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Cataract Spectacles and Lenses

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(3))

Spectacles, contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery. One pair of conventional eyeglasses or contact lenses is covered after cataract surgery with insertion of an intraocular lens.

Benefit Exclusions

Spectacles or lenses not associated with cataract surgery.

Examples of Covered Benefits

1. Cataract spectacles lenses that replaces natural lens of the eye.
2. Cataract contact lenses that replaces natural lens of the eye.
3. Intraocular lenses.
4. Conventional eyeglasses or contact lenses after surgery.

Examples of Non-Covered Benefits

1. Spectacles or lenses needed for a refractive error.

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Chemotherapy

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(2))

All acceptable chemotherapy regimens are covered if performed by a qualified provider of service when medically necessary and when prior authorization, if required by the IPA, has been obtained.

Benefit Exclusion

Experimental and investigational therapies are not covered service benefits.

Examples of Covered Benefits

1. All medically necessary, acceptable therapies or combination of therapies, when ordered by a treating physician and prior authorization be obtained if required.

Examples of Non-Covered Benefits

1. Experimental therapies.
2. Investigational therapies.

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Chiropractic

Definition

Chiropractic services mean services a chiropractor may perform under California laws limited to treatment involving manual manipulation of the spine.

Benefit Coverage

Not a covered benefit.

Benefit Exclusion

Chiropractic services are not covered through the IEHP Healthy Families Program.

Examples of Non-Covered Benefits

1. All chiropractic services, including treatment of the spine by manual manipulation and chiropractic professional services.
2. X-rays when part of a chiropractic service.

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Circumcision

Benefit Coverage

Circumcisions are only covered by IEHP when medically necessary.

Benefit Exclusion

All circumcisions requested for parental or patient preference, or cosmetic reasons are not covered. Routine circumcision of newborns is not covered by IEHP.

Examples of Covered Benefits

1. Circumcision is covered when medically necessary due to associated penile conditions.

Examples of Non-Covered Benefits

1. Female circumcisions.
2. Requests for circumcision without the basis of medical necessity.
3. Routine circumcisions for newborns.

Cosmetic Surgery

Benefit Coverage

Procedures for cosmetic purposes are limited to the correction of defects due to illness or accident and are generally subject to prior authorization.

Cosmetic Surgery means surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.

Reconstructive Surgery means surgery performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:

1. To improve function.
2. To create a normal appearance, to the extent possible.

Benefit Exclusion

Cosmetic surgery or expenses incurred in connection with cosmetic surgery are not a covered benefit. Cosmetic surgery includes any surgical procedure directed at improving appearance unless required for the repair of defects due to illness or accidental injury.

Examples of Covered Benefits

1. Medically necessary nasal septoplasty (excluding rhinoplasty) if there is a documented airway blockage, and if appropriate non-surgical measures have been exhausted or if there is documented recurrent one-sided purulent sinusitis related to a deviated septum.
2. Reconstructive surgery following a medically necessary mastectomy to include implants and a special brassiere, if required.
3. Reconstructive surgery after trauma to improve function or create a normal appearance to the extent possible.

Cosmetic Surgery (continued)

Examples of Non-Covered Benefits

1. Face Lifts.
2. Liposuction.
3. Bilateral Mammoplasty (cosmetic).
4. Tattoo Removal.
5. Rhinoplasty.

See: Reconstructive Surgery