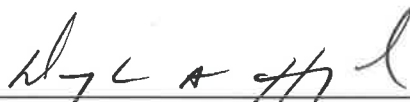




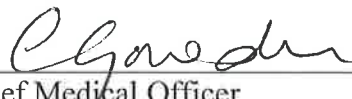
KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Excluded Services			POLICY #: 3.01-P		
DEPARTMENT: Utilization Management					
Effective Date: 01/31/1996	Review/Revised Date: 12/16/2016	DMHC	X	PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	




 Douglas A. Hayward
 Chief Executive Officer

Date 12/16/16



 Chief Medical Officer

Date 12/20/16



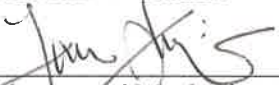
 Chief Operating Officer

Date 12-20-16




 Director of Claims

Date 12/8/16



 Director of Marketing and Member Services

Date 12/15/16



 Administrative Director of Health Services

Date 12/8/16

POLICY:

Kern Health Systems (KHS) covers benefits in accordance with the following legislative, regulatory, and contractual requirements²:

- ❖ The Knox-Keene Act
- ❖ CCR Title 10 §2699.6700 through 2699.6703
- ❖ CCR Title 22 §§ 51301 through 51365
- ❖ CCR Title 22 §§ 59998 through 59999
- ❖ KHS Medi-Cal Product contract with the Department of Health Services (DHS)

All other services and benefits are excluded unless specifically included as a result of the decision of the KHS Board of Directors.

PROCEDURE:

The following table identifies excluded benefits and limitations. In addition to those limitations included in the table, services are subject to utilization controls and prior authorization requirements.

Benefit/Services	Exclusions or Limitations
Audiological Services	❖ Medi-Cal Product ⁴ : Services are limited to 2 visits per calendar month.
California Children’s Services (CCS)	❖ Medi-Cal Product ⁵ : Services that are eligible for coverage under the CCS program are carved out of KHS’ contract with DHS and are therefore excluded. KHS works to ensure CCS services are provided as described in <i>KHS Policy and Procedure #3.16-P: California Children’s Services</i> .
Childhood Lead Poisoning Case Management	❖ Medi-Cal Product ⁶ : Childhood lead poisoning case management is carved out of KHS’ contract with DHS and is therefore excluded. Members are referred to the Kern County Department of Public Health Lead Poisoning Prevention Program for case management.
Chiropractic Services	❖ Medi-Cal Product ⁷ : Chiropractic services are reimbursable only to FQHCs and RHCs providing chiropractic services through KHS.
Common Household Items ⁸	❖ Medi-Cal Product: Common household items and articles of clothing are excluded.
Covered by Other Insurance ⁹	❖ Medi-Cal Product: Services, which are eligible for reimbursement by insurance or covered under any other insurance or health care service plan when member has a source of insurance are excluded. KHS shall provide the services at the time of need, and the member shall cooperate to assure that KHS is reimbursed for such benefits.
Covered by Workers’ Compensation	❖ Medi-Cal Product: Treatment for any bodily injury or sickness arising from or sustained in the course of any occupation or employment for compensation, profit, or gain for which benefits are provided or payable under any Worker’s Compensation benefit plan are excluded.
Dental Services	❖ Medi-Cal Product ¹⁰ : Dental services are carved out of KHS’ contract with DHS and are therefore excluded. KHS is responsible to provide limited services related to dental conditions as described in <i>KHS Policy and Procedure #3.06-P: Dental Services</i> .

Benefit/Services	Exclusions or Limitations
Developmental Disabilities	Medi-Cal Product ¹¹ : Medicaid Home services are carved out of KHS' contract with DHS and are therefore excluded. KHS works with members to encourage treatment as described in <i>KHS Policy and Procedure #3.03-P: Kern Regional Center Services (Developmental Disabilities and Early Intervention)</i> .
Durable Medical Equipment	❖ Medi-Cal Product ¹² : The following items are excluded: <ul style="list-style-type: none"> ➤ Modification of automobiles or other highway motor vehicles ➤ Books or other items primarily educational in nature ➤ Air conditioners, air filters, or heaters ➤ Food blenders ➤ Reading lamps, or other lighting devices ➤ Bicycles, tricycles, or exercise equipment ➤ Television sets ➤ Orthopedic mattresses, recliners, rockers, seat lift chairs, or other furniture items ➤ Waterbeds ➤ Stairway chairlifts, or other devices which are temporarily or permanently affixed to, or installed in, any part of a home, for the purpose of transporting persons between floors.
Emergency Services for Non-Emergency Conditions ¹³	❖ Medi-Cal Product: Emergency services for non-emergency conditions are excluded.
Experimental, Investigational, Outmoded, or Non-Efficacious Services ¹⁴	❖ Medi-Cal Product: Those medical, surgical (including implants), or other health care procedures, services products, drugs or devices which are either experimental or investigational, not recognized in accordance with generally accepted medical standards as being safe and effective for use in the treatment in question, or outmoded or not efficacious are excluded. <p>In exception to the above, the following experimental and/or investigational treatments are covered:</p> <ul style="list-style-type: none"> ➤ Those that Independent Medical Review determine must be covered as described in <i>KHS Policy and Procedure #14.51-P – Independent Medical Review</i> ➤ Cancer clinical trials as described in <i>KHS Policy and Procedure #3.53 – Cancer Treatment Services</i> ➤ Investigational services that meet the requirements of CCR Title 22 §51303 (h)

Benefit/Services	Exclusions or Limitations
Hearing Aids	❖ Medi-Cal Product ¹⁵ : Replacement hearing aids are covered only if the prior hearing aid has been lost, stolen, or irreparably damaged due to circumstances beyond the member's control. With the exception of those batteries covered under the EPSDT Supplemental Services program, replacement hearing aid batteries are not covered.
Hospice Care	❖ Medi-Cal Product: An individual who voluntarily elects hospice care waives the right to payment for all non-hospice services related to the terminal condition. ¹⁶ The election may be revoked at any time.
Infertility Treatment ¹⁷	❖ Medi-Cal Product: Diagnosis of infertility is not covered unless provided in conjunction with covered gynecological services. Treatments of medical conditions of the reproductive systems are not excluded.
Inpatient Hospital Services	❖ Medi-Cal Product: Personal or comfort items or a private room in a hospital are excluded unless medically necessary.
Local Education Agency (LEA) Services	❖ Medi-Cal Product ¹⁸ : Local Education Agency (LEA) assessment services provided to any student and any (LEA) services provided pursuant to an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) are excluded.
Long Term Care and Skilled Nursing Care	❖ Medi-Cal Product ¹⁹ : KHS is responsible to provide limited long term care as described in <i>KHS Policy and Procedure #3.42-P: Nursing Facility Services and Long Term Care</i> .
Medications	<p>Non-formulary medications are covered under limited circumstances as described in <i>KHS Policy and Procedure #13.01-P: Drug Utilization and Non-Formulary Treatment Requests</i>.</p> <p>❖ Medi-Cal Product: Certain drugs for the treatment of HIV/AIDS, alcohol and substance abuse, and mental health conditions are carved out of KHS' contract with DHS and are therefore excluded. These drugs may be reimbursable by the Medi-Cal Program at the fee for service (FFS) rate. See <i>KHS Policy and Procedure #3.14-P: Mental Health Services</i> for a list of excluded psychotherapeutic drugs. See Attachment A for a list of excluded drugs for the treatment of HIV/AIDS. See Attachment B for a list of excluded drugs for the treatment of alcohol and substance abuse.²⁰</p>

Benefit/Services	Exclusions or Limitations
Not Medically Necessary ²¹	<ul style="list-style-type: none"> ❖ Medi-Cal Product: Services, supplies, items, procedures, or equipment, which are not medically necessary as determined by KHS are excluded. Services deemed to be not medically necessary include but are not limited to the following: <ul style="list-style-type: none"> ➤ Drugs or medications for cosmetic purposes²² ➤ Examinations at frequencies unrelated to medical needs including: the member's desire for medical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses or insurance.²³ ➤ Eyeglasses used primarily for protective, cosmetic, occupational or vocational purposes or eyeglasses prescribed for other than the correction of refractive errors or binocularity anomalies²⁴ ➤ Hysterectomy performed solely for the purpose of rendering a woman permanently sterile or when there is more than one purpose for the procedure and the hysterectomy would not be performed except for the purpose of rendering the woman permanently sterile²⁵
Not Ordered by Primary Care Practitioner (PCP)	<ul style="list-style-type: none"> ❖ Medi-Cal Product: Most services not ordered by the member's PCP are excluded. Exceptions include: <ul style="list-style-type: none"> ➤ Emergency services ➤ Family planning ➤ Indian Health Center services ➤ Pregnancy services ➤ STD/HIV/AIDS services
Not Primarily Medical in Purpose ²⁶	<ul style="list-style-type: none"> ❖ Medi-Cal Product: Services and supplies not primarily medical in purpose are excluded. These include but are not limited to²⁷: <ul style="list-style-type: none"> ➤ Articles of clothing ➤ Toothbrushes, toothpaste, and denture cleaners ➤ Shaving soap and lotions ➤ Cigarettes, cigars, pipes, and tobacco ➤ Cosmetics ➤ Hair combs and brushes ➤ Tissue wipes ➤ Cotton, adhesive tapes, and elastic bandages
Occupational Therapy	<ul style="list-style-type: none"> ❖ Medi-Cal Product²⁸: KFHC does not limit services for occupational therapy. Frequency of services are based on medical necessity.
Orthoptics	<ul style="list-style-type: none"> ❖ Medi-Cal Product²⁹: Orthoptics are excluded.
Orthotics and Prosthetics	<ul style="list-style-type: none"> ❖ Medi-Cal Product: Orthotics and Prosthetics are not excluded.

Benefit/Services	Exclusions or Limitations
Physical Therapy	❖ Medi-Cal Product ³⁰ : Physical therapy services only include physical therapy evaluation, treatment planning, treatment instruction, consulting services and application of topical medications. Services do not include the use of Roentgen rays or radioactive materials or the use of electricity for surgical purposes including cauterization. Services are limited to treatment immediately necessary to prevent or reduce anticipated hospitalization or to continue a necessary plan of treatment after discharge from the hospital.
Pleoptics	❖ Medi-Cal Product ³¹ : Pleoptics are excluded.
Podiatry Services	Medi-Cal Product ³² : Routine nail trimming is not covered. KHS may review for medical necessity on a case-by-case basis.
Prior to Effective Date	❖ Medi-Cal Product: Any services which are received prior to the subscriber's effective date of coverage are excluded.
Reconstructive Surgery ³³	❖ Medi-Cal Product: Cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve appearance are excluded. Reconstructive surgery to restore and achieve symmetry incident to a mastectomy is not excluded.
Speech Pathology	❖ Medi-Cal Product ³⁴ : KFHC does not limit services for speech pathology. Frequency of services are based on medical necessity.
Spiritual Healing and Prayer	❖ Medi-Cal Product ³⁵ : Healing by prayer or spiritual means are carved out of KHS' contract with DHS and are therefore excluded. Services may be reimbursable directly from the Medi-Cal Program.
Substance Abuse Treatment	❖ Medi-Cal Product ³⁶ : Substance abuse treatment is carved out of KHS' contract with DHS and is therefore excluded. KHS works with members to encourage treatment as described in <i>KHS Policy and Procedure #3.10-P: Alcohol and Substance Abuse Treatment Services</i> .
Transplants	❖ Medi-Cal Product ³⁷ : KHS is responsible to provide limited transplant services as described in <i>KHS Policy and Procedure #3.02-P: Major Organ Transplant</i> .
Transportation	❖ Medi-Cal Product: Transportation is covered in accordance with medical necessity determinations.

Benefit/Services	Exclusions or Limitations
Tuberculosis Treatment	❖ Medi-Cal Product ³⁸ : Direct Observed Therapy (DOT) for treatment of tuberculosis is carved out of KHS' contract with DHS and is therefore excluded. KHS works with members to encourage treatment as described in <i>KHS Policy and Procedure #3.46 – Tuberculosis Treatment</i> .
Vision Services	❖ Medi-Cal Product: KHS is responsible to provide vision services as described in <i>KHS Policy and Procedure #3.07-P: Vision Care</i> .
Vision Supplies	<p>❖ Medi-Cal Product ³⁹: Replacement eye appliances are covered only if the prior appliance has been lost, stolen, or significantly damaged due to circumstances beyond the member's control. The following supplies are not covered:</p> <ul style="list-style-type: none"> ➤ Double segment bifocal or no-line multifocal lenses ➤ Multifocal contact lenses <p>Eye appliances to supplement an existing eye appliance, regardless of the source of the existing appliance are limited to the following:</p> <ul style="list-style-type: none"> ➤ Two pairs of single vision glasses, one for distance vision and one for near vision, in lieu of multifocal eyeglasses when there are indications that multifocal lenses cannot be worn satisfactorily ➤ Low vision aids, including single vision eyeglasses prescribed as a low vision aid ➤ Ptosis crutches, occluders, bandage contact lenses, prosthetic eyes, and prosthetic scleral shells ➤ Overcorrection single vision or bifocal eyeglasses for concurrent use with contact lenses. Prescription eyeglasses for alternative use by a person who has and is able to wear contact lenses are not covered. Contact lenses shall not subsequently be covered after a member has been provided prescription eyeglasses because the patient could not wear contact lenses.

ATTACHMENTS:

- **Attachment A:** *Excluded Drugs for the Treatment of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)*
- **Attachment B:** *Excluded Drugs for Alcohol and Heroin (Opioid) Dependence Treatment*

REFERENCE:

Revision 2016-12: Reference to acupuncture was removed. Acupuncture is a covered benefit. **Revision 2016-09:** Revision to Chiropractic Services regarding reimbursement. Corrected reference to policy on page four. No requested revision by DMHC during audit review. **Revision 2014-11:** Policy submitted as part of DMHC Material Modification. Policy approval pending as of 08/2014. Policy revised to comply with Mental Health Carve-In (12-2013). Healthy

Families language removed due to transition to Medi-Cal. **Revision 2006-10:** Routine revision. Revised per DHS Workplan Comments 7c (4/26/06). **Revision 2003-06:** Revised per DHS comment 03-04-03. **Revision 2002-11:** Routine Revision. **Formerly:** #3.05 – Excluded Services. Number changed due to P&P manual revision.

²DHS Contract §6.7.1.1

⁴ CCR Title 22 §51309 and §51304

⁵ DHS Contract §6.7.3.2

⁶ DHS Contract §6.7.3.1; Per Anne Watkins members are not referred to the Childhood Lead Poisoning Branch of DHS

⁷ DHS Contract §6.7.3.1

⁸ CCR Title 22 §51303 (I) and §51320 (b) and §59998 (a)(7)(A)

¹⁰ DHS Contract §6.7.3.5

¹¹ DHS Contract §6.7.3.8

¹² CCR Title 22 §51321 (e)

¹³ CCR Title 10 §2699.6703 (a)(6)

¹⁴ CCR Title 22 §51303 (g) and (h); CCR Title 10 §2699.6700 (a)(4) and §2699.6703 (a)(5)

¹⁵ CCR Title 22 §51319 (g) and (I); Title 22 §51340.1(c)(2) requires coverage for certain replacement batteries under the EPSDT Supplemental Services program.

¹⁶ CCR Title 22 §51349 (f)

¹⁷ CCR Title 10 §2699.6703 (a)(8)

¹⁸ DHS Contract §6.7.3.1

¹⁹ DHS Contract §6.7.2.3

²⁰ DHS Contract 03-76165 A03, Exhibit A, Attachment 11-A.

²¹ CCR Title 10 §2699.6703 (a)(3)

²² CCR Title 10 §2699.6700 (a)(4)

²³ CCR Title 10 §2699.6700 (a)(2)(D)

²⁴ CCR Title 22 §51317 (a)(4)

²⁵ CCR Title 22 §51305.6 (a)

²⁶ CCR Title 22 §51303 (I)

²⁷ CCR Title 22 §59998 (a)(7)

²⁸ CCR Title 22 §51304 and §51309; Per Anne Watkins services are not limited to two services a month

²⁹ CCR Title 22 §51305 (h) and §51306 (b)

³⁰ CCR Title 22 §51309 (b) and (d)

³¹ CCR Title 22 §51305 (h) and §51306 (b)

³² CCR Title 22 §51310 and §51304; Per Anne Watkins services are not limited to two services a month

³³ CCR Title 22 §51305 (I) (I); CCR Title 10 §2699.6700 (a)(23) and §2699.6703 (a)(13)

³⁴ CCR Title 22 §51309 and §51304; Per Anne Watkins services are not limited to two services a month

³⁵ DHS Contract §6.7.3.1

³⁶ DHS Contract §6.7.3.4

³⁷ DHS Contract §6.7.2.1

³⁸ DHS Contract §6.7.3.7

³⁹ CCR Title 22 §51317

**EXCLUDED DRUGS FOR THE TREATMENT OF HUMAN
IMMUNODEFICIENCY VIRUS (HIV) AND ACQUIRED IMMUNODEFICIENCY
SYNDROME (AIDS)¹**

Generic Name

Abacavir Sulfate
Abacavir Sulfate/Lamivudine/Zidovudine
Abacavir/Lamivudine
Amprenavir
Atazanavir Sulfate
Emtricitabine
Enfuvirtide
Indinavir Sulfate
Efavirenz
Lamivudine
Saquinavir
Lopinavir/Ritonavir
Ritonavir
Delavirdine Mesylate
Saquinavir Mesylate
Tenofovir Disoproxil/Emtricitabine
Tenofovir Disoproxil Fumarate
Nelfinavir Mesylate
Nevirapine
Stavudine
Zidovudine/Lamivudine
Fosamprenavir Calcium

¹ 03-76165 A-01

**EXCLUDED DRUGS FOR ALCOHOL AND HEROIN (OPIOID)
DEPENDENCE TREATMENT²**

Generic Name

Buprenorphine HCL

Buprenorphine HCL and Naloxone HCL dihydrate

² 03-76165 A-03