

Abortion (Voluntary)

Benefit Coverage

Medically necessary abortions are a covered benefit, regardless of the age of the fetus. Services may be required to be provided by in-network providers but where in-network services are not available, IPAs must arrange out-of-network access.

Benefit Exclusion

Non-legal abortions.

Examples of Covered Benefits

1. Spontaneous, missed or septic abortions, any trimester.
2. Incidence of rape or incest resulting in a pregnancy.
3. Abortion in the case of fetal demise.
4. Elective abortions.

Examples of Non-Covered Benefits

1. None.

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Acquired Immune Deficiency Syndrome (AIDS)

Benefit Coverage

Members have coverage to access confidential Human Immunodeficiency Virus (HIV) counseling and testing through their PCP or at anonymous test sites. Treatment is provided through the provider network. Diagnostic and treatment services for the treatment of HIV Disease or Acquired Immune Deficiency Syndrome (AIDS) are covered. Members up to age 21 are referred to California Children's Services (CCS).

Benefit Exclusion

Patients with an established diagnosis of symptomatic HIV disease or AIDS and who have been accepted into the CCS Program.

Examples of Covered Benefits

1. Confidential HIV counseling and testing for Members age 12 and older.
2. HIV testing on newborns.
3. Diagnostic and treatment services for individuals with HIV prior to acceptance in the CCS Program.
4. Routine prenatal HIV testing.
5. Routine HIV screening.

Examples of Non-Covered Benefits

1. Services available through the CCS. Program for Members referred to and accepted by the CCS program.

Acupuncture Services

Definition

Acupuncture services mean the stimulation of a certain point or points on or near the surface of the body by the insertions of needles to prevent, modify, or alleviate the perception of severe, persistent and chronic pain resulting from a generally recognized medical condition.

Benefit Coverage

Not a covered benefit.

Benefit Exclusion

Acupuncture is not covered through the IEHP Healthy Families Program.

Examples of Non-Covered Benefits

1. Acupuncture.
2. Acupressure.

Alcohol and Drug Abuse

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subd. (a)(11))

Inpatient hospitalization for medically necessary detoxification for alcoholism or drug abuse and outpatient crisis intervention and treatment of alcoholism or drug abuse.

Authorization must be obtained from IEHP for all substance abuse treatment related inpatient and outpatient services.

Benefit Exclusions

Inpatient treatment other than detoxification. Any treatment not pre-authorized by IEHP.

Examples of Covered Benefits

1. Inpatient or outpatient alcohol or drug detoxification.
2. Outpatient crisis intervention.
3. Outpatient treatment that has been pre-authorized by IEHP.

Examples of Non-Covered Benefits

1. Inpatient crisis intervention for alcohol or drug abuse issues.
2. Inpatient residential treatment.
3. Any treatment not pre-authorized by IEHP.

Allergy Testing and Serum

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

Allergy testing and allergy treatment, including antigens and serums, are covered when determined as medically necessary.

All allergy testing services and antigen injections generally require prior authorization through the IPA.

Benefit Exclusion

Allergy testing and treatment without prior authorization unless pre-approved by policy by IPA.

Examples of Covered Benefits

1. Allergy testing as appropriate.
2. Administration of allergens when medically necessary, following the authorization guidelines noted above.
3. Radioallergosorbent test (RAST) only if skin testing is unsuccessful and/or the Member is unable to tolerate skin testing due to an existing skin condition.

Examples of Non-Covered Benefits

1. Services for allergy testing or treatment when prior written authorization is not obtained.
2. Routine RAST testing, except as noted above.
3. Continued allergy therapy if the Member is non-compliant (does not follow physician orders) and/or does not keep routine appointments.
4. Cytotoxicity testing/Bryan's test.
5. Urine autoinjection.
6. Skin titration/Rinkel method.
7. Provocative and neutralizing testing (subcutaneous).
8. Sublingual provocative test.
9. Serum allergy/histamine release tests.