

Immunizations

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

Immunizations, provided by the PCP, consistent with the Recommended Childhood Immunization Schedule/United States jointly adopted by the American Academy of Pediatrics (AAP), Advisory Committee on Immunization Practices (ACIP), and American Academy of Family Physicians (AAFP).

Travelers' immunizations as recommended by the ACIP.

Benefit Exclusion

Immunizations not recommended by one of the organizations above. The PCP must provide immunizations. Local Health Department Immunization clinics are not a benefit.

Examples of Covered Benefits

1. Childhood immunizations based on the most recent Recommended Childhood Immunization Schedule/United States.
2. Tetanus, Diphtheria (TD) - Usually given at 11 to 12 years of age and as needed due to injury. Boosters are recommended every 10 years.
3. Influenza vaccine (flu shot) given in accordance with the most recent Centers for Disease Control and Prevention (CDC) guidelines published in the most recent Morbidity and Mortality Weekly Report (MMWR).
4. Pneumococcal vaccination one time for Members at high risk for pneumococcal disease (e.g., post-splenectomy).
5. Travel immunizations consistent with the recommendations of ACIP.
6. Tdap boosters to prevent Pertussis in pre-teens and teens as per California Department of Public Health (CDPH) recommendations.

Examples of Non-Covered Benefits

1. Influenza or Pneumococcal vaccine when the patient is not at high risk.
2. Immunizations received at Local Health Department clinics.

Inpatient Hospital Services

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(1)(A))

Covered services include: general hospital services, in a room of two or more, with customary furnishings and equipment, meals (including special diets as medically necessary), and general nursing care. All medically necessary ancillary services such as: use of operating room and related facilities; intensive care unit and services; drugs, medications, and biologicals; anesthesia and oxygen; diagnostic laboratory and x-ray services; special duty nursing as medically necessary; physical, occupational, and speech therapy (subject to visit limitations under the Physical/Occupational/Speech Therapy benefit), respiratory therapy; administration of blood and blood products; other diagnostic, therapeutic and rehabilitative services as appropriate; and coordinated discharge planning, including the planning of such continuing care as may be necessary.

Inpatient hospital services in connection with dental procedures when hospitalization is required because of an underlying medical condition and clinical status or because of the severity of the dental procedure. IPAs shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon are excluded for dental procedures.

Benefit Exclusion

Inpatient services related to non-emergency admissions when the required prior authorization is not obtained from the IPA. Also excluded are personal or comfort items or a private room.

Examples of Covered Benefits

1. Semi-private room.
2. ICU, CCU, PICU, NICU.
3. Meals and special diets (e.g., low fat, low cholesterol, low sodium).
4. Operating room/labor and delivery room/recovery room.
5. Drugs and Medications.
6. Inhalation/Respiratory therapy.
7. Laboratory and Radiology services.
8. Physical Therapy.
9. Other hospital services, which are related to the patient's diagnosis and are, deemed medically necessary.

Inpatient Hospital Services (continued)

Examples of Non-Covered Benefits

1. Beds, cots, meals for guests and/or relatives.
2. Telephone charges.
3. Non-medically necessary hospitalization.
4. Late charges incurred due to patient convenience.
5. Surgical procedures performed on an inpatient basis, which can be performed safely on an outpatient, or ambulatory basis, will not be paid when performed as an inpatient, unless specifically authorized as an inpatient procedure.
6. Convenience items supplied by the hospital (shampoo, slippers, etc.).
7. Additional charges related to patient preferences:
 - a. Private room.
 - b. Television.
 - c. Special meals not medically necessary.
 - d. Private duty nursing.
8. Cost when Member refuses to transfer to network hospital when medically stable.