San Diego County Ryan White Specialty Services Program

(Formerly known as Ryan White Specialty Pools)

Provider Handbook

Effective November 1, 2016

Administered by:

AIDS HEALTHCARE
FOUNDATION

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Program Description

The San Diego County Ryan White Specialty Services Program (formerly known as the Ryan White Specialty Pools) serves uninsured and under-insured, indigent residents of San Diego County who have an HIV diagnosis and no other source of health care coverage. The program provides care to approximately 10,000 eligible patients in San Diego County and covers certain outpatient subspecialty consultations, surgeries and procedures for patients with HIV/AIDS-related health conditions. Neither inpatient acute care nor emergency care is covered by the program.

The Ryan White Specialty Services Program accepts referral and authorization requests from County-funded outpatient/ambulatory health service (OAHS) clinics, specialty providers, and oral health providers throughout San Diego County for patients who require covered subspecialty services necessary to treat conditions related to HIV/AIDS. Ryan White Specialty Services program providers refer patients who receive services through the program back to their primary care clinic of origin for ongoing primary care.

The Ryan White Specialty Services Program provides services to eligible patients through the following pools:
- Medical Specialty
- Dental Specialty
- Home Health
- Hospice

Effective September 1, 2016, AIDS Healthcare Foundation (AHF) is contracted with San Diego County Health & Human Services Agency, HIV, STD and Hepatitis Branch to provide program administration services consisting of utilization management, medical oversight, provider recruitment, provider contracting and credentialing, and claims processing.

Contact Information

AIDS Healthcare Foundation (AHF) administers the San Diego Ryan White Specialty Services Program. The contact information for the departments that support this program is below. Please note that AHF's business hours are Monday through Friday, 8:30 a.m. to 5:30 p.m.

Department	Phone Number	Fax Number
Utilization Management	(800) 474-1434	(888) 748-1290
Claims	(888) 662-0626	(888) 235-9274
Contracting and Provider Relations	(888) 726-5411	(888) 235-7695
Credentialing	(888) 726-5411	(888) 235-8256
Administration	(323) 436-5025	(323) 337-9141

AHF's mailing address for all matters other than claims submission is:
>Attn: (name of department)
>AIDS Healthcare Foundation
>1001 N. Martel Ave.
>Los Angeles, CA 90046

Submit claims to:
>Attn: Claims
>AIDS Healthcare Foundation
>PO Box 7490
>La Verne, CA 91750

For more information about claims preparation and submission, please review the Claims section of this publication.

Eligibility

Ryan White primary care clinic or specialty provider who refer patients to the Ryan White Specialty Services Program are responsible to screen patients for eligibility for Ryan White specialty services. To be eligible for Ryan White primary care and specialty services, a patient must:
- Have a positive HIV serology
- Resident of San Diego County
- Between the ages for 21 and 64
- Be currently enrolled in the Ryan White Program
- Have a Federal Adjusted Gross Income (FAGI) that does not exceed $58,850
- Not have other health coverage (e.g., Medi-Cal, Covered California) for specialty pools services covered by this program.

Patients who are not Ryan White-eligible because of other coverage may apply to the Specialty Pools for a specific service as long as it is not covered under other coverage. Requests for such service, not covered by a patient's primary insurance, should be submitted on a standard Authorization Request form appropriate for requested service. These requests will be considered on a case-by-case basis.

Covered Services

The Ryan White Specialty Services Program covers the following medically indicated and appropriate services and procedures through contracted Ryan White Part A specialists throughout San Diego County. See the San Diego County Ryan White Specialty Services Program Provider Directory for contracted specialists. The services listed in the following table are covered through the program if an eligible patient's condition is

related to HIV/AIDS. Patients who have conditions not related to HIV/AIDS should be referred to appropriate San Diego County services. The chart below is for reference only. San Diego County-approved codes for medical and dental services can be found in the Appendix section of this publication. Please use the lists for guidance to determine which services are covered under this program.

Service Category	Criteria
Anesthesia	Requires authorization. Anesthesia covered with program-approved outpatient procedure.
Laboratory Testing	Requires authorization. Covered labs related to specialty work-up that was not performed by the Provider. Must use contracted labs.
Outpatient Surgery	Requires authorization. Coverage for HIV-related conditions.
Pathology	Requires an authorized outpatient procedure.
Specialist Consult/Services	Requires authorization. Coverage for HIV-related conditions. Specialties covered, but not limited to: • Cardiology • Dental (selected services) • Dermatology • Endocrinology • Gastroenterology • General Surgery • Gynecology • Hepatology • Nephrology • Neurology • Ophthalmology • Optometry • Orthopedics • Otolaryngology (ENT) • Pain Management • Podiatry • Proctology/Colorectal • Pulmonary • Rheumatology • Urology
Diagnostic Imaging	Requires authorization. Coverage for HIV-related conditions. Imaging to include but not limited to: • Ultrasound • Echocardiography • CT Scans • MRI • DEXA Bone Scan
Home Health and Hospice Services	Requires authorization. See below for more information.

Home Health and Hospice Services

The Home Health and Hospice Specialty Pools are intended to provide home health care services, including end-of-life care, though existing non-profit agencies for HIV-related

conditions. 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 may not exceed a total of $2,500 per month. The program issues authorizations to cover one month of service at a time. The following services are covered through the home health and hospice specialty pools:

Professional Care (services authorized by number of visits)
- Skilled Nursing – Care management, assessment, teaching and technical services by a RN
- Medical Social Work – 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 activity of daily living.

Para-Professional Care
- Home Health Aide – Personal care, light housekeeping and follow-through in simple nursing and rehabilitative programs.
- Live-In Care – Twenty-four hours per 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
Covers room and board, nursing care, counseling, physician service and palliative therapeutics provided to clients in the terminal stages of illness.

Infusion Therapy
Infusion therapy includes medications to be administered intravenously at home that are not covered by another funding source and are for an HIV-related condition. The pharmacy compounding and preparing 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) under this program is limited to recovery for HIV related illnesses. These will be reviewed on a case by case basis.

Excluded Services

The San Diego Ryan White Specialty Services Program does not cover the following services and procedures:

- Acupuncture
- Chemotherapy*
- Chiropractic
- Emergency Care
- Experimental Services
- HIV Resistance Testing
- Holistic Health
- Inpatient Hospital Services
- Medical Supplies
- Mental/Behavioral Health Services
- Obstetrics
- General Oncology (some exceptions may apply, e.g., Kaposi Sarcoma)

- Pediatrics
- Prescription Drugs
- Primary and Routine Care
- Prostheses
- Radiation*
- Rehabilitation Services
- Sleep Medicine
- Substance Abuse or Addiction Treatment
- Transportation (Contact County Administrator)
- Vision Care*

*These three services can be covered in certain instances if direct link to HIV disease can be shown or may be covered under other categories

Prior Authorization Process

AIDS Healthcare Foundation (AHF) processes clinical and utilization review of all authorization and referral requests regardless of timeframe between request and appointment scheduling. To refer a program-eligible patient to network specialists, primary care providers (PCPs) must complete a Specialty Services Authorization Request form and submit it to the program. There are three different referral forms – one each for medical, dental and home health/hospice service referrals. Please be sure to use the appropriate form for the referral services being requested.

AHF receives bi-monthly files from United Health Care to confirm eligibility. AHF works to provide the greatest level of continuity and access to care. In the event a Ryan White-eligible patient is approaching termination of eligibility and the authorization request is beyond the term date, AHF will do the following:

1. Contact the primary care provider in charge of eligibility and confirm the patient is in the process of redetermination.
2. Use available resources, such as Passport OneSource, to confirm that the patient is not enrolled in another health plan or program.

If redetermination eligibility cannot be confirmed at the time of the request, AHF will authorize up to the eligibility termination date.

The Specialty Services Authorization Request forms include instructions for where and how to submit. The forms are available in the Appendix section of this handbook. Routine authorization requests are rendered within two (2) business days; urgent requests in 24 hours. Questions regarding the authorization request process should be directed to AHF's Utilization Management Department at
(800) 474-1434, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Authorizations are critical for reimbursement. As such, please follow these guidelines.
- All services must be pre-authorized to receive payment.
- Fax requests to (888) 748-1290.
- All medical and dental services must include the appropriate CPT and/or CDT codes.
- The client must sign each request.
- Authorizations are valid for 90 days from the date issued or up to eligibility termination date, whichever comes first.
- Include your fax number so the response can be returned to you.
- Claims for services rendered must be received within 60 days from the date of service.
- All authorization requests must be legibly and completely filled out. Failure to submit a complete authorization may delay processing.
- To streamline the process, AHF recommends that providers submit with the initial request supporting clinical documentation linking the request to the patient's HIV/AIDS condition.

All authorization requests received by AHF are either approved, denied, partially approved or deemed incomplete and returned to the requesting clinic.   Determinations are made within 48 hours or two business days, depending on day and time of receipt of the request. Authorization response details are below:
- Approved – The requesting clinic is responsible for contacting the specialty provider to schedule an appointment and to provide them with the approved authorization, including authorization number.
- Denied – Except for dental, all services must be HIV-related. In addition, see the approved list of services and respective used to verify you are requesting an authorization for an approved/covered service. If you want more information about a denied request, please contact Utilization Management at
(800) 474-1433.

- Partially approved – One or more services requested might be approved but not everything on the referral may be covered or HIV-related. In this case, the referral should be updated to include only those services for which the service request is approved.
- Incomplete – Along with the returned request will be an explanation of what information is missing and must be provided in order to process the referral. Once the missing information is provided the request will be reviewed again to determine if it can be approved. This additional review will occur within 48 hours or two business days, depending on when it is received.

Specialist Network

AIDS Healthcare Foundation (AHF) has contracted with specialists throughout San Diego County to provide covered services. Refer to the San Diego County Ryan White Specialty Services Program Provider Directory to locate and select an appropriate specialist.

You may find the most current listing for each pool in its respective section.   Specialist referrals and services require prior authorization. Questions regarding the provider network should be directed to AHF's Contracting and Provider Relations Department at (888) 726-5411, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Patient Grievances

Patients (or provider on behalf of a patient) receiving program services may file a complaint within sixty (60) days of the event about the quality of care and service they receive from San Diego Ryan White Specialty Services Program or its network providers by contacting AIDS Healthcare Foundation (AHF) Patient Relations at (800) 263-0067, option 3, Monday through Friday, 8:30 a.m. to 5:30 p.m

Patient Appeals

Patients (or a provider on behalf of a patient) receiving program services may file an appeal within sixty (60) days requesting AHF to reconsider an initial decision to deny authorization of a service by faxing your appeal request to (888) 748-1290.   Please provide all supporting clinical documentation with your request.

Expedited complaints and/or Appeals
At the request of the patient, AHF will review the complaint or appeal for expedited status when the standard process has the potential to cause harm to the patient's health condition.   If upon review, AHF determines the expedited status is valid and approves the abbreviated time frame, a resolution or decision will be made as quickly as possible

in accordance with the patient's health condition but no later than seventy-two (72) hours from the time of receipt.

Grievance and Appeal Notifications

For both standard Grievances and Appeals, AHF provides a written acknowledgement letter to the patient and/or provider within five (5) business days and a final resolution letter within thirty (30) calendar days of receipt.

For both expedited Grievances and Appeals, AHF provides verbal acknowledgment to the patient and/or provider at the time of receipt and verbal notification of resolution or appeal decision within 72 hours.   The verbal resolution or verbal appeal decision will be followed by written notification within 5 business days.

Claims

- Only pre-authorized services will be considered for payment.
- Service authorizations are valid for 90 days from the date of approval or up to the eligibility term date, whichever comes first.
- The authorized service must be provided during the approved authorization period. If services are delayed and fall outside the authorization period, a new request will be necessary with confirmation of the client's eligibility for the new request.
- Claims for rendered and authorized services must be received **within 60 days** of the date of service.
- No payment will be issued for services exceeding these limits.

Claims for specialty services provided to program-eligible patients by network providers must be sent to the following address:
Attn: Claims
AIDS Healthcare Foundation
P.O. Box 7490
La Verne, CA 91750

All claims must be submitted on a properly completed CMS1500, UB92, or UB04 claim form.

The claim must include the following:
- Patient Name
- Patient Address
- Place of Service
- Physician Name
- Date of Service
- Billed Charges

- Patient Date of Birth
- Patient Insurance Name
- Patient ID Number

- NPI Number
- Provider License Number
- Tax ID Number

- CPT Code(s)
- ICD-10 Code(s)
- HCPCS Codes

To check status of a claim, call the Claims Department at (888) 662-0626, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Provider Disputes

A provider dispute is a written notice to AIDS Healthcare Foundation (AHF) challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested. Written disputes must be submitted within 60 days from AHF's action that led to the dispute for services rendered.
Providers may send their dispute to:

 Attn: Provider Relations
 AIDS Healthcare Foundation
 1001 N. Martel Ave.
 Los Angeles, CA 90046

For inquiries regarding the status of a dispute, please call (888) 726-5411, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Provider Relations Contacts

The Contracting Provider Relations Department is the liaison between the program's network providers and AIDS Healthcare Foundation (AHF). It resolves provider issues and provides education of program policies and procedures. For inquiries, please call the Provider Relations Department at (888) 726-5411, Monday through Friday, 8:30 a.m. to 5:30 p.m.

45-Day Notification Requirement

AIDS Healthcare Foundation (AHF) requires a 45-day notification for contracted Ryan White Specialty Services Program network provider changes, such as address, phone/fax number, office hours, tax ID numbers, termination, or leaves of absence. Changes made must be submitted to the program in writing to the address below or via fax to (888) 235-7695. Please ensure AHF always has up-to-date information.

 Attn: Provider Relations
 AIDS Healthcare Foundation
 1001 N. Martel Ave.
 Los Angeles, CA 90046

Appendix

1. Approved procedure codes
    a. Medical procedure codes (CPTs & HCPCS)
    b. Dental procedure codes (CDTs and HCPCS)

2. Medical Specialty Services Referral and Authorization Request Form

3. Dental Specialty Services Referral and Authorization Form

4. Home Health/Hospice Services Referral and Authorization Request Form

San Diego Ryan White Specialty Program
Approvable Medical Codes
All Service Requests are Subject to Clinical/Utilization Review

Description	Code
Biopsy Of Skin	11100
Destruction of Lesion, skin, first lesion	17000
Destruction of Lesion, skin, 2-14	17003
Bronchoscopy, w/ alveolar lavage	31624
Papillectomy, skin tag	46220
Anoscopy	46600
Destruction of lesions, anus	46900
Colposcopy w/ biopsy	57454
CAT Scan, head or brain, without contrast	70450
CAT Scan, pelvis, without contrast	72192
CAT Scan, abdomen, with contrast	74160
MRI, abdomen	74183
Ultrasonic guidance for needle placement	76942
Fundus Photography	92250
Echocardiography	93307
EMG, one extremity	95860
Nerve conduction	95900
EMG, motor, F wave	95903
EMG, sensory	95904
Anesthesia, anorectal	00902
Biopsy of skin, each separate/additional lesion	11101
Shave skin lesion, diameter 0.6 to 1.0cm	11311

Description	Code
Injection, intra-lesional	11900
Destruction of premalignant lesions	17110
Anoscopy, diagnostic w/biopsy	46606
Anoscopy with high resolution magnification HRA	46607
Destruction of lesions, anus, electrodessication	46910
Destruction of lesions, anus, surgical excision	46922
Destruction of lesions, anus extensive	46924
EKG, 12 lead	93000
EKG, interpretation & report only	93010
Stress test, interpretation & report only	93018
Echocardiography, transthoracic	93306
Echo with treadmill	93350
Stress TTE complete	93351
Office visit, new #2	99202
Office visit, new #3	99203
Office visit, new #4	99204
Office visit, minimal	99211
Office visit, est. #2	99212
Office visit, est. #3	99213
Office visit, est. #4	99214
Office Consultation	99242
Ophthalmology, comprehensive	92004
Ophthalmic, established	92012
Determination of refractive state	92015
Visual field, intermediate	92083
CT eye, posterior	92133
CT eye, retina	92134
Ophthalmoscopy, initial	92225
Ophthalmoscopy, subsequent	92226
DEXA scan bone density	77080
Doppler analysis, upper or lower extremities, multiple levels, bilateral	93923
Duplex scan arterial inflow & venous outflow abd, pelvic, scrotal contents	93975
Office visit, new #5	99205
Office visit, est. #5	99215
Ophthalmologic service, new	92002
Office consultation, detailed	99243

Description	Code
Office consultation, comprehensive, moderate complexity	99244
Office consultation, comprehensive, high complexity	99245
Sigmoidoscopy	45330
Colonoscopy with biopsy, single or multiple	45380
Colonoscopy, with or without collection of specimen(s)	45378
Colonoscopy, w/ removal tumor	45385
Insertion of anterior segment aqueous drainage device without extraocular, external approach	66183
CAT Scan guide for needle biopsy	76360
Biopsy, muscle, percutaneous needle	20206
Selective catheter placement, internal carotid artery, unilateral	36224
Selective catheter placement, vertebral artery, unilateral	36226
Selective catheter placement, external carotid artery, unilateral	36227
Biopsy of Mouth	40808
Biopsy of Tongue	41100
Upper GI, endoscopy, diagnosis	43235
Upper GI endoscopy, w/ biopsy	43239
Surgical treatment, anal fistula	46275
Post voiding residual	51798
Cystourethroscopy	52000
Spinal Fluid T	62270
CAT maxillofacial, without contrast	70486
CAT soft tissue neck, with contrast	70491
CAT scan, neck, with & without contrast	70492
MRI brain, without contrast	70551
MRI, brain, with/without contrast	70553
CAT Scan, thorax, without contrast	71250
CAT Scan, thorax, with contrast	71260
MRI spine, lumbar, without contrast	72148
MRI cervical spine, with and without contrast	72156
MRI thoracic spine, with and without contrast	72157
MRI lumbar spine, with and without contrast	72158
MRI, Upper Extremity (excluding head)	73221
MRI any joint lower ext (hip), without contrast	73721
CAT Scan, abdomen, with/without contrast	74170
CT abdomen pelvis without contrast	74176
CAT scan abdomen & pelvis, w/contrast	74177
CAT abdomen and pelvis, without and with	74178

Description	Code
Ultrasound, Soft Tissues H/N	76536
Ultrasound, thyroid	76539
Ultrasound, abdomen	76700
Ultrasound, abdomen, limited, single organ or quadrant	76705
Ultrasound, kidneys	76770
Ultrasound, transvaginal	76830
Ultrasound, pelvic (non-obstetric)	76856
Ultrasound, scrotum	76870
Ultrasound, extremity, nonvascular, real-time with image documentation, limited, anatomic specific	76882
Fluoroguide FO	77003
PET with CT - skull base to mid-thigh	78815-26
Urinalysis	81000
Cytopathology, enhanced	88112
Cytopathology, fine needle aspiration	88172
Interpretation of smear	88173
Flow cytometry	88180
Flow cytometry, 16 or more markers	88189
Surgical pathology procedures	88300
Surgical path, level III	88304
Surgical pathology, #4	88305
Surgical pathology procedures	88311
Special stain	88312
Special stain, Group II	88313
Immunohistochemistry	88341
Immunocytochemistry, each	88342
Duplex scan arterial inflow/venous outflow, limited	93976
Needle electromyography	95861
Needle electromyography	95863
Needle electromyography	95864
Needle EMG, complete	95886
1-2 nerve conduction	95907
3-4 nerve conduction	95908
5-6 nerve conduction	95909
7-8 nerve conduction	95910
Nerve conduction studies, 9-10	95911
11-12 nerve conduction	95912
13 or more nerve conduction	95913

Description	Code
neuromuscular junction	95937
RMVL Devital Tissue	97597
RMVL Devital Tissue	97598
Ambulatory Surgery/Facility Charge	A0490
Stereoscopic x-ray guidance for localization	G6002
Contrast material	A4647

San Diego Ryan White Specialty Program
Approvable Dental Codes

All Service Requests are Subject to Clinical/Utilization Review

Description	Code
Panoramic radiographic image	D0330
crown- porcelain/ceramic substrate	D2740
Crown- porcelain fused to predominantly base metal	D2751
Endodontic therapy, anterior tooth (excluding final restoration)	D3310
Endodontic therapy bicuspid tooth (excluding final restoration)	D3320
Endodontic therapy, molar tooth (excluding final restoration)	D3330
Periodontal scaling and root planning- 4 or more teeth per quadrant-	D4341
Periodontal scaling and root planning – one to three teeth, per quadrant	D4342
3 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	D5213
Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	D5214
extraction, coronal remnants- deciduous tooth	D7111
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140
Removal of impacted tooth- soft tissue	D7220
Surgical removal of residual tooth roots (cutting procedure)	D7250
Oriental fistula closure	D7260
Primary closure of a sinus perforation	D7261
Biopsy of oral tissue - hard (bone, tooth)	D7285
Biopsy of oral tissue - soft	D7286
Alveoloplasty in conjunction with extractions- 4 or more teeth/tooth space, per quadrant	D7310
not found	D7320

Description	Code
Removal of lateral exotosis (maxilla or mandible)	D7471
Removal of torus mandibularis	D7473
Incision and drainage of abscess- intraoral soft tissue	D7510
Deep sedation/general anesthesia- first 30 minutes	D9220
Deep sedation/general anesthesia- each additional 15 minutes	D9221
Intravenous Conscious Sedation/analgesia- each additional 30 minutes	D9241
Intravenous Conscious Sedation/analgesia- each additional 15 minutes	D9242
Non-intravenous conscious sedation	D9248
Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	D9310
Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7210
Removal of impacted tooth- partially bony	D7230
Removal of impacted tooth- completely bony	D7240
Core buildup, including any pins	D2950
Pin Retention- per tooth	D2951
Post and Core in addition to crown	D2952
Apicectomy, separate surgical procedure, per tooth- anterior	D3410
Apicectomy, separate surgical procedure, per tooth- bicuspid (first tooth)	D3421
Apicectomy, separate surgical procedure, per tooth- molar (first root)	D3425
Apicectomy, separate surgical procedure, per tooth- (each additional root)	D3426

San Diego Ryan White Medical Specialty Services Authorization Request

AHF

Date of Request _____

Patient Information

_____   _____   Gender: ☐ Male   ☐ Female
Patient Name   Birth Date   ☐ Transman ☐ Transwoman

_____   _____
Phone Number   Patient Address

I, the above named patient, consent to the release of personal and medical information, including my HIV/AIDS status, to AIDS Healthcare Foundation, 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 funder reporting requirements.

_____   _____
Patient Signature   Date

Referring Primary Care Provider Information

_____   _____
Provider Name   Clinic Name

_____   _____
Address   Provider NPI

_____   _____   _____
Contact   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 and Title of Clinic Staff Completing Form

Indication for Referral

Reason for Referral _____

Diagnosis(es)/ICD-10 Code(s) _____

Requested CPT Code(s) _____

_____

List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data _____

_____

Is this request HIV-related? ☐ Definitely ☐ Possibly ☐ Not Related

Explain how the patient's indication is related to HIV? _____

_____

Urgency for requested service(s)? ☐ Today ☐ Within 1 Week ☐ Within 2 Weeks ☐ Within 3-12 Weeks ☐ Later

Requested (Refer to) Provider Information

_____   _____   _____
Requested Provider/Facility Name   Phone   Fax

Authorization *(to be completed by Utilization Management)*

☐ Approved   ☐   Denied *Reason for Denial* _____

SDRWSS 082916 Form 2.1

San Diego Ryan White Dental Specialty Services Authorization Request

Instructions

Prior authorizations are required for referrals to specialists participating in the Ryan White Specialty Services Program and all covered medical procedures and services. **Providers and facilities must be in network.** See the *Provider Information* publication for more information about covered and excluded services. See the *Provider Directory* for network providers.

Authorization Request Instructions

Complete this form for specialty services authorization requests and fax it to Utilization Management at **(888) 748-1290**. Routine authorization requests are rendered within two (2) days. Please call (800) 474-1434, option 2 for authorization status. *Please use the Medical Specialty Authorization Request form for medical specialty referrals and the Home Health and Hospice Authorization Request form for home health and hospice referrals.*

Date of Request _____

Patient Information

_____ _____ Gender: ☐ Male   ☐ Female
Patient Name   Birth Date   ☐ Transman   ☐ Transwoman

_____ _____
Phone Number   Patient Address

I, the above named patient, consent to the release of personal and medical information, including my HIV/AIDS status, to AIDS Healthcare Foundation, 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 funder reporting requirements.

_____ _____
Patient Signature   Date

Referring Primary Care Provider Information

_____ _____
Provider Name   Clinic Name

_____ _____
Address   Provider NPI

_____ _____ _____
Contact   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 and Title of Clinic Staff Completing Form

Indication for Referral

Reason for Referral _____

_____

_____

Requested CDT Code(s) and Tooth Number(s) where Indicated _____

_____

_____

Urgency for requested service(s)? ☐ Today   ☐ Within 1 Week   ☐ Within 2 Weeks   ☐ Within 3-12 Weeks   ☐ Later

Requested (Refer to) Provider Information

_____ _____ _____
Requested Provider/Facility Name   Phone   Fax

Authorization *(to be completed by Utilization Management)*

☐ Approved   ☐ Denied *Reason for Denial* _____

San Diego Ryan White Home Health & Hospice Authorization Request

AHF

Prior authorizations are required for home health and hospice services orders. **Providers must be in network.** See the *Provider Information* publication for more information about covered and excluded services. See the *Provider Directory* for network providers.

Authorization Request Instructions

Complete this form for home health and hospice authorization requests and fax it to Utilization Management at **(888) 748-1290**. Routine authorization requests are rendered within two (2) days. Please call (800) 474-1434, option 2 for authorization status. *Please use the Medical Specialty Services Authorization Request form for specialty medical referrals, and the Dental Specialty Services Authorization Request form for dental specialty referrals.*

Date of Request _____

Patient Information

Gender: ☐ Male ☐ Female ☐ Transman ☐ Transwoman

_____   _____
Patient Name   Birth Date

_____   _____
Phone Number   Patient Address

I, the above named patient, consent to the release of personal and medical information, including my HIV/AIDS status, to AIDS Healthcare Foundation, 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 funder reporting requirements.

_____   _____
Patient Signature   Date

Referring Primary Care Provider Information

_____   _____
Provider Name   Clinic Name

_____   _____
Address   Provider NPI

_____   _____   _____
Contact   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 and Title of Clinic Staff Completing Form

Indication for Referral

Reason for Referral _____

Diagnosis(es)/ICD-10 Code(s) _____

Number of Visits or Hours Requested by Type of Service _____

_____

List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data _____

_____

Is this request HIV-related? ☐ Definitely ☐ Possibly ☐ Not Related

Explain how the patient's indication is related to HIV? _____

_____

Urgency for requested service(s)? ☐ Today ☐ Within 1 Week ☐ Within 2 Weeks ☐ Within 3-12 Weeks ☐ Later

Requested (Refer to) Provider Information

_____   _____   _____
Requested Provider/Facility Name   Phone   Fax

Authorization *(to be completed by Utilization Management)*

☐ Approved   ☐ Denied *Reason for Denial* _____