

County of San Diego

County Medical Services (CMS) Program



Primary Care Handbook
July 2009

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Section I CMS Program

The San Diego County Medical Services (CMS) Program is not health insurance; it is the program of last resort for eligible adults, which covers only necessary medical services.

The CMS Program is managed for the County of San Diego by an Administrative Services Organization (ASO), AmeriChoice. Medical services are provided by community clinics, specialist physicians, and hospitals, which contract with the County of San Diego, Health and Human Services Agency. A list of participating primary care providers and hospitals can be found in Attachment A. Patient services, appeals, authorizations, claims processing and payment are handled by AmeriChoice. Any physician who accepts an authorization to see a certified patient is paid at CMS reimbursement rates. The following services are available to County Medical Services (CMS) Program certified patients:

- **Primary Care Services:** No authorization is needed when primary care services are provided by a contracted Community Clinic.
- **Emergency Department Services:** Coverage for an approved emergency encounter is limited to health services for a physical health condition. Claims from any San Diego County hospital will be honored for the CMS certified patient presenting for a covered service.
- **Emergency Admissions:** AmeriChoice provides a single authorization number to the hospital for all services associated with the hospital stay, including physician services. This authorization includes one follow-up visit with the attending physician within thirty (30) days of discharge. Additional visits and/or services require authorization from AmeriChoice.
- **Scheduled Admissions:** The admitting physician must obtain prior authorization from AmeriChoice. Approval is based on CMS scope of services and medical necessity.
- **Supplemental Services:** Primary care providers may authorize limited, non-clinic diagnostic procedures and supplies.

Handbook – Online Version

The following link can be used for accessing the online version of this handbook:

http://www.sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services/index.html#CMS_Handbooks

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Important Numbers

AmeriChoice Numbers and Addresses

CMS Patient Information Line	(800) 587-8118
Eligibility Appointment Line	(800) 587-8118
CMS Provider Line (Authorizations, Program Information).....	(858) 495-1300
CMS Provider Fax	(858) 495-1399
CMS Provider Claims Line (Claims/Payments)	(858) 495-1333
AmeriChoice Program Operations	(858) 492-4422
CMS/AmeriChoice Fax Number	(858) 565-4091
CMS/AmeriChoice Address:	PO Box 939016 San Diego, CA 92193
AmeriChoice County Mail Station	0557B

County Administration Numbers and Addresses

CMS Program Administration Phone	(858) 492-2222
CMS Program Administration Fax	(858) 492-2265
CMS Program Administration Address	PO Box 85524 San Diego, CA 92186-5524
CMS Eligibility Unit.....	(858) 492-2200
Health Coverage Access (Eligibility) County Mail Station	0557E
Health Coverage Access (Eligibility) Fax.....	(858) 492-2270

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Section II Eligibility

To be eligible for CMS services, patient must:

- Have an immediate or chronic health condition
- Be a US citizen or eligible alien
- Be a resident of San Diego County
- Be 21 through 64 years old
- Not be linked to Medi-Cal (aged, blind, CalWORKS or disabled)
- Be within CMS income limits or receive General Relief
- Be within CMS resource limits
- Sign a lien for services covered by CMS

Financial Criteria

Financial eligibility criteria for the CMS Program are based on resources and income. Resources include, but are not limited to: cash, funds in checking and savings accounts, and real property other than the patient's primary home.

Citizenship/Eligible Alien Status

Patients must have U.S. Citizenship or eligible alien status and must provide proof before certification.

Residency

Patients must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Patients living on the streets or in a vehicle can be county residents. Patients "visiting" from other counties, states, or countries are not eligible.

Eligibility Appointments

Human Services Specialists (HSS) are located in select Community Health Centers and Public Health Centers and local hospitals. HSSs are County employees responsible for determining CMS eligibility. Eligibility appointments with HSSs at the Community Health Centers and Public Health Centers are scheduled by calling (800) 587-8118. Patients requesting ongoing CMS must provide a completed Medical/Dental Need Form (CMS-127) to CMS prior to requesting an eligibility appointment. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Outstationed Services (HOS) HSS.

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County Medical Services (CMS) Medical/Dental Need Form (CMS-127)

The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance and addresses only urgent health issues. The medical/dental form must be completed by a licensed or certified health care professional or a designee authorized as appropriate by the health care professional and mailed or faxed to CMS Administrative Services Organization (AmeriChoice) before patients can schedule their next certification appointment.

A CMS-127 is **not** needed when:

- AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used and the CMS certification is expiring. An approved TAR is verification of a medical need.
- A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- A CMS beneficiary has been identified by AmeriChoice as having a chronic medical condition.
- A CMS beneficiary has met their Share of Cost obligation in the last month of their CMS certification period.
- A CMS beneficiary was treated in an Emergency Room within the last 30 days.

CMS Eligibility

Patients apply for CMS eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. If approved, a CMS ID card and Patient Handbook will be mailed to the patient. Patients are approved for a period of up to 6 months. Upon renewal, patients with asthma, diabetes and/or hypertension may be approved eligibility for up to twelve (12) months. Patients receiving General Relief (GR) do not complete an application or submit verifications. After verifying the patient's identity and receipt of GR, the GR HSS gives the patient a blue CMS ID card and a Patient Handbook.

CMS Hardship

An individual whose family income is over 165% FPL, up to and including 350% FPL, and who meets all other CMS eligibility criteria, will be evaluated for a CMS Hardship. CMS Hardship may result in the individual being required to pay or be obligated to pay a monthly Share of Cost (SOC) before CMS paid coverage would become effective (for more information on SOC, please go to the Section VII "Claims" in this handbook). CMS Hardship applications are evaluated by the County of San Diego.

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Immediate Care

When a non-certified patient requires **immediate** medical care that the clinic cannot provide, the patient should call the CMS Patient Information Line (800) 587-8118. The Administrative Services Organization (ASO) will evaluate the patient's medical need and if all CMS criteria are met, the AmeriChoice representative will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

Emergency Room Care

When a non-certified patient has received treatment in an emergency room and is treated (including observation) and released in excess of 24 hours, the patient must call the CMS Patient Information Line (800) 587-8118 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were treated in an emergency room and provide the date that the treatment took place. The patient will be required to provide documentation to verify the emergency room service date.

Inpatient Care

When a non-certified patient is admitted to the hospital through the emergency room for less than 24 hours, the patient must call the CMS Patient Information Line (800) 587-8118 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were hospitalized and provide the date that the treatment took place. The patient will be required to provide documentation to verify the date s/he was hospitalized.

Scheduled Admissions and Outpatient Care

When a non-certified patient has been scheduled for an admission or outpatient service, the patient should call the CMS Patient Information Line (800) 587-8118. The patient should inform the customer service representative of the date of the scheduled service. AmeriChoice will evaluate the patient's medical need and if all CMS criteria are met, AmeriChoice will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

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CMS Identification Card

CMS patients will receive either a blue, or a white CMS Identification Card and Notice of Action (NOA). The ID card and NOA are not proof of eligibility and do not authorize services.

Eligibility for patients who applied for CMS after May 12, 2008 should be verified on the CMS IT System website: www.sdcmspov.com

Examples of the CMS Cards are shown below:


Blue card: Front

County of San Diego CMS Program ID Card (800) 587-8118
Name: _____
DOB: _____
*Eligible: _____ thru: _____
*Loss of Eligibility: See #4 on reverse
Primary Care Clinic: _____
Phone: () _____
Call your clinic if you need health care services.

Back

<ol style="list-style-type: none">1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.2. If you have a medical emergency, go to an emergency room or dial 911.3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.4. If you misuse or alter this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.5. You must use all other health insurance before CMS.
Other Insurance: _____
Patient's Signature: _____
Date Issued: _____

White card: Front

COUNTY OF SAN DIEGO COUNTY MEDICAL SERVICES P.O. BOX 85222 SAN DIEGO, CA 92186-5222 Phone (800)587-8118	
Name: John Smith Member ID #: AB-123-987 Medical Home (PCC): Ocean Clinic PCC phone #	
Eligibility Verification: www.sdcmspov.com	

Back

<ol style="list-style-type: none">1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.2. If you have a medical emergency, go to an Emergency Room or dial 911.3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.4. If you alter or misuse this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.5. You must use all other health insurance before CMS.
Other Insurance: _____
Patient's Signature: _____
Date Issued: _____

Fraud Referral

When you suspect that a patient is not eligible for CMS, you should call the Patient/Provider Coordinator at (858) 492-4422. You should be able to give the patient's name, address, birth date, and Social Security number and the reason you suspect fraud. You can remain anonymous.

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Section III Medical Policy and Scope of Services

Policy

The County Medical Services (CMS) Program is a medical assistance program servicing indigent adult residents of San Diego County. CMS provides physical health services for acute and chronic health conditions. It is the policy of the CMS program to provide coverage for physical health services when program medical criteria are met. The CMS Medical Director can deny services for medical reasons if established program medical criteria are not met. The provider or the patient has the right to appeal any CMS Program decision that denies a physical health service for medical reasons.

Mental Health Services for adult indigent residents of San Diego County are provided by the County Mental Health Services Division.

The following provides a general overview of the CMS program medical criteria and covered services.

Medical Criteria

Medical criteria are used to determine whether or not the CMS program will cover a service or treatment. The CMS program will provide coverage for medical care for an eligible patient whose health condition or symptoms meet the following general criteria:

Life-Threatening

Major trauma, myocardial infarction (MI), malignant lesions or tumors, cerebral vascular accidents (CVA), etc.

Acute

Conditions that could lead to medical complications or disability such as benign tumors, fractures, gallbladder and ulcer disease, and infectious diseases, etc.

Chronic

Conditions that are progressive and require ongoing medical and/or pharmaceutical management such as diabetes, hypertension, asthma, rheumatoid arthritis, etc.

Covered Services

Services covered by the CMS program that **do not** require prior authorization:

- Evaluation by a primary care provider to determine the nature and severity of a condition and to order treatment

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- Follow-up care by a primary care provider for serious or chronic health conditions
- Emergency room care for physical health conditions
- Emergency hospital admissions for physical health conditions
- Emergency medical transportation for physical health conditions
- Emergency dental care
- Formulary medications. All prescriptions funded by CMS must be approved by the Food and Drug Administration (FDA)

Services covered **only when prior authorized** by the CMS program:

- Care by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures
- Limited rehabilitation, medical equipment and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications
- Medications and treatment related to preventing organ rejection and/or complication

Non-covered Services

The following services/diagnoses are **NEVER** covered:

- Pregnancy and all services during a pregnancy
- Pediatrics
- Family Planning
- Infertility services
- Sterilization procedures
- Mental Health services
- Drug and Alcohol Treatment
- HIV+ (early intervention) care by primary care
- Organ and bone transplants and all services related to obtaining a transplant
- Bone marrow transplants
- Experimental Procedures
- Cosmetic Procedures in the absence of trauma or significant pathology
- Non-emergency dental and vision care
- Routine or work examinations
- Completion of medical certificates
- Counseling for lifestyle problems
- Orthodontia

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- Non-prescription medications
- Non-FDA-approved medications
- Emergency room visits for after care, follow-up, and to obtain prescriptions
- Medical or Clinical trials, including any medication, treatment, procedure, or professional component related to any clinical trial in which the CMS patient may be involved.

Preventive Care

Patients who are receiving primary care and are diagnosed with long-term, chronic conditions are eligible to receive selected preventive services. Services include:

- Annual foot exam by the Primary Care Provider and an Ophthalmology Referral
- Cholesterol lowering agents for patients diagnosed with diabetes or coronary artery disease

Self-Limiting and Minor Conditions

A visit to a primary care provider to effectively evaluate a patient presenting symptom(s) is always a primary care visit to evaluate self-limiting conditions such as flu or cold is always covered. The evaluation of minor conditions, such as head lice, first degree sunburn or mild contact dermatitis is covered. These conditions can be treated with over-the-counter products. The following table lists the ICD-9 codes that are subject for review:

	ICD-9 Code
Hypercholesteremia	272-272.9
Obesity	278.0
Refractive disorders	367-367.9
Low vision	369-369.9
Acute nasopharyngitis	460
Dental disorders Repeat services are covered when the provider is a dentist	521-529.8
Menopausal disorders (except 627.1 - post menopausal bleeding)	627-629
Corns and callosities	700
Keloid scar	701.4
Scar conditions and fibrosis of the skin	709.2
Diseases of the hair	704-704.9
Toxic effects of alcohol	980-980.09
Conditions influencing health status	V40-V49

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These diagnoses are not eligible for referral, but specialty care may be approved when there is concomitant pathology.

Stable Long Standing and/or Congenital Conditions

When a condition is not acute or there is no change in the status of the condition, specialty care will NOT be covered. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Cleft lip/ cleft palate
- Allergies
- Arteriosclerotic heart disease
- Myositis, myalgia
- Fibromyalgia, chronic fatigue
- Nasal fractures (greater than 6 months)
- Chronic back or joint pain
- Implanting and removal (unless imbedded) of IUD devices
- Osteoarthritis

Limited Ancillary Health Services and Supplies

- Home health services just for suture removal are covered only when the patients' physical condition renders them "home-bound".
- Diagnostic mammograms for women under 40 years of age; 40 years and older refer to BCEDP for diagnostic screening.
- Non-formulary over-the-counter products.
- Custom orthotics are rarely approved. Over-the-counter products are covered with a prescription.
- Dentures – full mouth or anterior stay plate. Patient employment status and health risk are evaluated by AmeriChoice.
- Optometry services – eye exams and glasses
 - Best visual acuity (with current prescription) is 20/50 or worse
 - Patient must have a chronic health condition that requires ongoing treatment or monitoring by the primary care physician
 - Primary care patient for a minimum of 6 months.

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Second Opinion

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may suggest a second opinion when any one of the following circumstances are present:

- A more cost-effective treatment option is available.
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The provider or patient disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- The provider or patient is seeking an alternate treatment option that may improve the outcome.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit patient from accessing care.

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Section IV Primary Care Services

During the application process, patients are asked to select a “medical home” where they will receive their primary medical care. Patients are allowed to have one “non-medical home” visit with a contracted primary care clinic, if needed. Authorization is not needed for visits to the patient’s primary clinic; however, health conditions must be within the CMS Scope of Services.

The Primary Clinic is also responsible for completing the paperwork for their established patients who are applying for General Relief, State Disability and Social Security Disability. Patients must be receiving care for the stated condition either directly from the primary provider or a referred specialist. A visit for the sole purpose of completing a form is not an approved visit and receives no compensation from the CMS Program.

A primary care visit always includes:

- A face-to-face encounter with a physician, physician’s assistant or nurse provider for the purpose of examination, diagnosis and treatment of the presenting or chronic medical condition. Primary care providers are employed by the clinic and practice in family or general medicine, internal medicine or gynecology.
- All nursing and supportive services, supplies and equipment provided during the encounter.
- Nutritional counseling and health education are not reimbursed separately, but may be covered by other programs.

Primary care visit may include:

- Diagnostic laboratory tests customarily done by the clinic during a primary care visit
- Plain radiographs (2 view films)
- Simple procedures (injections, vision, hearing tests, EKG and diagnostic pap smears)

Referrals

Authorization is needed for diagnostic tests and professional care that is not within the clinic’s scope of practice. A two tiered authorization process is used to authorize non-clinic services.

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Level I – Supplemental Services

Primary care providers may authorize limited non-clinic services by completing a Primary Care Supplemental Authorization form (CMS-20). Make two (2) copies of the form, or a representative listing must indicate the referral target (name of the vendor or physician) and be forwarded to AmeriChoice on a weekly basis. All supplemental authorizations expire 60 days after date ordered, however, when possible, services should be obtained within thirty (30) days. The table following lists these services.

Diagnostic Studies	Durable Medical Equipment	Radiographs	Diabetic Services
<ul style="list-style-type: none"> ▪ Audiogram ▪ Cardiovascular stress test (Treadmill) ▪ Doppler ▪ Echocardiogram ▪ EEG ▪ PFT ▪ Sigmoidoscopy ▪ Holter monitor 	<ul style="list-style-type: none"> ▪ Abdominal truss ▪ Crutches ▪ Elastic support brace ▪ OTC Products <ul style="list-style-type: none"> – Orthotics – Dressings ▪ Standard one point cane 	<ul style="list-style-type: none"> ▪ Barium enema ▪ Barium swallow ▪ IVP ▪ Sonogram ▪ Ultrasound ▪ Upper GI ▪ X-rays - 4+ views 	<ul style="list-style-type: none"> ▪ Annual Retinal Screening (Ophthalmology) ▪ Endocrinology Consult and Follow-up (Type I Diabetes only)

All Clinics must notify AmeriChoice of all primary care authorizations on a weekly basis.

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Level II – Referral Services

AmeriChoice Medical Management reviews Treatment Authorization Requests (TAR) from clinics and specialists for medical appropriateness covered services. Planned admissions, surgical procedures, ancillary/supportive services, the continuation of specialty care and the following services require authorization from AmeriChoice’s Medical Management.

Diagnostic Studies	Consults	DME
<ul style="list-style-type: none"> ▪ CT Scan ▪ Mammogram under 40 for diagnosis only. Refer patient to Cancer Detection Program for routine screening mammograms. ▪ MRI ▪ Non-formulary products ▪ Nuclear studies ▪ P.E.T. Scan ▪ Simple biopsy by a Dermatologist ▪ Sleep Studies (Attach sleep study form) ▪ EMG, Limited ▪ Nerve conduction study 	<ul style="list-style-type: none"> ▪ All UCSD services ▪ Cardiology ▪ Dermatology ▪ Endocrinology ▪ ENT ▪ Gastroenterology ▪ Gynecology ▪ Hernia repair evaluation (with work history form completed and attached) ▪ Nephrology ▪ Neurology ▪ Neurosurgery ▪ Oncology ▪ Ophthalmology ▪ Optometry ▪ Orthopedics ▪ Pain Management ▪ Physical Therapy (evaluation only) ▪ Podiatry ▪ Pulmonology ▪ Rheumatology ▪ Surgery, Plastic, General and Vascular ▪ Surgical evaluation (hernia & lipoma) ▪ Urology 	<ul style="list-style-type: none"> ▪ All soft and durable medical supplies not listed as covered Level I Services

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Providers must submit their request on a CMS-19, CMS Program Request for Referral Services Form (Treatment Authorization Request [TAR]), to AmeriChoice with sufficient information to support the requested medical service. Information required includes:

- History & assessment of the stated condition;
- Applicable diagnostic test results;
- Clinical notes specific to the condition, when appropriate

Turnaround time for routine TARs is five to seven working days.

Complete, accurate and legible information will ensure a prompt response from AmeriChoice.

Urgent TAR

AmeriChoice will process a TAR as urgent only when services are needed because of a patient's **immediate medical condition**. In addition to the usual patient identification, indicate the medical service needed and document sufficient information to establish the medical urgency. Legibility and appropriate documentation is important.

If the patient's condition is life threatening, refer the patient to the nearest CMS contracting hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

Approvals

AmeriChoice will provide each clinic of the status of their processed TARs by fax on a daily basis. The clinic is responsible for notifying the patient of the approved referral and forwarding appropriate medical information to the specialist.

If the patient's eligibility is pending or has expired, AmeriChoice will not release the authorization number until the eligibility has been determined. AmeriChoice will send notification indicating approval or denial of the TAR once the eligibility status has been entered into the claims processing system.

Denials

Administrative Denials

AmeriChoice may deny a TAR for administrative reasons. Administrative denials meet the following criteria:

- TAR documentation does not address the reason for the referral (insufficient information to make a medical determination)
- The service requested is not within the CMS scope of services

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- The request is illegible
- The required supportive documentation and forms are not presented and form is not presented with the request

Providers are notified of administrative denials via the Treatment Authorization Request (TAR) CMS Administrative Denial Form, which is mailed to the ordering provider and the Daily Processed TAR Report, which is faxed.

Medical Denials

Referrals that pose any uncertainty about medical necessity or conformity with treatment guidelines will be referred to the AmeriChoice Medical Director or Physician Advisor for final determination. Providers will be notified of the denial via the Treatment Authorization Request (TAR) CMS Medical Denial Form.

Patients are notified of medical denials via a form generated from the claims processing system.

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Dental Services

Limited dental services are available to patients with standard eligibility. Services are limited to procedures described in the listing of CMS Primary Care Basic Dental Services located in Attachment B and are available at the following locations:

Comprehensive Health Center

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

Neighborhood Healthcare –

Lakeside Dental

10039 Vine Street
Lakeside, CA 92040
(619) 390-9975

FHC Fallbrook Family Health Center

593 East Elder, Suite B
Fallbrook, CA 92028
(760) 451-2912

Neighborhood Healthcare – Ray M.

Dickinson Wellness Center

425 North Date
Escondido, CA 92025
(760) 737-2018

FHC San Diego – Grossmont/Spring Valley Dental

8788 Jamacha Road
Spring Valley, CA 92977
(619) 515-2330

North Park Dental Clinic

3544 30th Street
San Diego, CA 92104
(619) 515-2434

FHC San Diego – Logan Heights Dental Clinic

1809 National Avenue
San Diego, CA 92113
(619) 515-2394

San Ysidro Health Center

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 662-4180

La Maestra Family Clinic

4185 Fairmont Avenue
San Diego, CA 92105
(619) 285-8135

Vista Community Clinic

1000 Vale Terrace
Vista, CA 92084
(760) 631-5000

Operation Samahan – Camino Ruiz

10737 Camino Ruiz, Suite 100
San Diego, CA 92126
(858) 578-4220

La Maestra Family Clinic – El Cajon

165 South First Street
El Cajon, CA 92019
(619) 312-0347

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Optometry Services

Optometrist services for refractory exam, lenses and frames are limited to certified patients whose corrected visual acuity is 20/50 or worse in one or both eyes, and are receiving ongoing care at a primary care clinic for a chronic condition. Prior authorization from AmeriChoice is required for all optometry services. Claims history and diagnoses are reviewed to determine criteria for ongoing care.

A patient must be seen by the primary care provider at least three (3) times in a 6-month period to monitor and treat a chronic physical health condition.

Pharmacy Services

The CMS Program covers prescribed medications for all products listed on the CMS formulary. (All prescriptions funded by CMS must be approved by the FDA). Formulary exceptions are processed by the CMS pharmacy benefit management company. This formulary is modified on a periodic basis, and updates are provided to all participating pharmacy vendors and primary clinics as they occur. Drug limitations (Code I) and directions for obtaining non-formulary prescriptions are detailed in the instruction section of the CMS formulary.

Pharmacies may dispense the full-prescribed quantity of medications for certified CMS patients up to a maximum of a thirty (30) day supply. The physician determines the appropriate number of refills when prescribing maintenance drugs, however the prescriptions can be written for the full time period permitted by law.

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Section V Complaints and Appeals

The CMS Complaint and Medical Appeal process provides a method for CMS Program Administration and AmeriChoice to investigate and resolve complaints and appeals filed by patients and providers.

Complaints

A complaint is a written or verbal expression of dissatisfaction with access to care, quality of services, denial of services, etc. Primary care clinics must have an internal complaint process to handle complaints and to monitor quality of services. The clinic must use its internal process to try to resolve patient complaints about clinic services and treatment plans. The clinics may ask AmeriChoice for clarification of program coverage and procedures by forwarding pertinent information to AmeriChoice. AmeriChoice will work with the clinics and patients to facilitate communication and to provide information.

When efforts to resolve the complaints are unsuccessful and the differences between a patient and a provider are irreconcilable, Clinic Administration may ask the patient to transfer to another clinic. Clinic Administration must:

1. Send a written notice to the patient stating that after thirty (30) days the clinic will no longer treat them.
2. Tell the patient to call the CMS Patient Information Line to change primary care provider.
3. Send a copy of the letter with a summary of the patient's medical services to AmeriChoice.

Medical Appeals

The CMS Program utilizes a two tiered appeal process: reconsideration and appeal. Instructions for requesting a review are referenced on the Request for Authorization Denial Notice Form. Patients are encouraged to discuss the denial and other treatment options with their physician before filing an appeal with the AmeriChoice Patient Relations Department.

Both the patient and the requesting provider receive written notification of a medical service denial, and either one may contact AmeriChoice and request clarification or may appeal the denial within thirty (30) days of receiving the denial notice.

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All written and verbal inquiries to AmeriChoice, whether from the patient or the provider, will initiate an investigation. The Medical Appeal Process has two levels. The first level is called a Reconsideration and the second level is called an Appeal. When AmeriChoice denies a Request for Authorization, AmeriChoice sends a written denial notice to the patient and sends a copy of the notice to the Primary Care Provider who requested authorization. Patients should review the denial with the Primary Care Provider and discuss other treatment options. Either the patient or the provider may contact AmeriChoice to obtain clarification or to file a Reconsideration.

Reconsideration

The patient or provider must submit a written request for reconsideration to AmeriChoice within 30 calendar days from the date of the service denial notice. Upon receipt of the request for consideration AmeriChoice will:

1. Contact the patient to clarify the details of the denial.
2. Review the denial and contact the requesting primary care provider or specialty physician to obtain additional medical information or clarification and re-evaluate the request.
3. Seek an opinion from an independent specialty physician, as needed.
4. Send a written decision to the patient, the requesting physician, and the patient's primary care provider within forty-five days after receipt of the reconsideration request.

Appeal

The patient, the patient's authorized representative or provider must submit a written request to the CMS Program Administration within 30 calendar days from the date of the reconsideration decision notice. Upon receipt of the request for an Appeal, AmeriChoice and CMS Program Administration will:

1. Assemble an independent panel and schedule a hearing.
2. Summarize the independent panel's findings and recommendations.
3. Prepare the Final Decision Notice for the Health and Human Services Agency Director's signature.

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Section VI Inpatient and Emergency Department Services

Inpatient Services

Inpatient services are services provided to a patient who is admitted to a hospital and receives medical services from a physician during at least a 24-hour period. CMS contracting hospitals are required to notify AmeriChoice within twenty-four (24) hours (extended to the first day following a weekend or holiday) of any admission of a CMS (or potential CMS) patient. Physicians who have treated a CMS certified patient on an emergency inpatient basis will be paid for these services with an approved admission.

- A single authorization number is provided to the hospital for all facility and physician services provided during that hospital stay.
- Authorizations for emergency admissions are processed and approved only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.

Scheduled Admissions and Outpatient Surgery

Scheduled, non-emergent admissions and outpatient surgical procedures must be prior authorized by the AmeriChoice Medical Management staff. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period.

Inpatient Follow-up

One (1) follow-up office visit by the attending physician is included in the approved hospital referral when obtained within thirty (30) days of discharge. Post-operative care associated with the procedure is deemed global and is not separately reimbursed. Any laboratory and x-ray service provided during this visit requires separate authorization.

Emergency Department Services

Emergency Department services, including specialty physician services provided in the ER, are covered when provided in any San Diego acute care hospital for CMS certified patients. The emergency condition must be a physical condition within the CMS Scope of Services.

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Specialist physicians providing care in a contracting emergency department do not need separate authorization; however, the episode must meet the following conditions:

- The patient must be certified CMS eligible for the date of service with a current CMS ID Card. The condition must be included in the CMS Scope of Services.
- The place of service listed on the claim form must be the emergency department at a CMS contracting hospital.

Emergency Department Follow-up Care

Only CMS certified patients are eligible for specialty care when visit(s) are prior authorized by AmeriChoice.

- If the patient is not already CMS certified, the patient must call the **CMS Appointment Line at (800) 587-8118** to schedule an eligibility appointment. The AmeriChoice Customer Service Representatives will screen for CMS eligibility at that time.

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Section VII Claims

AmeriChoice processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the CMS Program.

Submission Requirements

All claims must:

- Be for services and service dates that match the certified patient's eligibility and period authorized.
- Be submitted electronically. When the patient has other health coverage (OHC), you must submit a claim to the other insurance carrier first, and then submit the other carrier's Explanation of Benefits (EOB) before submitting your claim to AmeriChoice.
- Include the following information:
 - Patient name, birth date, and Social Security Number
 - Date(s) of service
 - Place of service
 - Vendor and group name, address and phone number
 - Provider Tax Identification Number
 - ICD-9 Codes
 - Current RVS, CPT, HCPCS and Medi-Cal/Denti-Cal codes as indicated
 - Authorization number (TAR control number)
 - All documentation and attachments required by Medi-Cal
 - Catalogue page or invoice when submitting an unlisted or "miscellaneous" code
- Be submitted within 30 days from the date of services, but no later than July 31 to:

AmeriChoice
County Medical Services (CMS) Program
Claims Office
PO Box 939016
San Diego, CA 92193

Checking Claim Status

AmeriChoice processes claims that are complete and accurate within 30 days of receipt. If you have not received payment within 45 days, you may call (858) 495-1333 to ask about the status of the claim.

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Share of Cost

Effective July 1, 2008, CMS Providers are to continue the current billing practice for CMS reimbursement, and the provider will receive full CMS reimbursement for all approved claims regardless of whether their CMS patient has a SOC. The SOC collection shall be seamless to the provider. When the County receives a CMS provider claim for CMS covered services provided to a SOC patient, the County will bill the patient for the amount of their monthly SOC or the amount of CMS services, whichever is less. Individuals will not be billed for any months in which they did not receive CMS services. The County will collect the SOC through June 2009, while automating the process.

Reimbursement

Checks and the Remittance Advice (RA) are produced twice a month. CMS reimbursement is considered payment in full.

- Specify the CPT codes for **all** services provided by the clinic during the visit.
 - All covered supplemental services provided in the clinic will be paid at Medi-Cal or negotiated rates.
- All CMS dental services (basic and pre-approved) are paid at Denti-Cal rates.
- All pre-approved optometry services are paid at Medi-Cal rates.

The actual utilization and level of the Primary Care Pool fund will be assessed quarterly. If necessary, interim payment rates may be adjusted to ensure, to the greatest extent possible, that the pool will not be depleted prior to the end of the contract year.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any hospital administrative errors (incorrect coding, failure to obtain timely authorization or late submission)

You may bill patients for:

- Unauthorized services
- Services not covered in the CMS Program Scope of Services

Notification of Changes to Provider Information

To ensure your check and RA is accurate and timely, immediately notify AmeriChoice's Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or service site)

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- Group affiliation
- Tax Identification Number (TIN)

Clinics must provide AmeriChoice's Claims Department with a listing of licensed providers employed by the clinic (MD, DO, RNP and PA). Copies of license numbers and if applicable, DEA numbers are required. Staff additions and any corrections should be forwarded to AmeriChoice as they occur to avoid an unnecessary delay or denial of claims.

Medi-Cal Pending

CMS covers necessary medical care for certified patients while their Medi-Cal disability evaluation is pending. AmeriChoice will process claims for these patients following standard CMS procedures.

Medi-Cal Approved

AmeriChoice will notify providers of the Medi-Cal approval on the RA. AmeriChoice will deny all claims received after the patient has been approved for Medi-Cal. For claims AmeriChoice has paid:

- Providers must bill Medi-Cal directly once Medi-Cal eligibility is approved
- In the event you receive payment from Medi-Cal for a service previously paid by AmeriChoice, you must reimburse the CMS Program.

Appeal Process for Denied Claims

If a claim submitted to the CMS Program for payment is denied, you may ask for an appeal and must resubmit the claim within 30 days of the denial notification. The reason for the appeal and additional justification for payment must be clearly stated. Send all claims for appeals to the following address:

CMS Program – Appeals
Attention: Claims Department
PO Box 939016
San Diego, California 92193

If you have questions, call the Claims Department at (858) 495-1333 for instructions about submitting your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within 45 calendar days.

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End of Year Close-Out

The CMS Program fiscal year ends on June 30 of each year. All claims for services provided to patients certified or referred to CMS in a fiscal year, must be submitted to AmeriChoice by July 31, regardless of authorization or eligibility status.

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Attachment A..... **A**

CMS Program Contracting Hospitals

CMS Program Primary Care Clinics

CMS Program Pharmacies

Attachment B..... **B**

CMS Primary Care Dental Clinics Basic Dental Services

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CMS CONTRACTING HOSPITALS

Alvarado Hospital

6655 Alvarado Road
San Diego, CA 92120
(619) 287-3270

Fallbrook Hospital District

624 East Elder Street
Fallbrook, CA 92028
(760) 728-1191

Palomar Hospital Medical Center

555 East Valley Parkway
Escondido, CA 92025
(760) 739-3000

Paradise Valley Hospital

2400 East Fourth Street
National City, CA 91950
(619) 470-4321

Pomerado Hospital

15615 Pomerado Road
Poway, CA 92064-2405
(858) 613-4000

Promise Hospital of San Diego

5550 University Avenue
San Diego, CA 92105
(619) 582-3516

Scripps Memorial – Encinitas

354 Santa Fe Drive
Encinitas, CA 92024
(760) 753-6501

Scripps Memorial – La Jolla

9888 Genesee Avenue
La Jolla, CA 92037
(858) 457-4123

Scripps Mercy Hospital

4077 Fifth Avenue
San Diego, CA 92103
(619) 294-8111

Scripps Mercy Hospital–Chula Vista

435 H Street
Chula Vista, CA 91910
(619) 691-7000

Sharp Chula Vista Medical Center

751 Medical Center Court
Chula Vista, CA 91911
(619) 482-5800

Sharp Coronado Hospital

250 Prospect Place
Coronado, CA 92118
(619) 522-3600

Sharp– Grossmont Hospital

5555 Grossmont Center Drive
La Mesa, CA 91942
(619) 740-6000

Sharp Memorial Hospital

7901 Frost Street
San Diego, CA 92123
(858) 939-3400

UCSD Medical Center

200 West Arbor Drive
San Diego, CA 92103
(619) 543-6222

UCSD Thornton Hospital

9300 Campus Point Drive
La Jolla, CA 92037
(858) 550-0115

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CMS PROGRAM PRIMARY CARE CLINICS

BORREGO SPRINGS MEDICAL CENTER

4343 Yaqui Pass Road
Borrego Springs, CA 92004
(760) 767-5051

Julian Clinic

2721 Washington Street
Julian, CA 92036
(760) 765-1357

Centro Medico—El Cajon

345 North Magnolia, Suite 103
El Cajon, CA 92020-3954
(619) 401-0404

COMMUNITY HEALTH SYSTEMS

Fallbrook Family Health Center

617 East Alvarado Street
Fallbrook, CA 92028
(760) 728-3816

FAMILY HEALTH CENTERS OF SAN DIEGO

Beach Area Family Health Center

3705 Mission Boulevard
San Diego, CA 92109
(619) 515-2444

Chase Avenue Family Health Center

1111 West Chase Avenue
El Cajon, CA 92020
(619) 515-2499

City Heights Family Health Center

5379 El Cajon Boulevard
San Diego, CA 92115
(619) 515-2400

Downtown Family Health Center

1145 Broadway
San Diego, CA 92101
(619) 515-2525

FAMILY HEALTH CENTERS OF SAN DIEGO (Continued)

Grossmont/Spring Valley Family Health Center

8788 Jamacha Road
Spring Valley, CA 91977
(619) 515-2555

Logan Heights Family Health Center

1809 National Avenue
San Diego, CA 92113
(619) 515-2300

North Park Family Health Center

3544 30th Street
San Diego, CA 92104
(619) 515-2424

Sherman Heights Family Health Center

2391 Island Avenue
San Diego, CA 92102
(619) 515-2435

Diamond Neighborhoods Family Health Center

220 Euclid Avenue, Suite 40
San Diego, CA 92114
(619) 515-2560

Chula Vista Family Health Center

251 Landis Avenue
Chula Vista, CA 91910
(619) 515-2500

IMPERIAL BEACH HEALTH CENTER

949 Palm Avenue
Imperial Beach, CA 91933
(619) 429-3733

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LA MAESTRA FAMILY CLINIC

4185 Fairmount Avenue
San Diego, CA 92105
(619) 280-4213

El Cajon

165 South First Street
El Cajon, CA 92019
(619) 312-0347

Highland

101 North Highland Avenue, Suite A
National City, CA 91950
(619) 434-7308

MOUNTAIN HEALTH & COMMUNITY SERVICES

Alpine Family Medicine

1620 Alpine Boulevard #B119
Alpine, CA 91901
(619) 445-6200

High Desert Family Medicine

44460 Old Highway 80
Jacumba, CA 91934
(619) 766-4071

Escondido Family Medicine

255 North Ash Street, Suite 101
Escondido, CA 92027
(760) 745-5832

Mountain Empire Family Medicine

31115 Highway 94
Campo, CA 91906
(619) 478-5311

25th Street Family Medicine

316 25th Street
San Diego, CA 92102
(619) 238-5551

NEIGHBORHOOD HEALTHCARE

East County Community Health Services

855 East Madison
El Cajon, CA 92020
(619) 440-2751

El Capitan Family Health Center

10039 Vine Street
Lakeside, CA 92040
(619) 390-9975

Escondido Community Health Center–North Elm

460 North Elm Street
Escondido, CA 92025
(760) 737-2000

Escondido Community Health Center–Grand

1001 E. Grand Ave.
Escondido, CA 92025
(760) 737-7896

Mountain Valley Health Center

16650 Highway 76
Pauma Valley, CA 92061
(760) 742-9919

Ray M. Dickinson Wellness Center

425 North Date Street
Escondido, CA 92025
(760) 520-8300

NORTH COUNTY HEALTH SERVICES

Ramona Health Center

217 East Earlham Street
Ramona, CA 92065
(760) 789-1223

OPERATION SAMAHAN INC.

Camino Ruiz

10737 Camino Ruiz, Suite 100
San Diego, CA 92126
(858) 578-4220

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OPERATION SAMAHAN INC. (Continued)

Highland Avenue

2743 Highland Avenue
National City, CA 91950
(619) 474-8686

SAN DIEGO FAMILY CARE

Linda Vista Health Care Center

6973 Linda Vista Road
San Diego, CA 92111
(858) 279-0925

Mid City Community Clinic

4290 Polk Avenue
San Diego, CA 92105
(619) 563-0250

SAN YSIDRO HEALTH CENTER

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 428-4463

Chula Vista Family Clinic

865 Third Avenue, Suite 133
Chula Vista, CA 91910
(619) 498-6200

National City Family Clinic

1136 D Avenue
National City, CA 91950
(619) 336-2300

Otay Family Health Center

1637 Third Avenue, Suite B
Chula Vista, CA 91911
(619) 205-1360

SAN YSIDRO HEALTH CENTER (Continued)

Comprehensive Health Center—Metro

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

Comprehensive Health Center—Downtown

120 Elm Street, Suite 110
San Diego, CA 92101
(619) 235-4211

Comprehensive Health Center—Euclid

286 Euclid Avenue, Suite 302
San Diego, CA 92114
(619) 527-7330

VISTA COMMUNITY CLINICS

Tri City Community Health Ctr.

134 Grapevine Drive
Vista, CA 92083
(760) 631-5030

Vista Community Clinic

1000 Vale Terrace
Vista, CA 92084
(760) 631-5000

Vista Community Clinic -Horne Street

517 N. Horne Street
Oceanside, CA 92054
(760) 631-5009

Vista Community Clinic—N. River Rd

4700 North River Road
Oceanside, CA 92057
(760) 433-6880

Vista Community Clinic—West

818 Pier View Way
Oceanside, CA 92054
(760) 631-5250

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CMS Program Pharmacies

All Target/WalMart and CVS/Sav-On Pharmacies throughout San Diego County

Alvarado Community Pharmacy

6367 Alvarado Court #109
San Diego, CA 92120
(619) 287-7697

Alvarado Medical Plaza Pharmacy

5555 Reservoir Drive, Suite 114
San Diego, CA 92120
(619) 287-5035

Asmar Community Pharmacy

436 S. Magnolia Ave., Ste 102
El Cajon, CA 92020
(619) 447-9900

Avocado Pharmacy

248 Avocado Avenue
El Cajon, CA 92020
(619) 442-0417

Borrego Community Health Foundation

655 Palm Canyon Drive, Suite B
Borrego Springs, CA 92004
(760) 767-3049

C&A Pharmacy

488 East Valley Parkway, Suite 101
Escondido, CA 92025
(760) 489-1668

Cedar Pharmacy

10737 Camino Ruiz #138
San Diego, CA 92126
(858) 536-7799

Clark's Greenfield Pharmacy

1685 East Main Street, Suite 101
El Cajon, CA 92021
(619) 441-5800

Community Medical Pharmacy

750 Medical Center Court, Suite 1
Chula Vista, CA 91911
(619) 421-1131

Community Pharmacy

29115 Valley Center Road #F
Valley Center, CA 92082
(760)749-1156

Community Pharmacy of Escondido

757 East Valley Parkway
Escondido, CA 92025
(760) 743-6300

Community Prescription Center

640 University Avenue
San Diego, CA 92103
(619) 295-6688

Comprehensive Health Ctr Pharmacy

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

CVS Pharmacare Specialty Pharmacy

1010 University Avenue
San Diego, CA 92103
(619) 291-7377

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DrugCo Pharmacy

307 North Ash Street
Escondido, CA 92027
(760) 745-6672

Fallbrook Pharmacy

343 East Alvarado Street
Fallbrook, CA 92028
(760) 728-3128

Fletcher Med Pharmacy

8881 Fletcher Parkway, Suite 103
La Mesa, CA 91942
(619) 463-7770

Galloways Pharmacy

2995 National Avenue
San Diego, CA 92113
(619) 525-1551

Hillcrest Pharmacy

120 University
San Diego, CA 92103
(619) 260-1010

Imperial Beach Pharmacy

720 Highway 75
Imperial Beach, CA 91932
(619) 424-8143

KB Pharmacy

5065 El Cajon Blvd.
San Diego, CA 92115
(619) 501-8046

La Mesa Pharmacy

8301 La Mesa Boulevard
La Mesa, CA 91941
(619) 466-3246

Leo's Lakeside Pharmacy

9943 Maine Avenue
Lakeside, CA 92040
(619) 443-1013

Linda Vista Pharmacy

2361 Ulric Street
San Diego, CA 92111
(858) 277-6145

Logan Heights Family Health Center

1809 National Avenue
San Diego, CA 92113
(619) 515-2492

Longs Drugs

10350 Friars Road
San Diego, CA 92120
(619) 563-9990

MED CARE Pharmacy

161 Thunder Drive, Suite 100
Vista, CA 92083
(760) 758-0401

Medco Drugs

1252 Broadway
El Cajon, CA 92021
(619) 440-3448

Medical Arts Pharmacy

8851 Center Drive #110
La Mesa, CA 91942
(619) 461-8551

Medical Center Pharmacy

340 4th Avenue #1
Chula Vista, CA 91910
(619) 422-9291

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Medical Center Pharmacy

1635 3rd Avenue, Suite A
Chula Vista, CA 91911
(619) 585-8818

Medical Center Pharmacy

865 3rd Avenue #102
Chula Vista, CA 91911
(619) 585-0665

Medical Center Pharmacy

765 Medical Center Court #208
Chula Vista, CA 91911
(619) 656-2846

Medical Center Pharmacy

310 Santa Fe Drive #109
Encinitas, CA 92024
(760) 753-9433

Medical Center Pharmacy

7930 Frost Street #104
San Diego, CA 92123
(858) 560-1911

Neighborhood Healthcare Pharmacy

420 Elm Street
Escondido, CA 92025
(760) 737-2025

Nudo's Pharmacy

455 North Magnolia Avenue
El Cajon, CA 92020
(619) 442-0303

Paradise Valley Pharmacy

5865 Cumberland Street
San Diego, CA 92139
(619) 471-3710

Park Boulevard Pharmacy

3904 Park Boulevard
San Diego, CA 92103
(619) 295-3109

PillCo Pharmacy #1

8575 Los Coches Road, Suite 5
El Cajon, CA 92021
(619) 561-5602

PillCo Pharmacy #2

2939 Alta View Drive, Suite L
San Diego, CA 92139
(619) 470-4550

PJ's Prescription Shoppe

3405 Kenyon Street
San Diego, CA 92110
(619) 223-5405

Price Rite Pharmacy

5115 Garfield Street
La Mesa, CA 91941
(619) 469-0161

Priority Pharmacy

3935 1st Avenue
San Diego, CA 92103
(619) 688-2290

Quality Care Pharmacy

727 West San Marcos Boulevard, Suite 113
San Marcos, CA 92069
(760) 744-5959

Ralph's Pharmacy

300 North 2nd Street
El Cajon, CA 92021
(619) 579-8022

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Ramona Pharmacy

677 Main Street
Ramona, CA 92065
(760) 789-0180

Rancho Park Pharmacy

1331 Encinitas Boulevard
Encinitas, CA 92024
(760) 436-2011

Rite Aid Pharmacy

1665 Alpine Boulevard
Alpine, CA 91901-3859
(619) 659-1085

Rite Aid Pharmacy

7100 Avenida Encinas C
Carlsbad, CA 92009
(760) 431-7380

Rite Aid Pharmacy #1

3650 Adams Avenue
San Diego, CA 92116
(619) 563-0802

Rite Aid Pharmacy #2

4840 Niagara Avenue
San Diego, CA 92107
(619) 222-7503

Rite Aid Pharmacy #3

4077 Governor Drive
San Diego, CA 92122
(858) 453-4455

San Ysidro Health Center

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 662-4142

Sav Mart Pharmacy

3445 Midway Drive #A
San Diego, CA 92110
(619) 223-2291

Semca Pharmacy

286 North Euclid Avenue, Suite 206
San Diego, CA 92114
(619) 263-6635

Statscript Pharmacy

3900 5th Avenue #110
San Diego, CA 92103
(619) 294-5474

Tri City Community Health Center

161 Thunder Drive #212
Vista, CA 92083
(760) 631-5030

TSSI Pharmacy

7200 Parkway Drive #103, 104 & 105
La Mesa, CA 91942
(619) 644-2170

UCSD Ambulatory Care Pharmacy

4168 Front Street
San Diego, CA 92103
(619) 543-6191

UCSD Medical Center Pharmacy

200 West Arbor
San Diego, CA 92103
(619) 543-6191

UCSD Medical Group Pharmacy

330 Lewis Street
San Diego, CA 92103
(619) 471-9235

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UCSD Moores Cancer Center

3855 Health Science Drive
La Jolla, CA 92092-0845
(858) 822-608

UCSD Perlman Pharmacy

9350 Campus Point Drive
La Jolla, CA 92037-7729
(858) 657-8610

Upas Pharmacy

3332 Third Avenue
San Diego, CA 92103
(619) 297-1677

Vista Community Clinic

517 North Horne Street
Oceanside, CA 92054
(760) 631-5250

White Cross Drug Store

474 Fairmount Avenue
San Diego, CA 92105
(619) 284-1141

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CMS PRIMARY CARE DENTAL CLINICS BASIC DENTAL SERVICES

ADA Code	Description
D0140	Limited Oral Evaluation
D0150	Comprehensive Oral Evaluation
D0120	Period Oral Evaluation
D9110	Palliative (emergency) treatment
D0220	Intraoral periapical, single, first film
D0230	Intraoral periapical, each additional film
D0210	Intraoral, complete series (including bitewings)
D0240	Intraoral, occlusal film
D0250	Extraoral, first film
D0260	Extraoral, each additional film
D0272	Bitewings, two films
D0270	Bitewing, single film
D7140	Removal of erupted tooth
D7210	Removal of erupted tooth, surgical
D9930	Post-operative visit, complications
D7510	Incision and drainage of abscess, intraoral
D7520	Incision and drainage of abscess, extraoral
D7270	Reimplantation/stabilization of evulsed tooth
D7910	Suture soft tissue wounds up to 5 cm
D9230	Conscious sedation (nitrous oxide)
D9951	Occlusal adjustment (minor spot grinding)
D3220	Pulpotomy, therapeutic
D3240	Pupal therapy (resorbable filling) – posterior primary tooth
D3351	Apexification/Recalcification - initial visit
D3352	Apexification/Recalcification – interim medication replacement
D2140	Amalgam, one surface, primary or permanent tooth
D2150	Amalgam, two surfaces, primary or permanent tooth
D2160	Amalgam, three surfaces, primary or permanent tooth
D2161	Amalgam, four or more surfaces, primary or permanent tooth

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D2330	Resin based composite – one surface anterior
D2331	Resin based composite – two surfaces anterior
D2332	Resin based composite – three surfaces anterior
D2335	Resin based composite – four or more surfaces anterior
D2391	Resin based composite – one surface posterior
D2392	Resin based composite – two surfaces posterior
D2393	Resin based composite – three surfaces posterior
D2394	Resin based composite – four or more surfaces posterior
D2910	Recement inlay
D2920	Recement crown
D6930	Recement fixed partial denture
D5410	Adjust complete denture - maxillary
D5411	Adjust complete denture – mandibular
D5421	Adjust partial denture – maxillary
D5422	Adjust partial denture – mandibular