

# POMONA VALLEY MEDICAL GROUP HEALTH CARE HERALD

~News from ProMed Health Care Administrators & Pomona Valley Medical Group, Inc.~  
Spring 2009

## President's Message

By Jeerreddi A. Prasad, M.D., President

Greetings. We are glad to be in health care at the times of global economic slowdown. PVMG continues to do well. Membership is not growing which is a reflection of the economy and the Managed Care Industry.

Mr. Rick Jacob has been recruited by the Company as V.P. of Marketing and Business Development. He will be actively meeting with you to pursue opportunities.

I thank all of you for your commitment to the organization. Have a good Spring.

Thank you.

## Chief Executive Officer's Bulletin

By Kit Thapar, M.D., CEO/CMO

I am pleased to report that ProMed had another profitable year and bonuses were sent out to the providers as our appreciation of your work and commitment.

Blue Cross and PVHMC have still not come to an agreement in their contract dispute. I hope they can reconcile their differences.

ProMed continues to do well. With the slowdown in the economy there has been a reduction in our HMO membership in the commercial LOB. This seems to be a general trend and not just with ProMed.

Let's hope the stimulus package proposed by the administration has intended consequences, on the other hand failure is not a bad option in the current environment as we may be eligible for TARP monies.

### INSIDE THIS ISSUE

1	President's Message
1	Chief Executive Officer's Bulletin
2	Business Development
2	Provider Services
2	Provider Updates
3	NCQA UM Standards
3	ProMed Offices Closed
3	ProMed News In Review -- Qtr. 1, 2009 Memos
4	2008 PVMG Medical Records Audit Results
5	After Hours Access Information
6	2008 Member Satisfaction Survey Results
7	2008 Provider Satisfaction Summary
12	Special Dates
12	Editorial Information

### THE INDESPENSABLE CHARACTERISTIC

WHATEVER YOU DO, you need courage. Whatever course you decide upon, there is always someone to tell you that you are wrong. There are always difficulties arising that tempt you to believe your critics are right. To map out a course of action and follow it to an end requires some of the same courage that a soldier needs. Peace has its victories, but it takes brave men and women to win them.

RALPH WALDO EMERSON (1803-1882)  
Philosopher and writer

# ProMed Welcomes New Vice President of Business Development

Rick Jacob, an established and reputable health care executive with over 20 years of experience has recently joined the administrative staff of ProMed.

Rick's primary responsibilities will be to interface with our network of physicians, hospitals, and contracted health plans. In his effort to expand our physician Network and service area, and increase our membership he will be contacting you in the near future. Please don't hesitate to address any questions, suggestions or concerns to him. He can be reached at (909) 758-4682.

Thank you.

## PROVIDER SERVICES

By: Dawn Tumser, Provider Relations Supervisor

### *PROVIDER SATISFACTION SURVEY*

I want to thank those who participated in ProMed's 1st qtr. (2009) Provider Satisfaction Survey. ProMed encourages you to participate in these quarterly surveys. ProMed will continue to listen to the concerns and recommendations of our providers and identify those areas that require further attention. Thank you again for your continued support.

### *PROVIDER UPDATES*

#### *New Providers*

James Ho, MD – Family Practice  
Robert Nieto, MD – Family Practice  
Tamuyen Nguyen, Dermatology

#### *Provider Address Changes*

Lester Holstein, MD  
1601 Monte Vista Ave., Ste. 100  
Claremont, CA 91711  
(909) 865-9977

Usha Mantha, MD  
1866 N. Orange Grove Ave., #201  
Pomona, CA 91767  
(909) 622-3065

Sapna Patel, MD  
Inland Center Medical Group  
750 N. Archibald Avenue #L  
Ontario, CA 91764  
(909) 989-7551

Rita Pradhan, MD  
1904 N. Orange Grove Avenue  
Pomona, CA 91767  
(909) 469-1823

Drs. Rifaat Salem, Mazin Abdullah,  
Sohila Zarandy  
381 Corporate Terrace  
Corona, CA 92879  
(951) 371-9200

Krishna Reddy, MD  
1910 Royalty Drive  
Pomona, CA 91767  
(909) 630-7205

Duane Styles, MD  
1601 Monte Vista Ave., #100  
Claremont, CA 91711  
(909) 865-9977

#### *Providers No Longer with PVMG*

Mario Diaz-Gomez, MD  
Leon Helmbrecht, MD  
Daksha Jain, MD  
David Lundin, MD  
Ynolde Smith, DO  
Irving Tessler, MD

CULTIVATE YOUR GARDEN. Do not depend upon teachers to educate you...follow your own bent, pursue your curiosity bravely, express yourself, make your own harmony.

WILL DURANT (1855-1981)  
Historian

I love criticism just so long as it's unqualified praise.

NOEL COWARD (1899-1973)  
Actor and playwright

*The golden opportunity you are seeking is not in yourself. It is not in your environment; it is not in luck or chance, or the help of others; it is in yourself alone.*

ORISON SWETT MARDEN (1848-1924)  
Editor, *Success* magazine

## NCQA UM Standards

By: Frankie Li, LVN, Director of UM/QM

All providers are reminded that medical necessity decision-making is based on appropriateness of care and service and not based on benefit design or coverage. The IPA does not compensate physicians or nurse reviewers for denials. The IPA does not offer incentives to encourage denial of coverage or service and notes that special concern and attention should be given to the risk of underutilization.

## ProMed Offices Closed

By Karen Harvey, Executive Assistant

ProMed health Care Administrator's offices including the corporate offices of Pomona Valley Medical Group and Upland Medical Group will be closed on the following dates:

- Monday, May 25, 2009 for the Memorial Day Holiday
- Friday, July 3, 2009 for the Independence Day Holiday

As always, an on-call Case Manager (nurse) is available. The on-call nurse can be reached by calling the regular office number (909) 932-1045 and following the prompts to speak with the on-call nurse. If you have any questions about ProMed's Holiday schedule please call Karen Harvey at (909) 932-1045, ext. 4402.

The criteria cited in a denial or modification is available upon request.

## PVMG News in Review – Qtr. 1, 2009 Memos

By Karen Harvey, Executive Assistant

The following are memos that were sent to providers regarding key issues in the past quarter. Please review to make certain you received the memos and their attachments. *(Begins page 8)*. This information is usually good to share with our staff and maintain for future reference.

If you have any questions about these memos or require copies of the forms, please contact either the writer of the memo or Karen Harvey, Executive Assistant at (909) 932-1045, ext. 4402. Thank you.

BEFORE TAKING OFFICE, then Governor-elect of Maine, Angus S. King, Jr., gave a speech to University of Maine graduates that instead of being filled with broad platitudes, was light, slightly offbeat, and reflected his different point of view. He substituted the traditional agenda-setting remarks with a commentary on commonsense, basic values, and good advice. He gave the graduates a list of 13 real-world practical tips they should take forward with them in life—13 ways, we would say, to avoid becoming a Pollyanna.

### GOVERNOR KING'S ADVICE TO THE UNIVERSITY OF MAINE GRADUATING CLASS

1. Take more chances with your future.
2. Don't limit yourself.
3. Don't be afraid to make mistakes. If you're not making mistakes, you're not trying hard enough.
4. Listen to yourself and don't take your cues from others.
5. Learn to write an outline. Figure out how to say things in a logical way and go forward.
6. Be honest even when it hurts.
7. Treat each joy and task as if it's the most important you've ever had.
8. Value each day and take advantage of what life gives you, and don't waste a lot of time worrying.
9. Don't look for happiness in places and things. Happiness is in your head.
10. Value friends and never let them down.
11. Believe in something.
12. Always round off the cents in your check book to the nearest dollar. It will save aggravation and addition and subtraction.
13. Always have \$10 tucked away. The day will come when you will need it.

JOHN W. HOLT, JR., JON STAMELL,  
and MELISSA FIELD  
*Celebrate Your Mistakes*  
Irwin Professional Publishing

# 2008 Office Medical Records Review Summary

By Frankie Li, LVN, Director of UM/QM

PCP over all compliance was 90.2%. Specialists 97.6%. Psych Health 95.72%

**Benchmark is 85% compliance**

The areas indicated below did not meet benchmark as a group.

Criterion	2008	PCP	SPC	Psych
<b>I. Chart</b>	<b>Maintenance</b>			
Employer Phone/or school contact		89.23%	98.75%	0%
Emergency Contact /Phone	Should be updated at least biannually	89.23%	98.75%	60%
Advance Directive	Information offered to pt over 18	76.6%	45%	
Pt's Primary Language	Documentation of patient's primary language	84.2%	100%	100%
Interpreter requested	Indication of interpreter requested	84.2%	100%	100%
<b>II. Medical Care</b>	<b>Documentation</b>			
	Drug allergies/NKA/adverse reactions prominently displayed	93.44%	96.25%	42.50%
	If Behavioral referral made, evidence of communication with provider	50%	N/A	N/A
	Evidence of communication between Behavioral health specialist and PCP	75%	N/A	N/A
<b>Health</b>	<b>Maintenance- Adult</b>			
<b>III. Adult</b>	<b>Immunization Records</b>			
	TD booster or documentation of refusal	23.35%	N/A	N/A
	Pneumovax (Lifetime age 65+ or auto immune disease)	44.7%	N/A	N/A
	Influenza vaccine (Annual for 65+ or younger if high risk)	57.02%	N/A	N/A
	Rubella for women of child bearing age if titer not present	55.75%	97.5%	N/A
<b>VI. Health</b>	<b>Maintenance- Child</b>			
	Medical history questionnaire includes smoking habits (> 14 yrs)	75.37%	N/A	100%
	Medical history questionnaire includes history of alcohol use (> 14 yrs)	76.70%	N/A	100%
	Medical history questionnaire includes history of substance abuse (> 14 yrs)	75.27%	N/A	100%
	Prenatal delivery history if applicable	50%	N/A	N/A
<b>Childhood</b>	<b>Immunization Records</b>			
	DTP/DTap - 4 doses; by age 2 yrs	81.26%	N/A	N/A
	OPV or IPV: 3 doses; by age 2 yrs	82.26%	N/A	N/A
	MMR 1 dose; age 12- 15 months and 4-12 yrs	82.99%	N/A	N/A
	HIB: 1 dose by age 2	80.15%	N/A	N/A
	Hepatitis B 2 doses by age 2	82.82%	N/A	N/A
	Varicella	79.34%	N/A	N/A

## PHYSICIAN OFFICE ACCESS GUIDELINES

### Definitions:

#### Emergency Medical Condition

Means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in

- (1) Serious jeopardy to the health of the individual, or, in the case of a pregnant women, the health of the woman or her unborn child or
- (2) Serious impairment of bodily functions or
- (3) Serious dysfunction of any bodily organ or part.

(H & S code, Section 1317 1(b), Title 42 of Code of Federal Regulations)

#### Urgently Needed Services

Health care services needed to diagnose and/ or treat medical conditions that are of sufficient severity that care is needed within the same day, but are not emergency medical conditions.

### GUIDELINES

1. PCP Physicians **must** provide access to appropriate triage personnel and emergency services 24-hours a day, seven days a week.

#### 2. *Medical triage during business Hours*

All PCP sites **must** have licensed staff available for telephone or on site triage for Members during normal business hours. It is expected that all licensed triage personnel use appropriate medical judgment in determining the disposition of the patient.

■ ***Members must be advised, as part of their instructions, that they should call 911 and seek emergency care if they think they are dealing with a serious acute medical emergency or go to the nearest ER or urgent care.***

#### 3. *After Hours PCP Access*

- ◆ All PCPs **must** have arrangements in place for telephone access 24 hours per day, 365 days per year.
- ◆ The number listed for the PCP in the members ID card should be the 24-hour access number for that PCP and/ or IPA triage system.
- ◆ Members must be able to reach their PCP, a covering physician or a licensed triage person
- ◆ Approved licensed triage personnel include registered nurses, nurse practitioners or physician assistants.

#### Answering services

- Answering service personnel cannot perform triage unless they are in one of the previously mentioned categories.
- Members must be able to access their PCP or the covering personnel within 30 minutes of their initial call.
- ***Members must be advised, as part of their instructions, that they should call 911 and seek emergency care if they think they are dealing with a serious acute medical emergency or go to the nearest ER or urgent care.***

# 2008 Member Satisfaction Survey: Cumulative Member Satisfaction Survey Results

ProMed Pomona Valley is mandated to perform an annual Member Satisfaction Survey. The survey tool mirrors the mandatory requirements from NCQA (National Committee of Quality Assurance). *Our members complete the survey.* The survey results are reviewed for the IPA as a whole, as well as individual physicians and peer group comparisons.

Scores were averaged per survey area.

## 2008 Individual Year Results

Class	# MD	Access	Rec/Ex Rm	Wait time	Cust Rel	Bus Office	Staff care	MD care	TTI Sat
FP	31	95.4%	95.4%	93.7%	97.3%	95.2%	96.1%	96.7%	95.7%
IM	16	95.7%	96.6%	97.0%	99.5%	98.4%	98.6%	98.9%	97.8%
PEDS	13	96.2%	95.2%	95.7%	99.9%	99.1%	99.6%	99.7%	97.9%
TTL PCP	60	95.8%	95.7%	95.5%	98.9%	97.6%	98.1%	98.4%	97.1%

8 PCPs of the 60 surveyed achieved scores in at least 1 category indicated above below benchmark of 85%.

Cumulative results- Years 2006 thru 2008 Results ( 3 years)

Class	# MD	Access	Rec/Ex Rm	Wait time	Cust Rel	Bus Office	Staff care	MD care	TTI Sat
FP	94	95.3%	96.3%	94.3%	97.9%	97.1%	97.0%	97.8%	96.5%
IM	54	95.8%	98.3%	97.6%	99.6%	98.0%	99.1%	99.5%	98.3%
PEDS	41	95.5%	95.1%	95.1%	98.6%	98.8%	98.9%	99.6%	97.4%
TTL PCPS	189	95.5%	96.6%	95.6%	98.7%	98.0%	98.3%	99.0%	97.4%

**Physicians with sub areas with scores below 85% will receive educational letter with results.**

Our total IPA met the benchmark scores and exceeded them in all areas. We appreciate the care and service you continue to offer our mutually assigned members.

PROVIDER SATISFACTION SURVEY														
POMONA VALLEY MEDICAL GROUP 2008														
Approval rate = agree + strongly agree													BENCHMARK GOAL- 85% IN EACH AREA	
		2005 YTD	2006 YTD	2007 YTD						2008 QTR 4		2008 YTD		
SURVEYS SENT		433	451	397						SURVEYS SENT		126	419	
RESPONSES		169	168	169						RESPONSES		41	149	
RESPONSE RATE		39.03%	37.25%	42.57%						RESPONSE RATE		32.54%	35.56%	
Questions:	APPROVAL RATE	APPROVAL RATE	APPROVAL RATE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Ttl replies	REPLY RATE	TTL APPR	APPROVAL RATE	APPROVAL RATE	
<b>CUSTOMER SERVICES</b>														
1	IPA staff returns your phone calls promptly	93.5%	95.2%	86.7%	0	3	10	13	15	41	32.5%	28	68.3%	77.9%
2	IPA staff answers your questions to your satisfaction	92.8%	95.8%	90.1%	0	3	3	19	16	41	32.5%	35	85.4%	85.3%
	IPA staff is courteous when you call	95.8%	98.8%	85.9%	1	0	1	22	17	41	32.5%	39	95.1%	89.1%
4	IPA staff is helpful when you call	95.8%	96.4%	89.1%	0	1	4	19	17	41	32.5%	36	87.8%	86.4%
<b>CUSTOMER SERVICES</b>		<b>94.5%</b>	<b>95.6%</b>	<b>88.0%</b>						<b>164</b>	<b>138</b>	<b>84.1%</b>	<b>84.7%</b>	
<b>CLAIMS</b>														
5	Your claims are processed in a timely fashion	82.9%	88.7%	87.1%	0	0	8	20	13	41	32.5%	33	80.5%	82.3%
6	Questions regarding claims are handled quickly	84.6%	86.9%	82.9%	0	3	10	16	12	41	32.5%	28	68.3%	77.8%
7	Questions regarding claims are handled appropriately	87.5%	84.4%	80.8%	1	1	8	19	12	41	32.5%	31	75.6%	80.3%
<b>CLAIMS</b>		<b>85.0%</b>	<b>86.7%</b>	<b>83.6%</b>						<b>123</b>	<b>92</b>	<b>74.8%</b>	<b>80.1%</b>	
<b>AUTHORIZATIONS</b>														
8	Referrals are returned to you in a timely fashion	87.7%	95.2%	85.9%	1	1	11	17	11	41	32.5%	28	68.3%	78.8%
9	IPA referral forms are user friendly	95.3%	95.9%	93.6%	0	0	3	20	18	41	32.5%	38	92.7%	94.1%
10	Questions regarding referrals are handled quickly	92.3%	95.3%	89.1%	0	1	9	18	13	41	32.5%	31	75.6%	82.1%
11	Questions regarding referrals are handled appropriately	85.8%	89.4%	82.2%	1	2	6	15	17	41	32.5%	32	78.0%	83.0%
<b>AUTHORIZATIONS</b>		<b>90.3%</b>	<b>94.0%</b>	<b>87.7%</b>						<b>164</b>	<b>129</b>	<b>78.7%</b>	<b>84.5%</b>	
<b>ANCILLARY PROVIDERS</b>														
12	Contracted ancillary providers render adequate services as listed below:													
12a	Lab	59.1%	55.1%	58.3%	0	1	20	10	10	41	32.5%	20	48.8%	62.6%
12b	Radiology	63.5%	76.5%	76.4%	0	0	15	14	12	41	32.5%	26	63.4%	70.4%
12c	Home Health	53.4%	64.6%	55.4%	0	0	18	14	9	41	32.5%	23	56.1%	61.6%
12d	DME	51.4%	64.5%	50.9%	0	1	18	12	10	41	32.5%	22	53.7%	60.0%
<b>Comments:</b>														

# Memorandum

Date: January 14, 2009  
To: ALL PMPV and UMG Local PCPS  
CC: Managers and Supervisors:  
From: Kit Thapar, MD, Chief Medical Officer  
Re: Documentation and Coding

PacificCare has contracted with a physician who is also a certified coder to provide a monthly newsletter on Documentation and Coding.

The purpose of this newsletter is to provide information that can be utilized to increase documentation and coding practices, which will facilitate a more accurate patient health status. Each month a new subject will be addressed.

*Please recall, CMS (Center for Medicare and Medicaid Services) reimbursement to IPAs is based on the morbidity of Medicare enrollees. Therefore, failure to code patient medical conditions appropriately will decrease payments to IPA physicians from CMS.*

It is ProMed's intention to share these newsletters monthly with our contracted IPA PCPS. Additionally, each month's topic will also be shared with our appropriate contracted specialists. I have also attached a copy of the Coding class held at the Corona Regional Medical Center, August 14, 2007 from 9-1.

## January 2009 Topic: 3 Common Errors: Documentation and Coding

If you have any questions or suggestions on specific coding or documentation issues you may:

- > Contact Bridget Harper at [bridharp@ca.rr.com](mailto:bridharp@ca.rr.com) OR
- > Contact Dr Kit Thapar.

We trust you will find this information useful to your practice.

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# MDQuickFax™

Helping doctors get useful information, quickly.

Zack Gerbarg, MD, CPC (certified professional coder), editor

## 3 Common Errors: Documentation and Coding

After reviewing over 250,000 Medicare Medical Records, we have identified 3 Common Errors that physicians make in Diagnosis Documentation and Coding.

1) Documenting and coding uncomplicated diabetes (250.00) when the patient actually has diabetic complications. With increased screening of diabetic patients for microalbuminuria, diabetic nephropathy is frequently discovered. However, physicians often forget to document diabetic nephropathy in a progress note and to submit the appropriate diagnosis codes. Other diabetic manifestations such as diabetic neuropathy and diabetic angiodysplasia are also often not documented and coded. Remember the correct coding for diabetic complications requires two ICD-9 codes. Do not use 250.00 if the patient has diabetic complications. Example:

Progress note: AODM with diabetic nephropathy  
Diagnosis codes: 250.40, 583.81

2) Documenting and coding active cancer when the correct documentation should be "history of... cancer". If a patient has active primary cancer, active metastases, or is on active treatment for a solid tumor, then the diagnosis is cancer: a patient who had a small breast cancer removed and has no metastases, but is on tamoxifen should have the documentation of "breast cancer". However, if the patient had the cancer removed, does not have metastases, and is not on active treatment, the documentation should be "history of breast cancer". The same rules apply to other solid tumors - lung, prostate, GI, etc. Example:

Progress note: S/P colon CA resection 2004 - no mets, no Rx; history of colon CA.  
Diagnosis code: V10.05

3) Documenting and coding stroke or CVA when the correct documentation and coding should identify the residual effects of the stroke or else document and code "history of stroke". The diagnosis of stroke or CVA should only be used in a hospital setting or if the patient is having the stroke during the visit being documented. If you see a patient after hospitalization for a stroke, you should document the residual effects of the stroke such as hemiplegia. Otherwise the diagnosis is "history of stroke". In either case, you should not use the ICD-9 diagnosis code for CVA or cerebrovascular disease (434.91 or 436). Examples:

Progress note: Hospitalized for recent stroke with left arm paralysis  
Diagnosis code: 438.30

Progress note: S/P CVA with no residual  
Diagnosis code: V12.54

### Basic principles of diagnosis coding:

Every patient should be seen at least once each year with all significant medical diagnoses reviewed and documented in the medical record which is dated and signed by a physician. A claim or encounter for each physician visit should be submitted that includes specific codes for all diagnoses that are documented in the medical record. The information and examples provided above are minimal documentation to support diagnosis coding as only one part of a complete progress note. Final decisions about diagnosis coding should be based on review of standard reference materials.

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**INGENIX**





**FACSIMILE TRANSMITTAL**

Date: February 10, 2009  
To: PVMG PCP's and Specialists, UM/QM Department, Customer Service, Claims,  
Contracts Manager, Provider Relations  
From: Kit Thapar, M.D., CEO/CMO Phone #: 909.932.1045, x4404  
RE: Direction of Anthem Blue Cross Patients Pages:1 (Incl. this cover sheet)

Due to the contract termination between Anthem Blue Cross and Pomona Valley Hospital Medical Center (PVHMC), the contracted in-network hospital for Blue Cross members with Pomona Valley Medical Group (PVMG) is San Antonio Community Hospital (SACH).

Since PVHMC is no longer a contracted in-network facility for Blue Cross members assigned to PVMG, we must be more cognizant of the health plan before directing a patient. Blue Cross has identified that patients with non-emergent symptoms, continue to be directed to PVHMC in error.

**Please remember:**

- You **MUST** identify any Blue Cross/PVMG members before directing care.
- Any **non-emergent** Blue Cross/PVMG members **MUST** be directed to SACH.
- Prior Authorization is **REQUIRED** for all **non-emergent** hospital care provided at PVHMC for Blue Cross/PVMG members.
- If a Blue Cross/PVMG patient is inadvertently directed to PVHMC for non-emergent care **WITHOUT** prior authorization, it may result in a cap deduct.

If you have any questions or concerns, please don't hesitate to contact me directly.

Thank you.

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4150 E. Concourse St., Suite 100, Ontario, CA 91764

**Memorandum**

Date: February 26, 2009  
To: ALL PVMG PCP's & OB/GYN's  
CC: Managers and Supervisors: Auth Department: Case Managers  
From: Kit Thapar, MD, Chief Medical Officer  
Re: Immunization Authorization and Claims Guidelines

Attached please find a tool that should assist you and your staff with Immunization Authorization Guidelines and Claims Billing Information for Pomona Valley Medical Group members. Recently, you received a Revised Immunization and Vaccine Reimbursement for Non Medi-Cal Enrollees effective 2/1/09, with rates for the immunizations.

The attached matrix indicates whether an authorization is required and who you need to bill for the immunizations administered in your office. In most cases, you will bill Pomona Valley Medical Group; however, due to legislation, some health plans remain financially responsible for some pediatric immunizations. Please refer to the matrix for direction.

Please note that effective 1/1/09 Health Net will no longer provide Gardasil through Curascript; therefore, you will need to obtain authorization from us and we will be financially responsible for payment.

We hope this will be helpful for you and your staff. If you have any questions or comments, please feel free to contact myself or Laura Jewell, Member Services Manager, at (909) 932-1045 ext. 4601.

Thank you.

*Please destroy all previous immunization matrixes distributed.*

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**IMMUNIZATION AUTHORIZATION AND CLAIMS GUIDELINES**

Updated 2/09

All immunizations are covered when recommended by the American Academy of Pediatrics and U.S. Public Health Service through its U.S. Preventative Services Task Force and/or under the Advisory Committee on Immunizations Practices (ACIP) of the Centers for Disease Control (CDC) guidelines. Below is a guide to assist you in acquiring prior authorization if necessary as well as billing the appropriate payer. Generally, the IPA is financially responsible for immunizations however, \*SB168 legislation requires the Health Plan assume financial risk of any new pediatric immunizations that are approved by CDC, until a new contract agreement is reached by the group and HMO. All adult immunizations do not fall under SB168.

HMO/LOB & Immunization	SPECIAL INSTRUCTIONS (All immunizations should follow CDC guidelines for administration)	AUTH REQ'D? Yes, No, See Spec Inst (SI)	Aetna	Anthem Blue Cross	Blue Shield	Cigna	Great West	Health Net	PacificCare	Healthy Families (BS & HMO)	Medicare (SH, IVSR, HNSR)	Medi-Cal (Care 1 <sup>st</sup> , CHP)
Hep A Adult (90632)	12+ Require Auth	Y	I	*I	*I	*I	H	I	I	*I	PART D	I
Hep A Ped (90633)		N	I	*I	*I	*I	H	I	I	*I	N/A	VFC
Flu (90645-90648 & 90655-90658)		N	I	*I	*I	*I	H	I	I	*I	I	Ped/VFC Adult/I
Gardasil (90649)	Recommended for 9-26 y/o (female)	Y	Peds/ H Adlts/I	*I	*I	*I	H	Peds/ *I Adlts/I	Peds/ H Adlts/I	*I	N/A	Ped/VFC Adult/I
Prevnar (90669)	13-20 y/o High Risk Only	SI	I	*I	*I	*I	H	I	I	*I	N/A	Ped/VFC Adult/I
Rotateq (90680)	Recommended for all infants	N	H	*I	*I	*I	H	*I	H	*I	N/A	VFC
Rotarix (90681)	6 wks - 14 wks only	N	H	*I	*I	*I	H	*I	H	*I	PART D	VFC
Kinrix (90696)	4 yrs - 6 yrs	N	I	*I	*I	*I	H	I	I	*I	PART D	VFC
Pentacel (90698)	6 wks - 4 yrs	N	I	*I	*I	*I	H	I	I	*I	PART D	VFC
D-Tap (90700 & 90721)	2 yrs - 6 yrs no Auth 19 yrs - 64 yrs Require Auth	SI	I	*I	*I	*I	H	I	I	*I	PART D	Ped/VFC Adult/I
ProQuad (90710)	12 mos - 12 y/o	N	I	*I	*I	*I	H	I	I	*I	N/A	VFC
DT, Mumps, Measles, Rubella (90702-90707)	12 mos - 18 yrs	N	I	*I	*I	*I	H	I	I	*I	PART D	VFC

HMO/LOB & Immunization	SPECIAL INSTRUCTIONS (All immunizations should follow CDC guidelines for administration)	AUTH REQ'D? Yes, No, See Spec Inst (SI)	Aetna	Anthem Blue Cross	Blue Shield	Cigna	Great West	Health Net	PacificCare	Healthy Families (BS & HMO)	Medicare (SH, IVSR, HNSR)	Medi-Cal (Care 1 <sup>st</sup> , CHP)
Polio/TD (90713-90714 & 90718)	Birth - 17 yrs	N	I	*I	*I	*I	H	I	I	*I	PART D	VFC
Boosterix/Adacel/Tdap (90715)	Peds: 11-12 y/o - 13-18 y/o if missed booster No Auth. Adults: 19-64 y/o if rec'd last booster >10 yrs Req'd Auth	SI	I	*I	*I	*I	H	Peds/ *I Adlts/I	Peds/ H Adlts/I	*I	PART D	Ped/VFC Adult/I
Varicela (90716)	Under 12 y/o & 13-20 y/o High Risk Only- No Auth	SI	Peds/ H Adlts/I	*I	*I	*I	H	I	Peds/ H Adlts/I	*I	N/A	Ped/VFC Adult/I
Pediarix (90723)	6 wks - 4 yrs	N	I	*I	*I	*I	H	I	I	*I	N/A	VFC
Pneumococcal (90732)	Under 12 yrs & 13-20 if at Risk	N	I	*I	*I	*I	H	I	I	*I	I	VFC
Menomune (90733)	11 yrs - 55 yrs only	Y	I	*I	*I	*I	H	I	I	*I	PART D	Ped/VFC Adult/I
Menaetra (90734)	Under 17 no Auth 17+ y/o Require Auth w/medical justification - college freshman living in dorm	SI	I	*I	*I	*I	H	*I	Peds/ H Adlts/I	*I	N/A	Ped/VFC Adult/I
Zostavax (90736)	Adults age 60+ y/o w/history of chicken pox. Not treatment of Shingles.	Y	I	*I	*I	*I	H	I	I	N/A	PART D	Adult/I
Hep B (90744-90748)	Under 12 y/o no Auth 13+ y/o Require Auth	SI	I	*I	*I	*I	H	I	I	*I	I	Ped/VFC Adult/I
Travel Immunizations		Y	TA	TA	TA	TA	TA	TA	Not Covered	*I	PART D	Not Covered

- Legend:**
- I = IPA is financially responsible - Bill IPA
  - \*I = IPA is financially responsible - Bill IPA (Insured Service)
  - H = HMO is financially responsible - Bill HMO
  - VFC = Vaccines for Children (VFC) - Obtain from VFC
  - TA = Varies by Plan. Benefit will be verified through Authorization Process.
  - Part D = Provide RX and patient will take to HMO Contracted Pharmacy to obtain



# Memorandum

Date: March 6, 2009

To: ALL PVMG PROVIDERS

CC: K.Thapar, MD, B. Werderman, D.Ta, J. Caya, D.Tumser, L. Jewell, T. Phung

From: Frankie Li, LVN, UM/QM Director /ProMed

Re: Services for Anthem Blue Cross Members @ PVHMC

ProMed would like to take this opportunity to advise you of the approved services for Anthem Blue Cross that can be done at PVHMC:

- Diagnostic testing that is the responsibility of the IPA
- Physical Therapy
- Occupational Therapy
- Pathology (professional)

Please be advised that you can continue to request THESE services at PVHMC for your Blue Cross members.

NO ELECTIVE SURGICAL PROCEDURES EITHER INPATIENT OR OUTPATIENT MAY BE DONE FOR ANTHEM BLUE CROSS MEMBERS AT PVHMC.

If you have any questions or concerns please feel free to contact me at (909) 932-1045 X 4668.

*Confidential: All information contained in this document is intended for the sole purpose of patient treatment, payment and/or healthcare operations. Any other use of the protected health information contained in this document is not authorized. The information is confidential and should be read only by the addressee or the addressee's specific designees. If you receive this document in error, please notify ProMed Health Network immediately by telephone and return the original document.*



# Memorandum

Date: March 13, 2009

To: ALL PVMG ORTHOPEDIC SURGEONS and PCP.S

CC: K.Thapar, MD, B. Werderman, D.Ta, J. Caya, D.Tumser, L. Jewell, T. Phung

From: Frankie Li, LVN, UM/QM Director /ProMed

Re: Authorization Requirements

ProMed would like to take this opportunity to advise you of the authorization requirements for orthopedic surgeons:

No prior auth required for consults or follow up visits in your offices.

No prior required for Cortisone injections done in your offices

Please be advised that ALL surgical procedures are required to have prior authorizations.

\*\*\*\*\*ATTENTION\*\*\*\*\*

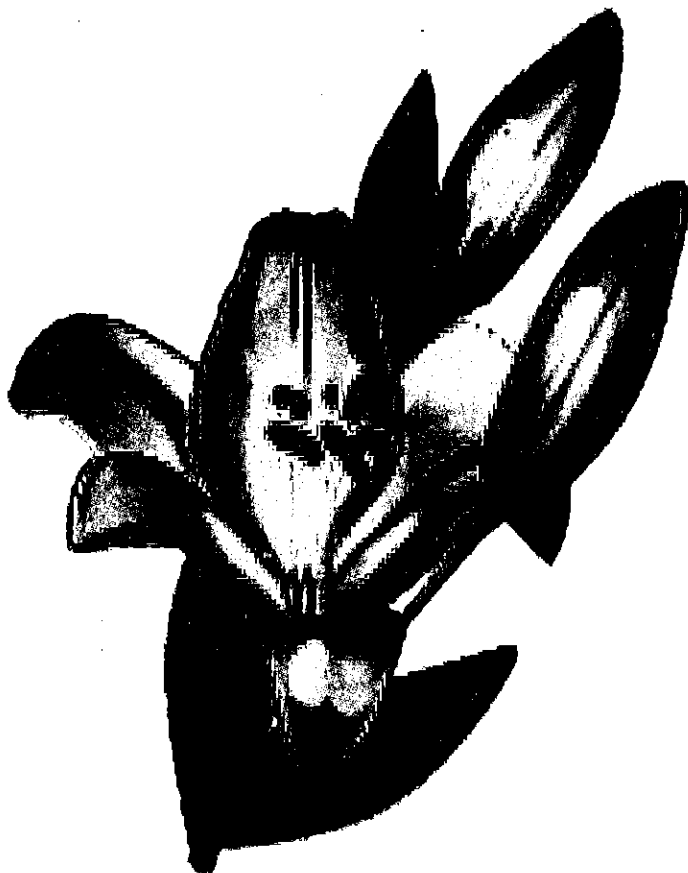
*Please remember that ALL PVMG - Anthem Blue Cross members requiring surgical procedures continue to need to be redirected to San Antonio Community Hospital for Inpatient services, or Four Seasons Ambulatory Surgical Center for Outpatient Services.*

*All Radiology for PVMG - Anthem Blue Cross members is to be done at PVHMC Radiology Department.*

Thank you.

If you have any questions or concerns please feel free to contact me at (909) 932-1045 X 4668.

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### *Special Dates*

**EASTER DAY**

SUNDAY, APRIL 12, 2009

**TAX DAY**

WEDNESDAY, APRIL 15, 2009

**ADMINISTRATIVE PROFESSIONALS DAY**

WEDNESDAY, APRIL 22, 2009

**MOTHER'S DAY**

SUNDAY, MAY 10, 2009

**MEMORIAL DAY**

MONDAY, MAY 25, 2009

**FLAG DAY**

SUNDAY, JUNE 14, 2009

**FATHER'S DAY**

SUNDAY, JUNE 21, 2009

**INDEPENDENCE DAY**

SATURDAY, JULY 4, 2009

***ProMed Health Care Administrators***

4150 E. Concours St., Ste. # 100  
Ontario, CA 91764  
Phone: (909) 932-1045  
Fax: (909) 931-5077

***Visit our web site:***

[www.promedhealth.com](http://www.promedhealth.com)

***Editors***

Jeerreddi A. Prasad, M.D.  
Kit Thapar, M.D.  
Karen Harvey

***Publisher***

Karen Harvey

***Published***

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