

**Please circulate to others and file in your *Provider Manual* for future reference.**

October 1, 2010

## **MEDICARE ADVANTAGE (COMMUNICARE ADVANTAGE) PROVIDER MANUAL REVISIONS**

Attached you will find our updated versions of CHG's "Services That Do Not Require Prior Authorization" and "Preferred Providers for Radiological Diagnostic Services at Free-Standing Facilities". Changes to these lists reflect additional/replacement CPT codes for services already listed and updated address/phone numbers and services for preferred diagnostic facilities. Effective immediately, these lists replace all other versions for our CommuniCare Advantage program.

The new "Services That Do Not Require Prior Authorization" and "Preferred Providers for Radiological Diagnostic Services at Free-Standing Facilities" listings can also be accessed on-line at [www.chgsd.com](http://www.chgsd.com) under Health Care Resources/Referral Request Resources in the Providers section of our website.

We have also included the following updates to our CommuniCare Advantage provider manual. Please take a moment to review and contact us if you have any questions.

- Introduction
  - Contacting CHG **revised** to include updated employee names and email addresses
- Access to Care
  - Telephone Advice Nurse **revised** the scope of the Telephone Advice Nurse
- Claims
  - Submitting Claims **revised** to include the National Correct Coding Initiative adopted by the Centers for Medicare & Medicaid Services (CMS)
- Emergency Care
  - Coordinating Urgent and Emergency Care **revised** the scope of the Telephone Advice Nurse
- Member Services
  - Language Assistance Program **revised** to incorporate new operational requirements and replaces the existing pages for *Language Interpreter Services* and *Communication with Hearing-Impaired Members*
- Primary Care
  - Primary Care Responsibilities **revised** to include "Languages spoken by providers" under Notice of Operational Changes
- Referral and Authorization
  - Services That Do Not Require Prior Authorization **revised** to reflect new or replacement CPT/HCPCS codes and related services
  - Preferred Providers for Radiological Diagnostic Services at Free-Standing Facilities **revised** with new or updated addresses, telephone/fax information and scope of service

As always, we thank you for your cooperation!

**Please note: this Provider Alert amends the Provider Manual; your Provider Services Agreement is amended accordingly.**

## 2. Contacting CHG

Community Health Group  
 740 Bay Boulevard, Chula Vista, CA 91910  
 (619) 422-0422 (800) 640-4662  
 Fax: (619) 422-5930  
 Website: [www.chgsd.com](http://www.chgsd.com)

	Phone	Fax	E-mail
<b>Administration</b>			
Information Systems	(619) 498-6413	(619) 476-3818	<a href="mailto:asombi@chgsd.com">asombi@chgsd.com</a>
Quality Improvement	(619) 498-6454	(619) 425-5720	<a href="mailto:cander@chgsd.com">cander@chgsd.com</a>
<b>Financial Services</b>			
Financial Solvency	(619) 498-6427	(619) 425-7803	<a href="mailto:derk@chgsd.com">derk@chgsd.com</a>
Capitation Payments	(619) 498-6491	(619) 425-7803	<a href="mailto:fquiri@chgsd.com">fquiri@chgsd.com</a>
<b>Health Care Services</b>			
Authorization and Referrals	(619) 498-6400 (800) 224-7766	(619) 425-5348 (619) 425-5720	<a href="mailto:mjazo@chgsd.com">mjazo@chgsd.com</a>
Behavioral Health Services	(800) 404-3332	(877) 862-7603	<a href="mailto:gscola@chgsd.com">gscola@chgsd.com</a>
<i>United Behavioral Health</i>	(800) 479-3339		
Case Management	(619) 498-6400 (800) 945-5570	(866) 897-6024	<a href="mailto:ehutt@chgsd.com">ehutt@chgsd.com</a>
Chief Medical Officer	(619) 498-6593	(619) 407-4648	<a href="mailto:ehutt@chgsd.com">ehutt@chgsd.com</a>
Community and Preventive Services	(619) 498-6429	(619) 498-3811	<a href="mailto:cmanci@chgsd.com">cmanci@chgsd.com</a>
Pharmacy Services	(619) 498-6476	(619) 407-4653	<a href="mailto:nkoizu@chgsd.com">nkoizu@chgsd.com</a>
<i>MedImpact</i>	(858) 566-2727 (800) 788-2949	(858) 578-9732	
<b>Operations</b>			
Claims	(619) 498-6456	(619) 425-7803	<a href="mailto:npinta@chgsd.com">npinta@chgsd.com</a>
Contracting	(619) 498-6526 (619) 498-6560	(619) 476-3836 (619) 476-3836	<a href="mailto:dritch@chgsd.com">dritch@chgsd.com</a> <a href="mailto:vgonza@chgsd.com">vgonza@chgsd.com</a>
Fraud & Abuse Hotline	(800) 651-4459		<a href="mailto:fchave@chgsd.com">fchave@chgsd.com</a>
Marketing	(619) 498-6557	(619) 585-0932	<a href="mailto:jetorre@chgsd.com">jetorre@chgsd.com</a>
Member Services	(619) 498-6464 (888) 244-4430	(619) 426-9437	<a href="mailto:jferna@chgsd.com">jferna@chgsd.com</a>
Provider Relations	(619) 498-6457	(619) 476-3836	<a href="mailto:vmgonza@chgsd.com">vmgonza@chgsd.com</a>
Provider Services	(619) 498-6498	(619) 427-3386	<a href="mailto:npinta@chgsd.com">npinta@chgsd.com</a>
Regulatory Affairs/ Compliance Officer	(619) 498-6589	(619) 476-3836	<a href="mailto:fchave@chgsd.com">fchave@chgsd.com</a>
Telephone Advice Nurse (TAN)	(800) 647-6966	(877) 862-7603 5pm to 8:00 daily	

## Telephone Advice Nurse (TAN)

Our Telephone Advice Nurse (TAN) provides medical advice to members from 5:00 p.m. to 8:00 a.m., 7 days a week. The Telephone Advice Nurse at (800) 647-6966 will:

- Triage member calls, according to established protocols
- Direct the member to the appropriate care facility
- Instruct the patient according to appropriate medical protocols, if home treatment advice is appropriate

The advice may include instructions for the member to call his/her primary care physician's (PCP) office for an appointment. It is expected that these patients will be triaged by the PCP's Case Manager and given same day appointments if medically indicated.



For further information regarding the **Telephone Advice Nurse** program, contact Member Services at (619) 498-6464 or (888) 244-4430.

### ***Billing for Mid-Level Practitioners' Services***

If the rendering provider is a mid-level practitioner, include license number of supervising physician.

### **National Correct Coding Initiative**

Providers are required to follow the coding policies established under the National Correct Coding Initiative (NCCI) adopted by the Centers for Medicare and Medicaid Services (CMS). The NCCI promotes national correct coding methodologies to control improper coding leading to inappropriate payment of claims. The coding policies are based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

CHG follows NCCI coding policies during the claims adjudication process. Additionally, we have implemented NCCI edits within our claim processing system as a general reference tool that explains the rationale for NCCI edits. The purpose of the NCCI edits is to prevent improper payment when incorrect code combinations are reported (i.e., billing code pairs that should not be reported together).

Further information on NCCI policies and edits can be found in the NCCI Coding Policy Manual for Medicare Services.

### **When to Submit Claims**

#### ***Primary Care, Specialty, and Ancillary Providers***

Claims must be submitted within **120 calendar days** from the date of service. If CHG is a secondary payor, claims must be submitted within **90 days** of the receipt or denial of the primary payment with a copy of the primary payor's EOB.

#### ***Hospitals and Skilled Nursing Facilities***

Claims must be submitted within **120 calendar days** following the date of discharge or within **120 calendar days** of the date of service unless CHG is secondary payor. If CHG is secondary payor, claims must be submitted within **90 days** of the receipt or denial of the primary payment.

If a hospitalized member incurs an extended length of stay, the hospital should submit interim claims to CHG. These claims must be coded as "interim claims."



CHG does not have an obligation for claims received more than 120 calendar days after the date of service or date of discharge. The member may not be billed if the provider fails to bill in a timely manner.

### **Claims Denied by Primary Payors**

Claims denied by any primary payor must be submitted to CHG within **90 calendar days** of the denial of the primary payor's EOB.

When CHG is notified of an out-of-area admission, a CHG case manager coordinates the transfer to a contracted facility when the member is medically stable for transfer.

### Scope of the Telephone Advice Nurse (TAN)

Within its scope of services, TAN:

- Triages member calls
- Provides members with medical advice
- Provides written notification to CHG of member emergency and urgent care encounters

For information on coordinating **urgent and emergency care**, contact Health Care Services at (619) 498-6400 or (800) 945-5570.

## Language Assistance Program

### Overview

CHG's language assistance program is dedicated to meeting the language needs of our members. Language assistance services, both clinical and non-clinical, are provided in a culturally competent manner and accessible to all members, including those with limited English proficiency or reading skills, hearing or visual impairment, and diverse cultural and ethnic backgrounds.

Although a majority of CHG staff is bilingual and adequately proficient to provide translation and interpretation services, we also contract with designated agencies to provide limited English proficient members with language assistance services not available through CHG staff. The purpose of the language assistance program is to:

- provide clear communication with members,
- ensure effective interpretation and translation services are easily accessible and available to members in threshold languages, and,
- support appropriate and timely provision of care.

Interpretation services, whether medical or non-medical in nature, are available to all members at all points of contact. Please note that the language assistance program is accessible at no cost to either the member or the provider.

### Member Assessment and Education

CHG conducts an annual assessment to review member language needs and demographic profiles. Member language preferences and ethnic diversity are evaluated to determine significant changes in threshold languages. This information is entered into CHG's information system which is available to all staff and providers who interact with CHG members.

We also educate members on accessing language assistance services. We convey the availability of these services via our Evidence of Coverage (EOC), new member welcome calls, contacts with Member Services to request interpreter assistance, or when care is accessed and interpreter services are not readily available through the provider's office.

All requests for interpreter services are coordinated through Member Services. Members with limited English proficiency are encouraged not to bring family, including their minor children, or friends to medical appointments for the sole purpose of providing translation assistance.

## Provider Training and Education

During the primary care site certification process, we conduct a needs assessment to determine the type and amount of training providers and staff may need in order to meet the language needs of their prospective members. This assessment is based in part on the demographic area served by the primary care site.

When members report their preferred language, we capture this information and make it available to all CHG providers through our on-line eligibility system.

Requests for interpreter services are coordinated through Member Services. Staff is available 24 hours a day, seven days a week. When there is a need for interpreter service for languages other than those readily available from CHG staff, interpreter services are provided through the use of the Language Line, available 24 hours per day, seven days a week. Training on the availability and use of interpreter services is mandatory for all primary care providers and their staff.

Providers are also required to document any member refusal for interpreter or translation services in the member’s medical record.

✓ Members with limited English proficiency should not be encouraged to bring family, including minor children, or friends to medical appointments for the sole purpose of providing translation assistance.

## Access to Telephone Interpreter Services

Language assistance is provided by the appropriate interpreter in a conference call setting. A CHG Member Services representative remains on the line to provide additional service or answer any questions that are translated by the interpreter for the member.

Time	Call	Number
24 hours a day	Member Services	(619) 498-6464 (888) 244-4430

Make your language request to Member Services staff. If staff is unable to provide linguistic help, they will contact a Language Line representative for additional assistance.

## Face-to-Face Interpreter Services

CHG can also arrange face-to-face interpreter services. Call Member Services with information regarding the language requested, the date and time of the member’s appointment, and the address where the interpretation will take place.

## Communication with Hearing-Impaired Members

CHG is committed to providing hearing-impaired members access to services through:

- Network Interpreting Service, which can arrange an interpreter to accompany a member to a health care appointment
- California Relay Service's Telecommunications Device for the Deaf (TDD).

The California Relay Service (CRS) operates 24 hours a day, seven days a week. Users can make as many calls as desired and talk as long as needed. There is no charge to either the member or provider to use this relay service. All calls made through the CRS are confidential. Member Services coordinates these services.

If providers do not have their own arrangements for interpretation and TDD services, they may contact Member Services at (619) 498-6464 or (800) 224-7766, 24 hours a day, seven days a week. Depending on the type of assistance required, an interpreter will be scheduled or a message will be typed to the member via TDD and the member's response will be verbally relayed.

Training on the availability and proper use of interpreter resources and TDD equipment is mandatory for all primary care providers and their staff.

## Communication for Visually-Impaired Members

CHG makes available printed material upon request for members who are visually-impaired. Requests for enlarged print or audio recordings, including those related to grievance procedures and forms or CHG's response, are coordinated through the Braille Institute Universal Media Services at:

The Braille Institute  
741 North Vermont Avenue  
Los Angeles, CA 90029  
Contact: Carol Jimenez, Transcribing Coordinator

All requests for services are coordinated through Member Services

## Health Education Materials

We also make available, at no cost to either members or providers, health education materials in several languages and appropriate reading levels.

For further **information** or **assistance with language interpreter services** or **services for hearing or visually-impaired members**, contact Member Services at (619) 498-6464 or (800) 224-7766.

For training on the **use of interpreter services and TDD** equipment, contact Provider Relations at (619) 498-6457.

## Notification of Operational Changes

Primary care sites must notify CHG in writing at least 45 days in advance of any operational changes that pertain to:

- Delivery of care
- Address, telephone number, hours of operation
- Physician and non-physician medical practitioner roster updates
- Physician profiles
- Languages spoken by providers
- Contractual status, including closing of panel to new plan members
- Changes in hospital privileges
- Opening additional sites



Please fax all changes to Provider Relations at (619) 476-3836.

## Services That Do Not Require Prior Authorization

- If diagnostic services listed below are directed to providers not listed as “Preferred Free-Standing Facilities” on the following pages, **PRIOR AUTHORIZATION IS REQUIRED.**
- Any services including those listed below performed at hospital-based facilities **REQUIRE PRIOR AUTHORIZATION** from CHG.
- Eligibility/IPA membership must be verified prior to submitting requests for service.
- All other services must be obtained from providers and facilities in CHG’s contracted network with the exception of the following: **minor consent, preventive health and emergency services.** Services related to **infertility, perinatology or genetics REQUIRE PRIOR AUTHORIZATION.**
- Minor consent and preventive health services **do not require prior authorization but must be obtained from a contracted plan provider.**

Codes	Description	Line of Business
11976	Insertion/removal of implantable contraceptive capsules	Medicare
19100, 19102, 10021-10022, 77031	Stereotactic breast biopsy	Medicare
45330	Screening flexible sigmoidoscopy (if age 50 or over)	Medicare
45378, 45380	Colonoscopy (if age 50 or over)	Medicare
56420	I & D of Bartholin cyst or abscess	<i>In-office procedure only</i>
56501	Trichloroacetic acid/cryotherapy for vulva warts	Medicare
56515	Excision of vulvar and peri-rectal condyloma	Medicare
57061	Destruction of vaginal lesion(s); simple, any method	Medicare
57452–57454	Colposcopy with and without biopsy	Medicare
57460	LEEP	<i>Facility requires prior authorization</i>
57500	Cervical polypectomy/biopsy	Medicare
57510-57511	Cryocautery of cervix, initial or repeat	Medicare
58100	Endometrial biopsy	Medicare
58120	Uterine D & C (Non-Obstetrical)	<i>Facility requires prior authorization</i>
58300-58301, J7300, J7302	IUD insertion and removal	Medicare
59000, 76946	Amniocentesis, any method, Ultrasonic guidance for amniocentesis	Medicare
59025	Fetal non-stress test (NST)	<i>Facility authorization not required</i>
59400, 76805(x1)	Basic obstetrical care per ACOG guidelines	Medicare
59409, 59514	Vaginal delivery, C-section (professional only)	Medicare
59510	Routine OB care including C-Section	Medicare
59820-59821	Uterine D & C for treatment of missed abortion, completed surgically	Medicare
59840-59841, 59850-59851	Abortion (including RU-486)	<i>Performed at contracted facility</i>
74240-74241, 74245-74247, 74249	UGI Series	Medicare
74270	Barium Enema	Medicare
74400	IVP	Medicare
77051-77059, G0202	Mammogram	Medicare
76536	Ultrasound, Thyroid	Medicare
76645	Ultrasound, Breast	Medicare

Codes	Description	Line of Business
76700-76705	Ultrasound, Abdominal	Medicare
76805, 76810, 76815-76816	Ultrasound OB, OB of a multiple gestation pregnancy after 1st trimester, Ultrasound limited, OB Ultrasound (gestational age, heart beat, placental location, fetal position, Echo PG uterus B-scan with image documentation)	Medicare
76817, 76830	Ultrasound, Transvaginal	Medicare
76856-76857	Ultrasound, Pelvic	Medicare
76870	Ultrasound, Scrotum	Medicare
76872	Ultrasound, Prostate	Medicare
76942	Ultrasonic guidance needle biopsy	Medicare
78730	Urinary bladder residual study	Medicare
	Plain Film X-Rays; 1-4 views for Head, Chest, Spine and Pelvis, Abdomen, Upper/Lower Extremities	Medicare
80055, 80074, 80076, 85025, 86592, 86762, 86850, 86900-86901, 87340	OB Labs	Medicare
81025	Pregnancy testing and counseling	Medicare
82143	Amniotic fluid scan (spectrophotometric)	Medicare
82803	Arterial blood gas	Medicare
86359-86361	T-cell	Medicare
86592	Syphilis Test	Medicare
GC: 86631-86632, 87081, 87210, 87810	Lab tests necessary as part of decision making process for choice of contraceptive methods	Medicare
86689, 86701-86703, 87390-87391, 99202-99203	Screening, testing, and counseling of at-risk individuals for HIV and referral for treatment	Medicare
86803	Hepatitis C Antibody	Medicare
87485-87492	Chlamydia	Medicare
87528-87539	Herpes or HIV	Medicare
87590-87592	Neisseria gonorrhoea	Medicare
87621	HPV DNA Assay	Medicare
88141-88167, Q0091	Cytopathology / PAP, Screen pap smear	Medicare
88300-88309	Level I-Level VI surgical pathology; biopsy	Medicare
90384-90386	Rhogam full dose; mini dose	Medicare
93000	Routine EKG with at least 12 leads; interpretation/report ( <b>Adults only</b> )	Medicare
93880, 93882	Carotid Doppler	Medicare
94760-94761	Noninvasive ear or pulse oximetry for oxygen saturation; single reading	Medicare
99201-99204	Diagnosis and treatment of STDs if medically indicated	Medicare
99201-99204	Provision of contraceptive pills/devices/supplies	Medicare
99201-99204, 99242-99243	History & Physical examination – OB/GYN	Medicare
99201-99204, 99242-99244	Endocrinology/Podiatry consultation with a diagnosis of diabetes ( <b>Adults only</b> )	Medicare
99201-99204, 99242-99244, 92002-92004, 92014, 92083	Ophthalmology consult with a diagnosis of diabetes ( <b>Adults only</b> )	Medicare
99211-99215	Follow up care visits for OB/GYN services	Medicare
99238, 99460, 99462-99463	Normal newborn care in hospital	Medicare
99243	Initial consultation (limited to cardiology and pulmonology) <i>Please contact CHG Referral Department (800) 498-6400 for current referral providers</i>	Medicare
99404, 99412	Health education	Medicare
A7005, A7011, A7015	Administration Kit, Nebulizer Tubing and Nebulizer Mask	Medicare
E0100, E0105	Cane	Medicare

Codes	Description	Line of Business
E0114	Crutches – Limit 1 pair of crutches in 6 month period	Medicare
E0135, E0143	Walker <i>from LifeCare Solutions ONLY</i>	Medicare
E0155 (wheel attachment); E0156 (seat attachment)	Walker wheel attachment, rigid pick-up walker, pair/seat attachment <i>from LifeCare Solutions ONLY</i>	Medicare
E0163	Commode ( <b>Adults only</b> ) <i>from LifeCare Solutions ONLY</i>	Medicare
E0944, L8300	Pelvic Belt (vulvar support)	Medicare
J1055	Medroxyprogesterone 150mg (Depo-Provera for contraception)	Medicare
L0120	Neck Collar, flexible, non-adjustable	Medicare
L0630	Lumbar Support/Maternity Support	Medicare
L1810, L1820, L1830	Knee Brace	Medicare
L3908	Wrist Splint	Medicare
L4350-L4360	Cam Walker (orthos may dispense w/visit)	Medicare

In order to assure that services from LifeCare Solutions for CHG members are processed timely, contact LifeCare Solutions at (858) 565-1800 (customer service). The following must be faxed to LifeCare Solutions at (858) 565-9223: **Patient Rx, address and phone number along with Authorization # for equipment orders as required. Equipment will only be delivered if these requirements are met.**

✓ **CommuniCare Advantage** members requiring normal routine eye care, optometric exams and glasses should contact CHG Member Services at (619) 498-6464 or (888) 244-4430.

✓ **CommuniCare Advantage** members **MAY NOT** be scheduled for routine/elective medical services at Sharp facilities.  
**SHARP IS A NON-CONTRACTED PROVIDER FOR COMMUNICARE MEMBERS.**

## San Diego County

### Preferred Providers for Radiological Diagnostic Services at Free-Standing Facilities

The following facilities are available for diagnostic services:

Area of County	Recommended Provider	Address and Phone Number	Services Provided	
North Coastal	Carlsbad Imaging Center	3144 El Camino Real, Suite 100 Carlsbad, CA 92008 T: (760) 730-3536 F: (760) 720-4833	MRI, CT, Ultrasound, X-Ray, DEXA	
	Cassidy Medical Group	145 Thunder Drive Vista, CA 92083 T: (760) 630-5485 F: (760) 630-2515	X-Ray, Mammogram	
	Encinitas MRI Center	345 Saxony Road, Suite 100 Encinitas, CA 92024 T: (760) 436-4155 F: (760) 436-4034	MRI, CT	
	Imaging Healthcare Specialists	477 North El Camino Real, Suite A-102 Encinitas, CA 92024 T: (760) 452-7150 F: (760) 632-5389	MRI, CT, Interventional Radiology, Pain Management, Ultrasound, DEXA, X-Ray	
	Imaging Healthcare Specialists	4150 Regents Park Row, Suite 195 La Jolla, CA 92037 T: (858) 622-6464 F: (858) 622-6460	Open MRI, CT Cardiac CT, Mammogram, Ultrasound	
	Imaging Healthcare Specialists	317 14 <sup>th</sup> Street, Suite 195 Del Mar, CA 92014 T: (858) 720-9294 F: (858) 362-7581	X-Ray	
	Imaging Healthcare Specialists	1200 Garden View Road, Suite 110 Encinitas, CA 92024 T: (760) 632-9729 F: (760) 452-7100	PET/CT, Ultrasound, Digital Mammogram, Nuclear Medicine.	
	Imaging Healthcare Specialists	3601 Vista Way, Building A, Suite 101 Oceanside, CA 92056 T: (760) 631-7505 F: (760) 631-7506	Open MRI, CT, Mammogram, Ultrasound, X-Ray	
	Imaging Healthcare Specialists	3601 Vista Way, Suite 101 Oceanside, CA 92056 T: (760) 631-7505 F: (760) 631-7506	MRI, CT, Ultrasound, Mammogram, X-Ray	
	InnerVision Wellness Imaging	6185 Paseo Del Norte, Suite 110 Carlsbad, CA 92009 T: (760) 804-9929 F: (760) 804-9939	CT, CT Cardiac Angiography	
	Tri-City PETCT	902 Sycamore Avenue, Suite 120 Vista, CA 92081 T: (760) 599-9940 F: (949) 242-5594	PET, CT	
	North Inland	Advanced MRI & CT of Escondido	255 North Elm Street, Suite 102 Escondido, CA 92025 T: (760) 743-3873 F: (760) 743-3874	MRI, CT
		Escondido Imaging Center	355 East Grand Avenue, Suite 3 Escondido, CA 92025 T: (760) 480-6519 F: (760) 480-1012	High Field MRI, Open MRI, MRA, CT, CTA
Gateway Radiology Center		15725 Pomerado Road, Suite 101 Poway, CA 92064 T: (858) 485-6500 F: (858) 485-6542	X-Ray, Ultrasound, Mammogram, Fluoroscopy, Image-guided Pain Management	
Imaging Healthcare Specialists		12620 Monte Vista Road, Suite A Poway, CA 92064 T: (858) 487-9729 F: (858) 487-4764	MRI, CT, Ultrasound, Digital Mammogram, DEXA, X-Ray	
Parkway Radiology Center		488 East Valley Parkway, Suite 404 Escondido, CA 92025 T: (760) 739-5400 F: (760) 739-8440	X-Ray, Ultrasound, Mammogram, Stereotactic Breast Biopsy	

Area of County	Recommended Provider	Address and Phone Number	Services Provided
North Inland -Continued-	Pomerado Imaging	15615 Pomerado Road Poway, CA 92064 T: (858) 485-6094 F: (858) 485-6059	MRI
	Pomerado Imaging	15725 Pomerado Road, Suite 109 Poway, CA 92064 T: (858) 485-6094 F: (858) 485-6059	High Field MRI, Open MRI, MRA, CT, CTA
Central	Imaging Healthcare Specialists	3366 Fifth Avenue San Diego, CA 92103 T: (619) 295-9729 F: (619) 295-2549	MRI, Open MRI, CT, Interventional Radiology, Pain Management, DEXA
	Imaging Healthcare Specialists	2466 First Avenue San Diego, CA 92101 T: (619) 849-6777 F: (619) 239-3667	MRI, CT, PET, Ultrasound, Digital Mammogram, X-Ray Stereotactic Biopsy, DEXA
	Imaging Healthcare Specialists	7625 Mesa College Drive, Suite 103 San Diego, CA 92111 T: (858) 268-4430 F: (858) 573-2266	Open MRI
	San Diego Imaging	7910 Frost Street, Suite 100 San Diego, CA 92123 T: (858) 634-5900 F: (858) 634-5990	MRI, CT, CCTA, MR/CT, Mammogram, Fluoroscopy, X-Ray, Ultrasound, DEXA, PET
	XDI Ultrasound	1915 Adams Avenue San Diego, CA 92116 T: (619) 546-8005 F: (619) 546-8007	Ultrasound
East	Grossmont Imaging – Fletcher Parkway	8881 Fletcher Parkway, Suite 102 La Mesa, CA 91942 T: (619) 461-1830 F: (619) 797-1484	MRI, CT, Ultrasound, Mammogram
	Grossmont Imaging - Santee	9640 Mission Gorge Road, Suite H Santee, CA 92071 T: (619) 258-8552 F: (619) 258-8553	MRI, CT, Ultrasound
	Imaging Healthcare Specialists	6386 Alvarado Court, Suite 107 San Diego, CA 92120 T: (619) 229-2299 F: (619) 229-2288	MRI, Open MRI, CT, DEXA, X-Ray Ultrasound, Digital Mammogram, Stereotactic Biopsy,
	Western Diagnostic Imaging Center	1663 Greenfield Drive El Cajon, CA 92021 T: (619) 588-2077 F: (619) 588-6662	DEXA, Vascular Doppler, X-Ray, Mammogram, Ultrasound
South	Imaging Healthcare Specialist	333 H Street, Suite 1095 Chula Vista, CA 91910 T: (619) 409-9119 F: (619) 409-9109	MRI, Open MRI, CT, Ultrasound, Digital Mammogram, DEXA
	San Diego Imaging – Chula Vista	765 Medical Center Court Chula Vista, CA 91911 T: (619) 397-6577 F: (619) 397-5182	MRI, CT, Ultrasound, DEXA
	San Diego Imaging – Chula Vista	860 Kuhn Drive, Suite 100 Chula Vista, CA 91914 T: (619) 397-6577 F: (619) 482-1892	MRI, Ultrasound
	Western Diagnostic Imaging Center	1635 Third Avenue, Suite G Chula Vista, CA 91911 T: (619) 409-6939 F: (619) 409-6949	DEXA, Vascular Doppler, X-Ray, Mammogram, Ultrasound, EKG, 2D Echo
	XDI Medical Diagnostic Imaging	404 Mile of Cars Way, Suite D National City, CA 91950 T: (619) 477-4934 F: (619) 477-1592	MRI, CT, Ultrasound, Doppler, DEXA, Mammogram, X-Ray



Providers who are contracted with an IPA must refer members to IPA-contracted facilities.