Program Description

• The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.

• The explicit legislative intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part.
Program Description Continued…

- Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae.
- CCS also provides medical therapy services that are delivered at public schools.
The participating health plan's (Capitated Medical Group/IPA) responsibility for providing all covered medically necessary health care and case management services changes at the time that CCS eligibility is determined by the CCS program for the plan subscriber. The health plan (Capitated Medical Group/IPA) is still responsible for providing primary care and prevention services not related to the CCS-eligible medical condition to the plan subscriber.
Overview of CCS Medical Eligibility

This brief summary has been developed solely for the convenience and use in understanding the general medical eligibility criteria of the CCS program. The applicable medical eligibility section is noted with each category below.

Accountable Healthcare IPA is not responsible for payment of claims for services where CCS has provided a SAR. Refer to the Claims and Clinical Services department’s policies when processing CCS related claims.
Infectious Diseases
(ICD-9-CM 001-139) (Section 41811)

In general, these conditions are eligible when they:

• involve the central nervous system and produce disabilities requiring surgical and/or rehabilitation services;
• involve bone;
• involve eyes leads to blindness;
• are congenitally acquired and for which postnatal treatment is required and appropriate.
Neoplasms
(ICD-9-CM 140-239) (Section 41815)

• All malignant neoplasms, including those of the blood and lymph systems.
• Benign neoplasms when they constitute a significant disability, visible deformity, or significantly interfere with function.
Endocrine, Nutritional, and Metabolic Diseases, and Immune Disorders
(ICD-9-CM 240-279) (Section 41819)

• In general, these conditions are eligible.
• Examples of eligible conditions include:
  • diseases of the pituitary, thyroid, parathyroid, adrenal, pancreas, ovaries and testes
  • growth hormone deficiency, diabetes mellitus
  • diseases due to congenital or acquired immunologic deficiency manifested by life-threatening complications
  • various inborn errors of metabolism
  • cystic fibrosis
• Nutritional disorders such as failure to thrive and exogenous obesity are not eligible.
Diseases of Blood and Blood-Forming Organs
(ICD-9-CM 280-289) (Section 41823)

• In general, these conditions are eligible.
• Common examples of eligible conditions are:
  • sickle cell anemia
  • hemophilia
  • aplastic anemia
• Iron or vitamin deficiency anemias are only eligible when there are life-threatening complications.
Mental Disorders and Mental Retardation
(ICD-9-CM 290-319) (Section 41827)

Conditions of this nature are not eligible except when the disorder is associated with or complicates an existing CCS-eligible condition.
Diseases of the Nervous System
(ICD-9-CM 320-389) (Section 41831)

• Diseases of the nervous system are, in general, eligible when they produce physical disability (e.g., paresis, paralysis, ataxia) that significantly impair daily function.
• Idiopathic epilepsy is eligible when the seizures are uncontrolled, as per regulations. Treatment of seizures due to underlying organic disease (e.g., brain tumor, cerebral palsy, inborn errors of metabolism) is based on the eligibility of the underlying disease.
• Specific conditions not eligible are those which are self-limiting and include acute neuritis and neuralgia; and meningitis that does not produce sequelae or physical disability. Learning disabilities are not eligible.
Diseases of the Eye
(ICD-9-CM 360-379) (Section 41835)

• Strabismus is eligible when surgery is required.
• Chronic infections or diseases of the eye are eligible when they may produce visual impairment and/or require complex management or surgery.
Diseases of the Ear and Mastoid
(ICD-9-CM 380-389) (Section 41839)

• Hearing loss, as defined per regulations;
• Perforation of the tympanic membrane requiring tympanoplasty;
• Mastoiditis;
• Cholesteatoma.
Diseases of the Circulatory System
(ICD-9-CM 390-459) (Section 41844)

• Conditions involving the heart, blood vessels, and lymphatic system are, in general, eligible.
Diseases of the Respiratory System
(ICD-9-CM 460-519) (Section 41848)

• Lower respiratory tract conditions are eligible if they are chronic, cause significant disability, and respiratory obstruction; or complicate the management of a CCS-eligible condition.

• Lungs: chronic lung disease of infancy is eligible; chronic lung disease of immunologic origin is eligible, as per regulations.
Diseases of the Digestive System
(ICD-9-CM 520-579) (Section 41852)

• Diseases of the liver, chronic inflammatory disease of the gastrointestinal (GI) tract and most congenital abnormalities of the GI system are eligible; and gastroesophageal reflux, as per regulations.

• Malocclusion is eligible when there is severe impairment of occlusal function and is subject to CCS screening and acceptance for care.
Diseases of the Genitourinary System

(ICD-9-CM 580-629) (Section 41856)

• Chronic genitourinary conditions and renal failure are eligible.
• Acute conditions are eligible when complications are present.
Diseases of the Skin and Subcutaneous Tissues
(ICD-9-CM 680-709) (Section 41864)

• These conditions are eligible if they are disfiguring, disabling, and require plastic or reconstructive surgery and/or prolonged and frequent multidisciplinary management.
Diseases of the Musculoskeletal System and Connective Tissue
(ICD-9-CM 710-739) (Section 41866)

- Chronic diseases of the musculoskeletal system and connective tissue are eligible.
- Minor orthopedic conditions such as toeing-in, knock knee, and flat feet are not eligible. However, these conditions may be eligible if expensive bracing, multiple casting, and/or surgery is required.
Congenital Anomalies
(IDC-9-CM 740-759) (Section 41868)

Congenital anomalies of the various systems are eligible if the condition:
- limits a body function,
- is disabling or disfiguring,
- is amenable to cure, correction, or amelioration, as per regulations.
Perinatal Morbidity and Mortality
(ICD-9-CM 760-779)

- Neonates who have a CCS-eligible condition and require care in a CCS-approved neonatal intensive care unit (NICU) because of the eligible condition.
- Critically ill neonates who do not have an identified CCS-eligible condition but who require one or more of the following services in a CCS-approved NICU:
  - Invasive or non-invasive positive ventilatory assistance.
  - Supplemental oxygen concentration by hood of greater than or equal to 40 percent.
  - Maintenance of an umbilical artery (UA) or peripheral arterial catheter (PAC) for medically necessary indications, such as monitoring blood pressure or blood gases.
  - Maintenance of an umbilical venous catheter or other central venous catheter for medically necessary indications, such as pressure monitoring or cardiovascular drug infusion.
  - Maintenance of a peripheral line for intravenous pharmacological support of the cardiovascular system.
  - Central or peripheral hyperalimentation.
  - Chest tube.
Perinatal Morbidity and Mortality
(ICD-9-CM 760-779)

Neonates and infants who do not have an identified CCS-eligible condition but who require two or more of the following services in a CCS-approved NICU:

- Supplemental inspired oxygen.
- Maintenance of a peripheral intravenous line for administration of intravenous fluids, blood, blood products or medications other than those used in support of the cardiovascular system.
- Pharmacological treatment for apnea and/or bradycardia episodes.
- Tube feedings.
Accidents, Poisonings, Violence, and Immunization Reactions

(ICD-9-CM 800-999) (Section 41872)

- Injuries of the central or peripheral nervous and vital organs may be eligible if they can result in permanent disability or death.
- Fractures of the skull, spine, pelvis, or femur which when untreated would result in permanent loss of function or death.
- Burns, foreign bodies, ingestion of drugs or poisons, lead poisoning, and snake bites may be eligible, as per regulations.
MEDICAL AUTHORIZATIONS
Authorization Process

• All requests for CCS diagnostic and treatment services must be submitted using a Service Authorization Request (SAR) form except Orthodontic and Dental services (All necessary authorizations will be Denti-Cal’s responsibility).

• Only active Medi-Cal Providers may receive authorization to provide CCS program services. Services may be authorized for varying lengths of time during the CCS client’s eligibility period.
Helpful Tips When Submitting a SAR:

• Providers must request CCS services using a SAR form. Note: Providers should verify CCS eligibility before submitting a SAR.

• Providers are required to submit documentation to substantiate medical necessity at the time the SAR is submitted. Send the completed SAR form with supporting documentation to the appropriate CCS county or Regional Office via fax or mail. Examples of required supporting documentations include prescriptions, clinic visit reports, physical therapy evaluation reports, etc. A SAR without supporting documentation will be deferred back to the provider for additional information.
Helpful Tips When Submitting a SAR:

- Each SAR submitted to CCS is reviewed for medical necessity.
  - If the SAR is approved, a copy of the authorization letter will be sent to the provider and the family via fax or mail.
  - If the SAR is denied, a copy of the Notice of Action (NOA) or denial letter with the reason for denial of service will be sent to the client, parent or legal guardian with a courtesy copy to the provider via mail.
  - If the SAR is incomplete and lacks supporting documentation to substantiate medical necessity, CCS will request the provider to submit additional information. There will be no further action on the SAR until CCS receives requested information.
ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)
Instructions

1. Date of the request: Date the request is being made.

Provider Information:

2. Provider’s name: Enter the name of the provider who is requesting services.
3. Provider number: Enter billing number (no group numbers).
4. Address: Enter the requesting provider’s address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider’s office or contact person.
Instructions

Client Information:
8. Client name: Enter the client’s name—last, first, and middle.
9. Gender: Check the appropriate box.
10. Date of birth: Enter the client’s date of birth.
11. CCS/GHPP case number: Enter the client’s CCS/GHPP number. If not known, leave blank.
12. Client index number (CIN): Enter the client’s CIN number. If not known, leave blank.
13. Client’s Medi-Cal number: Enter the client’s Medi-Cal number. If number is not known, leave blank.

Diagnosis:
14. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.
Instructions

Requested Services:

15. CCS/GHPP New SAR: Check if requesting a new authorization for an established CCS/GHPP client.
    Authorization extension: Check if requesting an extension of an authorized request. Please enter authorization number on the line.

16. CPT-4/HCPCS code/NDC: Enter the requested CPT-4, HCPCS code, or NDC code. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.

17. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.

18. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
Instructions

19. Frequency/duration: Enter the frequency or duration of the procedures/services being requested.

20. Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.

21. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.

22. Other documentation attached: Check this box if attaching additional documentation.

23. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.
Instructions

Inpatient Hospital Services:
24. Begin date: Enter the date the requested inpatient stay will begin.
25. End date: Enter the date the requested inpatient stay will end.
26. Number of days: Enter the number of days for the requested inpatient stay.
27. Extension begin date: Enter the date the requested extension of authorized inpatient stay will begin.
28. Extension end date: Enter the date the requested extended stay will end.
29. Number of extension days: Enter number of days for the requested extension inpatient stay.
Instructions

Additional Services Requested from Other Health Care Providers: (30 and 31)

- Provider’s name: Enter name of the provider you are referring services to.
- Provider number: Enter the provider’s provider number.
- Telephone: Enter provider’s telephone number.
- Contact person: Enter the name of the person who can be contacted regarding the request.
- Address: Enter address of the provider.
- Description of services: Enter description of referred services.
- Procedure code: Enter the procedure code for requested service other than ongoing physician services.
- Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
- Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
- Additional information: Include any written instructions/details here.
Instructions

Signature:

32. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.

33. Date: Enter the date the request is signed.

Additional Information about California Children Services Available at:
http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx