

# COCHISE HEALTH SYSTEMS

## PROTOCOLS

### APPENDIX B

UM005.P-A	<a href="#">PROTOCOL FOR SPECIALTY CONSULTATIONS</a>
P-A1	<a href="#">SPECIFIC GUIDELINES FOR PODIATRY</a>
P-A2	<a href="#">SPECIFIC GUIDELINES FOR DENTAL SERVICES</a>
P-A3	<a href="#">SPECIFIC GUIDELINES FOR DENTURES</a>
P-A4	<a href="#">SPECIFIC GUIDELINES FOR CATARACT SURGERY</a>
P-A5	<a href="#">SPECIFIC GUIDELINES FOR OPTOMETRY</a>
P-A6	<a href="#">SPECIFIC GUIDELINES FOR DIALYSIS</a>
P-A7	<a href="#">SPECIFIC GUIDELINES FOR BEHAVIORAL HEALTH SERVICES</a>
P-A8	<a href="#">SPECIFIC GUIDELINES FOR HIV TREATMENT SERVICES</a>
P-A9	<a href="#">SPECIFIC GUIDELINES FOR DIABETIC TREATMENT SERVICES</a>
P-A11	<a href="#">SPECIFIC GUIDELINES FOR CHIROPRACTIC CARE</a>
UM005.P-B	<a href="#">PROTOCOL FOR INPATIENT SERVICES</a>
UM005.P-C	<a href="#">PROTOCOL FOR ELECTIVE SURGERY</a>
UM005.P-D	<a href="#">PROTOCOL FOR EMERGENCY TRANSPORT</a>
UM005.P-E	<a href="#">PROTOCOL FOR HOSPITAL EMERGENCY SERVICES</a>
UM005.P-F	<a href="#">PROTOCOL FOR OBSERVATION SERVICES</a>
UM005.P-G	<a href="#">PROTOCOL FOR THERAPY SERVICES</a>
UM005.P-GG	<a href="#">PROTOCOL FOR WOUND CARE</a>
UM005.P-H	<a href="#">PROTOCOL FOR ORTHOTIC/PROSTHETIC SERVICES</a>
UM005.P-I	<a href="#">PROTOCOL FOR NUTRITION FEEDING/DIETARY SUPPLEMENT/NUTRITIONAL ASSESSMENT</a>
UM005.P-IA	<a href="#">PROTOCOL FOR EPSDT NUTRITIONAL THERAPY</a>
UM005.P-II	<a href="#">PROTOCOL FOR OBESITY SURGERY</a>
ATTACHMENT	<a href="#">GASTRIC BYPASS FLOW SHEET CHECKLIST</a>
UM005.P-J	<a href="#">PROTOCOL FOR HEALTH RISK ASSESSMENTS</a>
UM005.P-K	<a href="#">PROTOCOL FOR RADIOLOGY SERVICES</a>
UM005.P-K1	<a href="#">PROTOCOL FOR RENAL CALCULI</a>
UM005.P-L	<a href="#">PROTOCOL FOR LABORATORY SERVICES</a>
UM005.P-M	<a href="#">PROTOCOL FOR PHARMACEUTICAL SERVICES</a>
UM005.P-MA	<a href="#">PHARMACY PROTOCOL FOR PRIOR AUTHORIZATION AND MAIL ORDER PHARM</a>
UM005.P-O	<a href="#">AFTER HOURS NOTIFICATION OF EMERGENCY ROOM &amp; HOSPITALIZATIONS</a>
UM005.P-P1	<a href="#">MEMBERS WITH MEDICARE-PAYMENT OF CLAIMS</a>
ATTACHMENT	<a href="#">CONTRACTOR COST SHARING RESPONSIBILITIES</a>
UM005.P-Q	<a href="#">PROTOCOL FOR MEMBER IN TRANSITION PLACEMENT</a>
UM005.P-R	<a href="#">PROTOCOL FOR AUDIOLOGY SERVICES</a>
UM005.P-S	<a href="#">PROTOCOL FOR EPSDT SERVICES</a>
UM005.P-T	<a href="#">PROTOCOL FOR DME SERVICES</a>
ATTACHMENT A	<a href="#">PROTOCOL FOR BEDS/SPECIALITY BEDS</a>
ATTACHMENT B	<a href="#">PROTOCOL FOR REUSABLE UNDERPADS</a>
ATTACHMENT C	<a href="#">PROTOCOL FOR WHEELCHAIRS</a>
ATTACHMENT D	<a href="#">PROTOCOL FOR INCONTINENCE BRIEFS</a>
UM005.P-W	<a href="#">PROTOCOL FOR MEDICAID IN PUBLIC SCHOOLS</a>
UM005.P-X	<a href="#">PROTOCOL FOR IV INFUSION (HCBS)</a>
UM005.P-Y	<a href="#">PROTOCOL FOR PREGNANT MEMBERS</a>
UM005.P-Z	<a href="#">PROTOCOL FOR APPOINTMENT STANDARDS</a>
UM005.P-ZZ	DELETED – CHANGED TO CM039.FM1-EM079.FM1 NON-EMERG TRANSP
UM005.Q-A	<a href="#">PROTOCOL FOR CAPITATED PHYSICIANS</a>
UM005.Q-B	<a href="#">PROTOCOL FOR SLEEP STUDY</a>
UM005.Q-C	<a href="#">PROTOCOL HOME PULSE OXIMETER</a>