

**Los Angeles County CHAIN –
Medical Subspecialty Services Referral Program**

Provider Information

Effective August 19, 2016

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Program Description

The Los Angeles County CHAIN – Medical Subspecialty Services Referral Program (CHAIN Program) serves uninsured and under-insured, indigent residents of Los Angeles County who have an HIV diagnosis and no other source of health care coverage.

The program provides care to approximately 1,000 CHAIN-eligible patients in Los Angeles County and covers certain outpatient subspecialty consultations and outpatient surgeries and procedures for patients with HIV/AIDS-related health conditions. Almost 500 Ryan White Part A specialists provide outpatient subspecialty consultations, surgeries and procedures through the CHAIN Program. Inpatient acute care is not covered by the program.

The CHAIN Program accepts eligible patient referrals from Los Angeles County-funded medical outpatient clinics (MOPs), which are comprised of Los Angeles County Division of HIV and STD Programs (DHSP) and Los Angeles County Department of Public Health (LAC-DPH) MOPs. Patients who receive specialty care through the CHAIN Program are referred back to their MOP of origin for ongoing primary care by their CHAIN Program specialists.

AIDS Healthcare Foundation (AHF) is contracted with DHSP to provide CHAIN Program administration consisting of utilization management; medical oversight; provider recruitment; contracting and credentialing; and claims processing.

Covered Services

The CHAIN Program covers the following medically indicated and appropriate services and procedures through contracted Ryan White Part A specialists throughout Los Angeles County (see CHAIN – Medical Subspecialty Services Referral Program Provider Directory for contracted specialists). The services listed in the following table are covered through the CHAIN Program if a CHAIN-eligible patient's condition is related to HIV/AIDS. Patients who have conditions not related to HIV/AIDS should be referred to appropriate Los Angeles County MOPs.

Service Category	Criteria
Anesthesia	Requires authorization. Anesthesia covered with CHAIN-covered outpatient procedure.
Laboratory Testing	Requires authorization. Covered labs related to specialty work-up that was not performed by the PCP. 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: <ul style="list-style-type: none"> • Cardiology • Dermatology • Endocrinology • Gastroenterology • General Surgery • Gynecology • Hepatology • Nephrology • Neurology • Ophthalmology • 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: <ul style="list-style-type: none"> • Ultrasound • Echocardiography • CT Scans • MRI • DEXA Bone Scan

Excluded Services

The CHAIN Program does not cover the following services and procedures:

- Acupuncture
- Chemotherapy
- Chiropractic
- Dental
- Emergency Care
- Holistic Health
- Home Health Care
- Hospice
- Inpatient Services
- Medical Supplies
- Mental/Behavioral Health Services
- Obstetrics
- Oncology (*Some exemptions apply, see "Referral Overlay Criteria" section on the next page*)
- Pediatrics
- Prescription Drugs
- Primary and Routine Care
- Rehabilitation Services

- Sleep Medicine
- Substance Abuse or Addiction Treatment
- Transportation
- Vision Care

Prior Authorization Process

To refer a CHAIN Program-eligible patient to network specialists, MOP primary care providers (PCPs) must complete a CHAIN – Medical Subspecialty Services Referral and Authorization Request form and submit it to the CHAIN Program **along with a screen capture from CaseWatch® to demonstrate patient eligibility and supporting physician progress notes and/or ancillary data.**

The CHAIN – Medical Subspecialty Services Referral and Authorization Request form includes instructions where and how to submit it. The form is available at www.chainprogramla.org/documents. Routine authorization requests are rendered within five (5) days; urgent requests in 72 hours. Questions regarding the authorization request process should be directed to the CHAIN Program at (866) 644-5025, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Referral Overlay Criteria

This overlay criteria for specialty referrals is intended to serve as a basic guide and does not include all possible cases for appropriate HIV- and AIDS-related referrals. In situations that are not specifically addressed by this overlay, the program's Medical Director will make a determination for the appropriateness of the referral based on DHSP contractual agreements, scope of covered services, medical records, peer reviewed medical journals or nationally recognized references in HIV medicine.

Specialty Service	Referral Criteria	Specialty Service Covered Testing and Procedures
1. Colorectal/ Proctology	Anal cancer, anal fissures, anal warts, peri-rectal abscesses	Flexible sigmoidoscopy, anal fistula repair, I&D, wart removal, biopsy
2. Cardiology	HIV-related cardiac conditions (dilated cardiomyopathy, endocarditis, pericarditis, valvular disease), chest pain suspicious for underlying coronary artery disease	EKG, echocardiogram and stress testing

Specialty Service	Referral Criteria	Specialty Service Covered Testing and Procedures
3. Dermatology	Dysmorphic lipodystrophy, HIV-associated chronic skin lesions refractory to therapy, Kaposi Sarcoma (KS), molluscum, seborrheic dermatitis	Minor procedures, excision, biopsy, intralesional chemotherapy, circumscribed radiation therapy for isolated KS if failed Penretin
4. Urology	Recurrent urinary tract infections, voiding dysfunction, hematuria	Cystoscopy, renal ultrasound; prostate biopsy not covered
5. Gastro-Intestinal	Chronic diarrhea, dysphagia and/or odynophagia, esophagitis associated with AIDS opportunistic infections, anorectal disease, GI lymphoma, GI Kaposi Sarcoma, hepatitis B, hepatitis C, refractory GERD	EGD, colonoscopy, swallow study, esophageal manometry, ERCP, biopsy
6. Surgery	Hernia, abscess, wounds	Hernia repair, I&D, excisional biopsy, wound care, line placement <i>Note: Must be performed on an outpatient basis.</i>
7. ENT	Head and neck tumors and malignancies, chronic sinusitis, chronic otitis media, chronic pharyngitis, hearing loss related to an HIV-associated condition	Ultrasound guided biopsy, nasopharyngeal endoscope, audiology testing only provided at an ENT office
8. Neurology	AIDS dementia complex, carpal tunnel syndrome, HIV-associated neurocognitive disorders, neurosyphilis, vacuolar myelopathy, PML, neurologic manifestations of AIDS opportunistic infections (cryptococcus, toxoplasmosis, CMV), PML	Nerve conduction study, lumbar puncture, MRI brain/spine

Specialty Service	Referral Criteria	Specialty Service Covered Testing and Procedures
9. Gynecology	HPV-related cytopathologic abnormalities including cervical cancer, pelvic inflammatory disease, recurrent vaginal yeast infections	Colposcopy, pelvic ultrasound
10. Oncology	History of Kaposi Sarcoma, non-Hodgkins lymphoma, HPV-related cancers (cervical and anal)	Chemotherapy related injections used to treat covered oncology cases not covered by ADAP, biopsy, bone marrow biopsy
11. Pain Management	HIV neuropathy, post herpetic neuralgia, chronic refractory pain related to HIV/AIDS	Nerve conduction study, epidural injections
12. Nephrology	HIV-associated nephropathy, renal failure resulting from HIV-related conditions	Renal ultrasound, renal biopsy <i>Note: Dialysis not covered.</i>
13. Endocrine	Adrenal insufficiency, hypogonadism, diabetes, osteoporosis, thyroid disease	Ultrasound-guided biopsy, bone mineral density scan
14. Orthopedic Surgery	Avascular necrosis, work up for septic joint, outpatient management of HIV-related pathologic fractures	CT, MRI <i>Note: Joint replacement not covered.</i>
15. Podiatry	Diabetic-related foot care and infections	Minor procedures
16. Rheumatology	Septic arthritis, myositis, fibromyalgia, reactive arthritis, vasculitis	Joint aspiration, intra-articular injections
17. Pulmonary	Pulmonary opportunistic infections and related complications	Thoracentesis, CT, CXR, pulmonary function test
18. Ophthalmology	CMV retinitis, HIV retinopathy, varicella-related infections	Intraocular anti-viral injections or implants, vitrectomy, endolaser photocoagulation, debridement

Specialty Service	Referral Criteria	Specialty Service Covered Testing and Procedures
Additional Covered Outpatient Procedures & Testing when appropriate	CT, MRI, X-rays, muscle biopsy, ultrasound, fine needle aspiration, blood tests	

Specialist Network

AHF has contracted with specialists throughout Los Angeles County to provide CHAIN Program-covered services. Refer to the CHAIN – Medical Subspecialty Services Referral Program *Provider Directory* to locate and select an appropriate specialist. The most current directory is available at www.chainprogramla.org/provider_pubs. Specialist referrals and services require prior authorization. Questions regarding the CHAIN Program provider network should be directed to AHF’s Provider Relations Department at (888) 726-5411, Monday through Friday, 8:30 a.m. to 5:30 p.m.

Patient Eligibility

Patients may apply for CHAIN Program benefits through their MOP. Patient eligibility for CHAIN services is determined by Los Angeles County Department of Public Health. If a patient is determined to be eligible for CHAIN Program services, the Department of Public Health will create a medical record for the patient in its CaseWatch[®] system.

MOPs are required to verify patient eligibility each time a patient is referred for CHAIN Program-covered services and include an eligibility screen capture from CaseWatch[®] with the CHAIN – Medical Subspecialty Services Referral and Authorization Request form.

Patient Complaints

Patients receiving CHAIN Program services may file a complaint anytime about the quality of care and service they receive from CHAIN Program network providers by contacting AHF Patient Relations at (800) 263-0067, option 3, Monday through Friday, 8:00 a.m. to 8:00 p.m.

Claims

Claims for specialty services provided to CHAIN Program-eligible patients by network providers must be sent to the following address:

Attn: CHAIN Program Claims
AIDS Healthcare Foundation
P.O. Box 7490
La Verne, CA 91750

Contracted specialty providers are required to submit claims within 90 calendar days from the date services were rendered, or according to the time frame specified in the provider contract. 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
- Patient Date of Birth
- Patient Insurance Name
- Patient ID Number
- Place of Service/
Physician Name
- NPI Number
- Provider License Number
- Tax ID Number
- Date of Service
- Billed Charges
- 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 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 from March 1 through December 31. Written disputes must be submitted by March 15 for services rendered from January 1 through February 28 (or 29). 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.

Provider Relations Contacts

The Provider Relations Department is the liaison between CHAIN Program network providers and AHF. It resolves provider issues and provides education of CHAIN Program policies and procedures. For inquiries, please call the Provider Relations Department at (888) 726-5411.

60-Day Notification Requirement

AHF requires a 60-day notification for contracted CHAIN 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 CHAIN Program in writing to the address below or via fax to (888) 235-7695, Attn: Provider Relations.

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

Appendix

CHAIN – Medical Subspecialty Services Referral and Authorization Request Form

CHAIN – Medical Subspecialty Services Referral and Authorization Request

Instructions

Prior authorizations are required for referrals to specialists participating in the CHAIN Program and all covered procedures and medical services. **Providers and facilities must be in network. Referrals and procedures must be related to HIV- or AIDS-related conditions.** See the CHAIN – Medical Subspecialty Services Referral Program *Provider Information* publication for more information about covered and excluded services. See the *Provider Directory* for network providers.

Authorization Request Instructions

Complete this form and fax it **along with CaseWatch® screen shots to demonstrate patient eligibility and supporting physician progress notes and/or ancillary data** to Utilization Management at (888) 238-2337. Routine authorization requests are rendered within five (5) days; urgent requests are rendered within 72 hours. Please call (866) 644-5025 for authorization status. Claim(s) will be paid if a prior authorization has been granted.

Excluded Services

- | | | | |
|-------------------|----------------------------|---|---|
| • Acupuncture | • Home Health Services | • Oncology (<i>Some exemptions apply, see "Provider Information" publication for details</i>) | • Rehabilitation Services |
| • Chemotherapy | • Hospice | • Pediatrics | • Sleep Medicine |
| • Chiropractic | • Inpatient Services | • Prescription Drugs | • Substance Abuse or Addition Treatment |
| • Dental Care | • Medical Supplies | • Primary and Routine Care | • Transportation |
| • Emergency Care | • Mental/Behavioral Health | | • Vision Care |
| • Holistic Health | • Obstetrics | | |

Date of Request _____

Check if Urgent

Patient Information

 Patient Name CaseWatch Patient ID Number Birth Date

 Phone Number Patient Address

 Primary Care Provider Name Contact Phone Fax

Referring Provider Information

 Provider Name Clinic Name

 Contact Phone Fax

Indication for Referral

Reason for Referral _____
 Diagnosis(es)/Code _____
 CPT Code _____
 List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data _____

 Requested Consultation or Service _____

Requested (Refer to) Provider Information

 Requested Provider/Facility Name Phone Fax

Authorization (to be completed by Utilization Management)

Approved Deferred
 Reason for Deferment _____

Fax authorization requests to Utilization Management at (888) 238-2337. Routine authorization requests are rendered within five (5) days; urgent requests in 72 hours. Please call (866) 644-5025 for authorization status.

