Conscious sedation - first 30 minutes
D9242	Conscious sedation - each additional 15 minutes
D9248	Non-intravenous conscious sedation



LIST OF CONTRACTED SPECIALTY PROVIDERS (PAGE 12)
SAMPLE AUTHORIZATION REQUEST (PAGE 13)
AUTHORIZATION FORM FOR DENTAL SERVICES (PAGE 30)

PARTICIPATING DENTAL SPECIALISTS

ENDODONTISTS*

Sean Daniels, DDS

9750 Miramar Road #375
San Diego, CA 92126
TEL: 858-635-9569
FAX: 858-635-6747

Tom Massarat, DDS, MS

2452 Fenton Street #303
Chula Vista, CA 91914
TEL: 619-621-5000
FAX : 619-621-5053

PERIODONTISTS*

Blake Synowski, DMD

266 Avocado Avenue #A
El Cajon, CA 92020
TEL: 619-440-2152
FAX: 619-440-2693

Edithann Graham, DMD, MS

1806 Cable Street
San Diego, CA 92107
TEL: 619-226-4784
FAX: 619-226-3027

**No longer reimbursed —
listed for reference only*

ORAL SURGEONS

Lester Machado, MD, DDS

501 Washington Street #710
San Diego, CA 92103
TEL: 619-295-6774
FAX: 619-295-6776

Holly Hatt, DMD

Pomerado Oral Surgery
15725 Pomerado Road
Suite #205
Poway, CA 92064
TEL: 858-451-0200
FAX: 858-451-0250

Stjepan Podstreleny, DDS

Pomerado Oral Surgery
15725 Pomerado Road
Suite #205
Poway, CA 92064
TEL: 858-451-0200
FAX: 858-451-0250

Park Boulevard Oral Surgery

4067 Park Boulevard
San Diego, CA 92103
TEL: 619-795-0154
FAX: 619-795-0512



RYAN WHITE SPECIALTY POOLS HANDBOOK

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT AUTHORIZATION REQUEST DENTAL SPECIALTY POOL

All information must be completed and the form signed by both consumer and provider prior to authorization.
Fax completed requests to (619) 718-9870. For assistance, call (619) 542-4308.

Consumer HURT, Ichabod Date of Birth 5-2-74 SSN 123-45-668
Last Name First Name MI

Gender: Male Female Transgender Mother's Maiden Name Jones

Address 92103 Phone 619-516-7788

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.

Consumer's Signature [Signature] Date 4-1-10

REQUESTED DENTAL SPECIALTY SERVICE(S) – Dental Pool requests must include the CDT code(s) and must have tooth number(s) where indicated

CDT Code	Description	Authorization Number* (CCHN Use Only)
<u>9310</u>	<u>Consult</u>	
<u>0330</u>	<u>Panoramic X-ray</u>	

*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: _____

EXPLANATION OF NEED extract wisdom teeth #1, 16, 17, 32

Specialty Provider L. Machado, D.D.S. Phone 619-295-6774 Fax 619-295-6776
Address _____

Referring Primary Clinic Hillcrest Referring Dentist Sawaya
Address _____ Phone 619-2434 Fax 619-7590

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form [Signature] Print Name & Title _____

AUTHORIZATION STATUS Approved Denied 1 2 3

Date _____ Time _____ Staff _____

RYAN WHITE SPECIALTY POOLS HANDBOOK

HOME HEALTH / HOME HOSPICE

The **Home Health** and **Home Hospice** Pools are intended to provide home health care services, including end-of-life care, through existing non-profit agencies. Generally, the length and amount of services should be determined by an assessment done by an intake nurse or other authorized staff at the home health or home hospice agency and coordinated with the referring party (usually the patient's case manager). Requests should not exceed a total of \$2,500 per month. Authorizations are issued to cover one month at a time.

SERVICES AVAILABLE

PROFESSIONAL CARE*

Skilled Nursing: Care management, assessment, teaching & technical services by a RN

Medical Social Worker: Short-term crisis intervention, long-term planning including placements, counseling, resource information and community referrals.

Physical Therapy: Home exercises, rehabilitation assessments, teaching, muscle testing, and specialty treatment

Occupational Therapy: Assessment & teaching in rehabilitative areas of self care activities of daily living.

**Services are authorized by number of visits.*

PARA-PROFESSIONAL CARE

Home Health Aide: Personal care, light housekeeping and follow through in simple nursing and rehabilitation programs.

Live-In Care: Twenty-four hour a day personal care and light housekeeping on a short-term basis (up to two weeks) for crisis intervention or while placement is being arranged.

HOSPICE SERVICES

This covers room, board, nursing care, counseling, physician services and palliative therapeutics provided to clients in the terminal stages of illness.

INFUSION THERAPY

Includes medications to be administered intravenously at home that are not covered by another funding source. The pharmacy compounding and preparation of IV solutions to be administered in the home are also covered, as well as related supplies, equipment and delivery of prepared solutions.

MEDICAL EQUIPMENT

Durable medical equipment (DME) such as a cane or walker is allowed. Non-DME medical supplies such as dressings and colostomy supplies are allowed if obtained from a supplier of durable medical equipment. Other non-DME is not allowed.

List of Providers / Pharmacies (Page 15)
Sample Authorization Form (Page 16)

PARTICIPATING AGENCIES Home Health / Home Hospice

Accent Home Care

7851 Mission Center Court
#200
San Diego, CA 92108
858-299-4858 (o)

Sharp HospiceCare

881 Fletcher Parkway
Suite 310
La Mesa, CA 91942
619-667-1900 (o)
619-667-1970 (f)

Preferred Home Care

157 East Valley Parkway
Suite 1A
Escondido, CA 92025
760-743-1471 (o)

Priority Pharmacy

3935 First Avenue
San Diego, CA 92103
619-688-2290 (o)
619-688-0753 (f)

Sharp Home Care

8080 Dagget Street
San Diego, CA 92111
858-541-4850 (o)
858-541-4802 (f)

RYAN WHITE SPECIALTY POOLS HANDBOOK

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT SPECIALTY POOLS AUTHORIZATION REQUEST

All information must be completed and the form signed by both consumer and provider prior to authorization.
Fax completed requests to (619) 718-9870. For assistance, call (619) 542-4308.

Consumer VILLA Pancho Date of Birth 6-16-61 SSN 999-06-1661
Last Name First Name MI

Gender: Male Female Transgender Mother's Maiden Name _____

Address 2290 Sweetwater Road National City Phone 619-616-6616

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services.

Consumer's Signature Pancho Villa Date _____

SPECIALTY PROGRAM POOL: Medical Home Health & Hospice

REQUESTED SERVICE(S)
Medical Pool requests must include the CPT code(s); Home Health & Hospice Pool requests must specify the number of visits or hours by type of service.

CPT Code	Description	Authorization Number* (CCHN Use Only)
	<u>Skilled Nursing Visit</u> <u>3 x week for 1 month</u>	

*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: _____

Working diagnosis for request: (ICD-9 Code/s) AD, Depression, PCP

Is this request HIV-related? Definitely Possibly* Not related

What is the urgency for this service? Today Within 1 week Within 2 weeks Within 3-12 weeks* Later*

*For requests that are 'Possibly' HIV-related or the urgency is greater than 2 weeks:

Has this request been approved by the requesting clinic's Utilization Review Committee? Yes No

Reviewer _____ Date _____

Explanation of relation to HIV Made injections 3 x weeks, IM & SQ, Needs teaching, frequent hospitalizations

Specialty Provider Recent Home Care Phone 858-299-4858 Fax _____

Referring Primary Clinic San Ysidro Referring Physician Sotopito, MD
Address _____ Phone _____ Fax _____

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form V Sanchez Print Name & Title Care Manager

AUTHORIZATION STATUS Approved Denied 1 2 3

Date _____ Time _____ Staff _____

Community Clinics Health Network 7535 Metropolitan Drive, San Diego, CA 92108-4402
Submit Claim within 60 days of date of service to this address.

SHORT TERM MEDICATIONS

The Short-Term Medication Pool HAS BEEN ELIMINATED

Clinic staff should refer first to the ADAP formulary and the San Diego County Medical Services (CMS) Formulary for a list of medications covered by the Ryan White Program.

The Primary Care Program covers all prescriptions for oral medications, creams, or gels not listed on the ADAP or CMS formularies. Pre-approval of these prescriptions through the Primary Care Program may be required.

See this web link for the Drug Prior Authorization Request form used to request pre-approval:

www.sdcounty.ca.gov/hhsa/programs/ssp/documents/DrugPARrequest.pdf

Clinic staff are also encouraged to seek assistance through pharmaceutical compassionate use programs.



Practice Guidelines for the Primary Medical Care of Persons Living with HIV/AIDS

Ryan White Treatment Modernization Act Part A, San Diego County

In conjunction with Public Health Services guidelines and accepted community practices, the Standards of Care Committee recommends the following standards of care guidelines for patients enrolled in the Ryan White Program Primary Care Program for San Diego County. Assessments of the process of care will be based on the following recommended guidelines.

Source Documents

- 1) Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents: Panel on Clinical Practices for the Treatment of HIV Infection, October 10, 2006
- 2) Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus: U.S. Public Health Services and Infectious Diseases Society of America, June 14, 2002
- 3) Prevention and Treatment of Tuberculosis among Patients Infected with Human Immunodeficiency Virus: Centers for Disease Control and Prevention, MMWR 1998 47/RR-20 October 1998
- 4) Acquired Rifamycin Resistance in Persons with Advanced HIV Disease Being Treated for Active Tuberculosis with Intermittent Rifamycin-Based Regimens: Centers for Disease Control and Prevention, MMWR 51(10), 214 – 215, March 2002
- 5) Guidance for STD Clinical Preventive Services for Persons Infected with HIV, Sexually Transmitted Diseases: 2006; 55/RR-11, August 4, 2006
- 6) Healthcare Provider's Role in Syphilis Control: Gail Bolan, M.D., Medical Board of California ACTION REPORT, p. 20, February 2003
- 7) Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States: Public Health Services Task Force, October 12, 2006
- 8) A Guide to the Clinical Care of Women: Edited by Jean R. Anderson, M.D. 2005 Edition produced and distributed by HRSA. Available online: <http://hab.hrsa.gov/publications/womencare05/>

RYAN WHITE SPECIALTY POOLS HANDBOOK

A. Antiretroviral therapy and opportunistic infection prophylaxis (primary and secondary) are recommended in accordance with the most recent US Public Health Service guidelines. Guidelines may have been updated since the versions listed above – current versions are available at <http://www.aidsinfo.nih.gov/guidelines/>

B. Guidelines for staging and baseline evaluation, recommended to be completed within the first two visits

- 1) Complete history, to include at least the following:
 - a) *General background*
 - Ethnicity
 - Sex
 - Family history
 - Social history
 - Travel history
 - Pet contacts within last 12 months
 - b) *Current/lifetime sexual and drug use history – using standardized risk assessment instrument to include items such as the following:*
 - Sexually transmitted diseases history (including herpes) lifetime and for last 5 years
 - Assess whether in a monogamous relationship
 - Gender of sex partners
 - Number of partners in last 3 months
 - Partners HIV status
 - Injecting drug use, lifetime and last 5 years
 - Exposure sites—rectal, urethral, oral
 - Use of drugs with sexual activity
 - San Diego County Sexual Risk Assessment
 - Use of condoms
 - c) *HIV care history*
 - HIV status, including recent/historical CD4+ T cell count/viral load
 - Prior and current antiretroviral regimen
 - Resistance test results (if available)
 - Current prophylaxis
 - Prior HIV-related complications
 - CDC HIV stage
 - d) *General medical history*
 - Immunizations
 - Hepatitis history
 - Tuberculosis risk
 - Reproductive history (females) including parity, LMP, Method of Birth Control
 - Current allergies
 - Other current medications
 - Significant childhood illnesses
 - Other medical history
 - Mental Health histories, past/current problems, symptoms of depression, psych meds
- 2) Review of symptoms and overall physical exam, including height, weight, temperature, blood pressure, pulse, respirations, general appearance, skin, HEENT, ophthalmoscopy, chest, cardiac, abdomen, rectum (and anoscopy if anorectal symptoms), pelvic (women), breasts, genitalia, extremities, lymph nodes, mental status, nervous system and reflexes
- 3) Lab tests, including but not limited to:
 - Complete blood count with differential and platelet count
 - Chemistry panel including liver test and renal function
 - Glucose, cholesterol and triglyceride screening
 - T-cell subsets (quarterly)
 - HIV plasma RNA (quarterly)

RYAN WHITE SPECIALTY POOLS HANDBOOK

- CMV IgG
- Syphilis serology (annually; see Section I.1 Periodicity of Selected Baseline History, Physical and Lab Tests)
- Gonorrhea (urine or urethral/endocervical amplification swab or culture) (annually; see Section I.1
 - Periodicity of Selected Baseline History, Physical and Lab Tests)
 - Also rectal/pharyngeal culture if indicated by exposure or symptom history
- Chlamydia (urine or urethral/endocervical amplification swab) (annually)
- HSV-2 serology (recommended)
- Leukocyte esterase (LE) urine dipstick (men)
- Toxoplasma IgG
- Hepatitis A serology
- Hepatitis B surface antigen and core antibody, surface antibody at physician's discretion
- Hepatitis C antibody
- PPD (annually, unless already known to be infected with TB or documented anergy)
- Chest X-ray (PA and lateral) if history of TB exposure or pulmonary symptoms (as indicated)
- Pap smear (women) (every 6 – 12 months)
- Examination of vaginal fluid (microscopic wet mount or other methods) to identify trichomoniasis or bacterial vaginosis (every 6 – 12 months)
- Anal pap test (optional)

Evidence of any of above tests within the past 6 months is acceptable unless risk factors indicate value of a current test (i.e. STD testing)

- 4) Appropriate referrals, including but not limited to:
- Treatment adherence counseling
 - Ryan White CARE Act dental program (recommended annually)
 - Ophthalmologist if CD4 < 50 (recommended)
 - Case management (if eligible)
 - Medical nutrition therapy
 - Clinical trials
 - Mental health
 - Substance abuse

C. Guidelines for use of plasma HIV RNA measurements

- 1) Patients may have 8 standard or ultrasensitive assays per year at provider's discretion. Provider must show justification for more than 8 per year.
(Roche PCR standard measures 400 - 750,000 copies/mL; Beyer assay 75 - 500,000 copies/mL; ultrasensitive measures 50 - 75,000 copies/mL)
- 2) General indications for testing
 - a) Baseline evaluation for prognosis
 - b) Among patients not on antiretroviral therapy, every 3 – 4 months
 - c) Among patients starting antiretroviral therapy or changing an antiretroviral regimen, 2 – 8 weeks after regimen initiation or change
 - d) Among patients on an established antiretroviral regimen, every 3 – 4 months to detect maximal treatment effect and to assess for maintenance of response
- 3) Other indications
 - a) Discordant CD4+ T cell and viral load responses
 - b) Required addition or removal of medications that may impact antiretroviral bioavailability (e.g., rifabutin, anticonvulsants in protease inhibitor-treated patients)
 - c) Confirmation of rising HIV RNA level if a treatment change will be based on the value

It is recommended that all plasma RNA results be verified with a repeat determination before starting or making changes in therapy UNLESS there is other substantiating clinical or laboratory evidence supporting a therapy change.

RYAN WHITE SPECIALTY POOLS HANDBOOK

D) Guidelines for hyperlipidemia

- 1) Fasting lipid panel (HDL/LDL/total cholesterol/triglycerides) if non-fasting total cholesterol or triglycerides are abnormal at initial visit
- 2) It is recommended that fasting lipid panel be ordered/repeated within 6 weeks to 3 months of initiating protease inhibitor or NNRTI therapy, and at least once per year thereafter

E) Guidelines for Immunization

- 1) Offered as soon as possible after initial evaluation at recommended doses
- 2) Viral loads should not be measured within three weeks of an immunization.
- 3) Pneumovax, influenza, tetanus, Hepatitis B (if not immune) and Hepatitis A (if not immune)
- 4) Influenza vaccine: recommended yearly with trivalent inactivated vaccine (live attenuated vaccine is contraindicated in HIV positive persons).
- 5) Hepatitis Vaccine:
 - a) Hepatitis B: recommended in persons with negative serology. Double dosing is now recommended to increase seroconversion (40ug) rates. For those patients who do not seroconvert after the first series, a second series is recommended. If these persons do not seroconvert, they are unlikely to respond to a third series.
 - b) Hepatitis A: Seroconversion rates are likely related to CD4 counts. The vaccine may be given in persons who are sero-negative however if there is no response and the CD4 counts are less than 500, persons can receive a repeat of series when CD4 counts are higher.
- 6) Pneumococcal: Recommended for all patients with a one-time repeat after 5 years.
- 7) Tetanus Vaccines: Recommended every 10 years. Recommend next booster contain pertussis booster (Tdap).
- 8) Live Vaccines (Live attenuated influenza vaccine, Varicella or Zoster vaccine, Vaccinia (small pox), Yellow Fever, Live Oral Polio, Measles*, Typhoid) are contraindicated in persons with severe immunosuppression based on the persons age (per ACIP): CD4<750 for those younger than 12 months, <500 for ages 1-5, and <200 for those >6 years old.
*Consider MMR in patients who are not severely immunosuppressed per above criteria and no history of OI or CD4<200 given recent outbreaks of measles.
- 9) Booster doses as recommended by CDC guidelines.

F) Additional guidelines for Care of Women

- 1) Guidelines for Cervical Neoplasia (modified Algorithm 6 of AHCPR 94-0573)
 - a) Pap smear at baseline and again at six months if normal; normal Pap smears repeated in 12 months (6 months if patient has a history of human papilloma virus (HPV) or with previous Pap smears showing squamous intraepithelial lesion SILs)
 - b) Women with abnormal Pap smears or a history of an untreated abnormal Pap smear referred for colposcopy with minimum follow-up every 6 months
- 2) Annual mammograms initiated no later than age 40

G) Guidelines for HIV Resistance Testing

- 1) A baseline genotype is recommended for antiretroviral naïve patients
 - a) Refer patients suspected of acquiring HIV in the last 12 months to the UCSD First Choice Program
- 2) Resistance testing for patients experiencing treatment failure
 - a) Viral load must be greater than the sensitivity threshold of the assay in use
 - b) On a stable antiretroviral regimen for at least 1 month prior to resistance testing
 - c) Potentially able to tolerate at least 2 antiretroviral medications patient is not currently taking

RYAN WHITE SPECIALTY POOLS HANDBOOK

- d) Test selection guidelines
 - Always consider a genotype as the first option
 - For patients *without* a boosted protease inhibitor (PI) in the current treatment regimen experiencing a first treatment failure – order a genotype
 - For patients *with* a boosted PI in the current treatment regimen experiencing a first treatment failure – provider discretion; consider a genotype as first option
 - For all patients experiencing a second treatment failure or beyond – provider discretion; consider a genotype as first option
- e) Patients are limited to one genotype and one phenotype, or one GT, annually
- 3) The following patients are not eligible for resistance testing:
 - a) Patients with current non-adherence (e.g. failure to keep appointments or failure to obtain medication refills where this is known)
 - b) Active alcohol or drug abuse that would, in the opinion of the physician, compromise active follow up or adherence to treatment regimen
 - c) Life expectancy less than 6 months, or comfort care status

H) Guidelines for Therapeutic Drug Monitoring

No guidelines other than PHS

I) Guidelines for periodicity of selected baseline history, physical and lab tests

- 1) STDs: Repeat annually (gonorrhea, chlamydia, LE test [men]) or more frequently if behaviors indicate. Alternately, annual testing could be deferred based on sexual behavior.
 - Every 2 – 3 months for patients with very high-risk behavior (e.g. multiple anonymous partners; meeting partners in a bath house, sex club or via the internet; commercial sex workers)
- 2) Syphilis screening every 3-4 months (in conjunction with CD4 or viral load test)
- 3) Risk assessment: Sexual and drug use behavior assessment repeated every 3 to 6 months
- 4) For women, LMP, Method of Birth Control
- 5) Other exposures: Travel and pet exposure history annually

Change History:

Originally adopted by the HIV Health Services Planning Council in July 2000

Proposed changes adopted by the HIV Health Services Planning Council in May 2003

Proposed changes adopted by the HIV Health Services Planning Council in June 2004

Proposed changes adopted by the HIV Health Services Planning Council in September 2007

Incorporated references updated as necessary

Standards of Care Working Group participants who contributed to the revised document include:

Mary Caffery, RN, UCSD Title IV Program (Planning Council Member)

John Chau, MD, Comprehensive Health Center

Denise Gomez, MD, NCHS Oceanside

Chris Mathews, MD, UCSD Owen Clinic

Davey Smith, MD, UCSD Early Intervention Program (Planning Council Member)

Brian Woolford, MD, Ciaccio Memorial Clinic

September 26, 2007

RYAN WHITE SPECIALTY POOLS HANDBOOK

APPEAL PROCESS

A Ryan White HIV & AIDS Treatment Extension Act clinic or specialty provider may appeal the decision by the Community Clinics Health Network (CCHN) when a request for authorization has been denied because the procedure/service does not appear to be HIV-related.

CCHN will identify a qualified physician to conduct a review of denied requests that are appealed. The reviewing physician shall not be from the site appealing the denial. The reviewing physician shall be compensated on a fee-for-service basis from administrative funds. The fee is subject to negotiation. CCHN shall provide the reviewing physician with a standard form to respond to an appeal.

When a request for authorization is denied due to not being HIV-related, CCHN shall provide the following appeal process information to the clinic or specialty provider along with the denied request:

The requesting entity has a right to appeal CCHN's decision.

1. An explanation with supporting documentation, research and/or other information that supports the HIV relatedness must be provided to the reviewing physician. (The physician's name, address, telephone number, fax number and email address will be provided by CCHN.) The requesting clinic or specialty provider must provide their contact information including telephone number of requesting professional, fax number and mailing address. Copies of all documentation, research or other information must also be provided to CCHN. To expedite the process, it is recommended that all materials be faxed or emailed at the same time.
2. Within one business day of receipt of all materials (explanations, documents, etc.), the reviewing physician will render a decision. In some cases the reviewing physician may contact the requesting professional to obtain additional information. The decision with supporting reason(s) shall be documented on the form provided by CCHN to the reviewing physician. The completed form must be faxed by the reviewing physician to the requesting entity and to CCHN. Once CCHN has received the completed form, it will contact the requesting entity to confirm the result of the appeal.
3. The decision reached by the reviewing physician is final. Both the requesting entity (clinic or specialty provider) and CCHN will abide by the decision. Should the appeal be approved, CCHN will immediately issue authorization number(s) to approve the requested procedure/service(s).

It is anticipated that the average appeal process will take 2 business days or less.

RYAN WHITE SPECIALTY POOLS HANDBOOK

COMPLAINT PROCESS

To assure the timely delivery of quality services, to comply with San Diego County contractual provisions, and to support community norms and professional standards, the Ryan White Specialty Pools shall provide its consumers (clinic personnel, specialty provider personnel, case managers, billing agents and others) an opportunity to grieve and achieve resolution of a service delivery complaint.

This applies to all aspects of the Specialty Pools' authorization and claim processing procedures.

To Initiate a Complaint, Contact the Authorizations/Claims Processor

Include your name and contact information, the date and time of the event about which you are making a complaint, details of the event and your desired resolution, if any.

619-542-4308

crelac@ccc-sd.org

**Community Clinics Health Network
Attn: RW Authorizations/Claims Processor
7535 Metropolitan Drive
San Diego, CA 92108-4402**

As an alternative, you may contact the Director of Programs with your complaint at 619-542-4342 or nhoward@ccc-sd.org or Council of Community Clinics, Director of Programs, 7535 Metropolitan Drive, San Diego, CA 92108-4402. You may submit written statements and/or documentation at any time during the complaint process.

The Authorization/Claims Processor (or Director of Programs) shall make every effort to resolve your complaint within 3 business days. If your complaint cannot be resolved within 3 business days, you will be offered the option to have the complaint proceed up the Council of Community Clinic's (CCC) chain of command. At each level, if your complaint is not resolved within three business days, you will be offered the option to proceed to the next level.

At whichever step resolution is reached, the Authorization/Claims Processor (or Director of Programs) shall send a written notice of the resolution to you.

The above timeframe for complaint resolution may be extended due to personnel being away from the office. In the case that someone is expected to be away for more than 5 business days, the complaint will automatically go to the next level in the procedure above.

**FORMS
&
HANDOUTS**

RYAN WHITE SPECIALTY POOLS HANDBOOK

Council of Community Clinics 2015 Holiday Schedule

Holiday	Day Observed by CCC
New Year's Day	Thursday, January 1
President's Day	Monday, February 16
Memorial Day	Monday, May 25
Independence Day	Friday, July 3
Labor Day	Monday, September 7
Thanksgiving Day	Thursday, November 26
Day after Thanksgiving	Friday, November 27
Christmas Eve Holiday	Thursday, December 24
Christmas Day Holiday	Friday, December 25
End of Year Shut-down	Monday, December 28 Tuesday, December 29 Wednesday, December 30
New Year's Eve Holiday	Thursday, December 31
2016 - New Year's Day Holiday	Friday, January 1



Please Call 619.542.4308 for Current Schedule

Ryan White HIV & AIDS Treatment Extension Act Specialty Pools

Funded by the Health Resources and Services Administration (HRSA)
through the County of San Diego, Health and Human Service Agency

Overview

The Community Clinics Health Network (CCHN) contracts with the San Diego County Health & Human Services Agency HIV, STD & Hepatitis Branch to administer the Ryan White HIV/AIDS Treatment Extension Act Specialty Pools. The RW Specialty Pools were developed to provide specialty care services to HIV-positive individuals who have no other source to cover expenses for these services. Services are available from the following four pools:

Medical Specialty Pool

Covers medically necessary, HIV-related, diagnostic, consultative and therapeutic outpatient services

Dental Specialty Pool

Covers limited dental specialty services

Home Health and Home Hospice Pools

Covers HIV-related home health care services, including end-of-life care

See limitations to Specialty Pool services on the second page.

Eligibility

Clients who have been screened at the Primary Care clinic and determined to be eligible for RW Primary Care services are eligible for RW Specialty Pools services. Clients must be HIV positive and in general have no other coverage that could pay for the services. Clients who are not RW-eligible because of other coverage may apply to the Specialty Pools for a specific service not covered by the client's primary insurance. Requests for such service, not covered by the client's insurance, should be submitted on the standard form. These requests will be considered on a case by case basis.

Procedure

1. Identify specialty service needs of an eligible client.
2. Select a specialist/provider from the list of participating specialists, pharmacies or agencies (list is provided by CCHN).
3. Complete the appropriate **Ryan White HIV/AIDS Treatment Extension Act / Specialty Program Authorization Request** form making sure all items are completed especially consumer's signature, CPT or CDT codes with description, diagnosis, justification, specialty provider information and referring clinic information (authorization request form is provided by CCHN). Requests may be submitted by RW Primary Care Clinic staff, case managers or specialty providers.
4. Fax the completed authorization request form to CCHN at 619-718-9870.
5. CCHN will approve, deny or request more information within 2 business days, and fax the authorization request form back to the referring clinic.



6. If approved, proceed with scheduling an appointment with the specialty provider. CCHN will provide an authorization number on the approved authorization request form. It is your responsibility to fax (or transmit by other means) the approved request form with authorization number to the specialty provider.
7. Approved requests for services are good for 90 days from the date of authorization (the date the approved authorization request form is signed by CCHN staff). Services must be provided within this timeframe.
8. After services are delivered the specialty provider will mail a claim with correct authorization number on it to: Claims Department, Community Clinics Health Network, 7535 Metropolitan Drive, San Diego, CA 92108-4402. Claims must be submitted within 60 days of the date of service.
9. CCHN processes the claim and mails payment to the specialty provider.

Limitations

The Specialty Pools, in general, do not cover any in-patient, emergency, cosmetic, experimental or primary care services.

Also, there are restrictions by pool as follows:

Dental Pool

- Specialty Pool services are limited to specific oral surgery procedures. See the Ryan White Specialty Pools handbook for a list of the covered dental specialty services.
- The following services are NOT covered: implants, crown lengthening, fixed partial denture (bridge), guided tissue regeneration, and soft tissue graft.

Home Health and Home Hospice Pools

- Length and amount of services should be determined by an assessment done by an intake nurse or other authorized staff at the home health/home hospice agency and coordinated with the referring party (usually the patient's case manager).
- Authorizations are issued to cover one month at a time.
- Infusion services done in home are covered. The medication is included if not covered by another funding source. Infusion services done in a clinical setting are also allowed, but should be covered by the Medical Specialty Pool.
- Durable medical equipment (DME), such as a cane or walker, is allowed. Also supplies, such as for colostomy care, are allowed if obtained from a supplier of DME. Other non-DME is not allowed.
- Requests should not exceed a total of \$2,500 per month.

Other

Refer to the Ryan White Primary Care Provider Program Handbook available from United Healthcare for information on obtaining medications, including short term medications.

Questions

Please refer to the Ryan White Specialty Pools (Clinic) Handbook for more information or contact the Community Clinics Health Network, Ryan White Specialty Pools at 619-542-4308.



RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT SPECIALTY POOLS AUTHORIZATION REQUEST

*All information must be completed and the form signed by both consumer and provider prior to authorization.
Fax completed requests to (619) 718-9870. For assistance, call (619) 542-4308.*

Consumer _____ Date of Birth _____ SSN _____
Last Name First Name MI

Gender: Male Female Transgender Mother's Maiden Name _____

Address _____ Phone _____

I, the above-named consumer, consent to the release of personal and medical information, including my HIV/AIDS status, to the Community Clinics Health Network (a subsidiary of the Council of Community Clinics), designated specialty providers and other agencies as required to verify my eligibility for Ryan White HIV/AIDS Treatment Extension Act services, to provide payment for services and to comply with tunder reporting requirements.

Consumer's Signature _____ Date _____

SPECIALTY PROGRAM POOL: Medical Home Health & Hospice

REQUESTED SERVICE(S)

Medical Pool requests must include the CPT code(s); **Home Health & Hospice Pool** requests must specify the number of visits or hours by type of service.

CPT Code	Description	Authorization Number* (CCHN Use Only)

*Authorization Numbers expire 90 days after the approval date. EXPIRATION DATE: _____

Working diagnosis for request: (ICD-9 Code/s) _____

Is this request HIV-related? Definitely Possibly* Not related

What is the urgency for this service? Today Within 1 week Within 2 weeks Within 3-12 weeks* Later*

**For requests that are 'Possibly' HIV-related or the urgency is greater than 2 weeks:*

Has this request been approved by the requesting clinic's Utilization Review Committee? Yes No

Reviewer _____ Date _____

Explanation of relation to HIV _____

Specialty Provider _____ Phone _____ Fax _____

Address _____

Referring Primary Clinic _____ Referring Physician _____

Address _____ Phone _____ Fax _____

I confirm that I have verified that the above named patient is eligible to receive services under the Ryan White Primary Care Program.

Signature of Clinic Staff Completing Form _____ Print Name & Title _____

AUTHORIZATION STATUS Approved Denied 1 2 3

Date _____ Time _____ Staff _____

CCHN 7535 Metropolitan Drive, San Diego, CA 92108-4402 Submit Claim within 60 days of date of service to this address.

Ryan White Specialty Pools
APPEAL OF DENIED SERVICE FORM

Name of Patient _____ **DOB** _____

Name of Requesting Professional _____ **Title** _____

Name of Clinic / Organization _____

Street Address, City, Zip Code _____

Telephone _____ **Fax** _____

Email _____

DENIED SERVICE

CPT or CDT Code(s) _____

Description of Service _____

Working Diagnosis _____

Medical Justification _____

Supporting Documentation and/or X-Rays Attached? _____ **YES** _____ **NO**



Ryan White Specialty Pools
APPEAL OF DENIED SERVICE FORM

Reviewer

Name

Title

Street Address, City, Zip Code

Telephone

Fax

Email

DECISION

Overturn and Approve Authorization

Uphold Denial

Rationale

Signature of Reviewer

Date





Administrative Contractor

Community Clinics Health Network

Authorizations/Claims Processor

7535 Metropolitan Drive

San Diego, CA 92108-4402

619-542-4308

619-718-9870 (FAX)

www.cchealthnetwork.org

Administrator Contractor



**COMMUNITY CLINICS
HEALTH NETWORK**

A Service Organization

Subsidiary of



**COUNCIL OF
COMMUNITY CLINICS**

Funded by the Health Resources and Services Administration (HRSA) through the County of San Diego, Health and Human Services Agency