California Children's Service (CCS) Program Service Authorization Request (SAR)

This section includes instructions for submitting a Service Authorization Request (SAR) to the California Children's Services (CCS) program.

SAR Overview

The CCS program requires authorization for health care services related to a client's CCS-eligible medical condition. Providers must submit a SAR to a CCS county office, except in an emergency. 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.

Providers may request services for CCS clients using one of the following SAR forms:

- *New Referral CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4488)

- *Established CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4509)

- *CCS/GHPP Discharge Planning Service Authorization Request (SAR)* (DHCS 4489)

The forms are available at both the "California Children's Services (CCS) Forms" page of the Department of Health Care Services (DHCS) website *(www.dhcs.ca.gov/formsandpubs/forms/Pages/CCSForms.aspx)* and on the "Forms" page of the Medi-Cal website *(files.medi-cal.ca.gov/pubsdoco/forms.asp).*

Refer to the "Electronic SAR (eSAR) Requirements for CCS/GHPP" heading for more details regarding electronic form transmissions.

The CCS program case manages and authorizes services for children with CCS-eligible medical conditions who are enrolled in the CCS program or Medi-Cal program. Only services related to a CCS-eligible medical condition may be authorized and reimbursed by the CCS program.

Physician SAR for Rendering Provider

A SAR number authorized to a physician may be used for reimbursement by other health care providers from whom the physician has requested services, such as laboratory, pharmacy or radiology providers. The rendering provider will use a physician's SAR number and bill with the authorized physician's provider number indicated as a referring provider

Note: This does not apply to SARs issued to CCS Special Care Centers (SCCs). For more information about SCCs, refer to the *California Children's Services (CCS) Program Special Care Centers* section in this manual.

Where to Submit SARs

Providers should refer to the *California Children's Services (CCS) Program County Office Directory* section in this manual for the appropriate county to submit SARs. All SARs are to be referred to the client's county of residence, whether an independent or dependent county. Refer to the *California Children's Services (CCS) Program* section in this manual for additional information.

Providers may fax, mail or hand deliver SARs to the appropriate CCS county office. After CCS review, providers will receive a hard copy authorization approval or denial for each submitted SAR, unless the provider has approved access to the Children's Medical Services Network (CMS Net) Provider Electronic Data Interchange (PEDI) website.

Providers may submit SARs electronically if they meet certain requirements. More information is available under the "Electronic SAR (eSAR) Requirements for CCS/GHPP" heading in this manual.

Provider Electronic Data Interchange

Each PEDI provider or plan must have at least one designated PEDI liaison. The liaison is responsible for all communication with the State liaison. The liaison is responsible for all communication with the State Information Technology Section (ITS) for coordination of users within Prthe organization and dissemination of PEDI IDs and passwords. The liaison is also responsible for notifying ITS of staffing changes (provider separation, user modification, etc.), including the status of the liaison's position. Such notifications are submitted on account request forms.

Types of SAR forms

New Referral

The *New Referral CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4488) is used when referring an applicant suspected of having a CCS-eligible medical condition to the CCS program. The applicant's case may be opened by CCS for diagnostic, treatment or Medical Therapy Program (MTP) services. For more information, refer to the *California Children's Services (CCS) Program Referrals* section in this manual

Established Client

The *Established CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4509) is used when requesting service authorization for an established CCS client currently enrolled in the CCS program. The Established Client SAR form does not require as much information about the client as the New Referral SAR form. Providers are to request specific services related to the treatment of the CCS-eligible medical condition when submitting this SAR form.

Discharge Planning

The *CCS/GHPP Discharge Planning Service Authorization Request (SAR)* (form DHCS 4489) is used when requesting specific services for a CCS client who is discharged from an inpatient hospital stay. The requested services may include, but are not limited to, Home Health Agencies (HHA), Durable Medical Equipment (DME), medical supplies, community services and other medically necessary services related to the CCS-eligible medical condition.

The following is the minimum information required for submitting a Discharge Planning SAR:

- Provider's name

- Provider number

- Telephone number

- Address

- Contact person

- Description

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service(s)

- Procedure code

- Units

- Quality

- Frequency

Use of a discharge planning SAR is not mandatory. If the information is not available at the time of discharge, providers may subsequently request a SAR for individual services.

Service Code Grouping (SCG) Overview

A Service Code Grouping (SCG) is a group of reimbursable codes authorized to a provider under one SAR for the care of a CCS client. An SCG allows providers to render multiple services for a CCS client without the submission of a separate SAR for each service needed by the client. An SCG removes barriers to providing services for CCS clients and is intended to facilitate health care delivery to the CCS client.

An SCG is authorized to the physician or podiatrist for a specified length of time, usually up to the time of the CCS client's next eligibility re-determination. «A complete listing of reimbursable HCPCS and CPT® codes included in the physician, orthopedic surgeon, ophthalmology and podiatry SCGs, (and for all other SCGs) is included in the *California Children's Services (CCS) Program Service Code Groupings* Excel sheet linked in the *California Children's Services (CCS) Program* section of this manual.»

Orthopedic Surgeon SCG

Orthopedic surgeons have a unique SCG (SCG 07) to facilitate the diagnosis and treatment of CCS clients. The orthopedic SCG includes all codes available in the physician SCG (SCG 01). In addition, it contains codes for diagnostic studies relative to CCS-eligible orthopedic conditions.

Ophthalmology SCG

Ophthalmologists have a unique SCG (SCG 10) to facilitate authorization of multiple ophthalmologic procedures. This SCG does not include codes in other SCGs so the ophthalmologist will also use the physician SCG (SCG 01). «Refer to the *California Children's Services (CCS) Program Service Code Groupings* Excel sheet linked in *California Children's Services (CCS) Program* section in this manual for a list of HCPCS and CPT codes included in the ophthalmology SCG.»

Podiatry SCG

Podiatrists have a unique SCG (SCG 12) to facilitate authorization of multiple services. This SCG does not include codes in other SCGs, but does include all the array of codes a podiatrist would need. Individual codes cannot be authorized to podiatrists.

Physician SAR Requirements

Physicians may be authorized to provide services for an eligible CCS client in a Special Care Center (SCC) as well as in a community setting. Physicians may be authorized to provide services by receiving approval for an SCG under one SAR, or separately for specific procedure codes. «Refer to the *California Children's Services (CCS) Program Service Code Groupings* Excel sheet linked in the *California Children's Services (CCS) Program* section in this manual for a list of HCPCS and CPT codes included in the physician SCG.»

Services not included in the physician's SCG must be requested with specific procedure codes on a separate SAR form.

Services Not Included in Physician SCG

The following surgical procedures must be requested on a separate SAR:

- <u>Surgery</u>: CCS-approved physicians must submit a separate SAR for all surgical procedures with specific requested procedure codes anticipated for the surgical procedure.

   A physician surgical assistant and anesthesiologist may be reimbursed using the surgeon's authorization number. If the presence of a physician surgical assistant is medically necessary and the procedure code is not reimbursable for a physician surgical assistant, a separate SAR must be submitted for surgical assisting.

   When appropriate, an SCG 51 authorization for surgery may be issued when there is confirmation that there is a CCS eligible medical condition requiring surgery and all CCS program eligibility requirements are met.

- <u>Hospital Stay</u>:

   <u>For dates of service on or after July 1, 2013 for hospitals reimbursed according to diagnosis-related groups (DRG) methodology:</u> The CCS-approved hospital must submit a separate SAR for an admission required for a surgical procedure and post-operative care.

   <u>For dates of service prior to July 1, 2013</u> The CCS-approved hospital must submit a separate SAR for a specific number of inpatient days required for a surgical procedure and post-operative care

- <u>Outpatient Surgery</u>: CCS-approved physicians must submit a separate SAR for surgery with specific procedure codes anticipated for the surgical procedure. Authorizations for elective surgery may be requested for a specified time period during which the surgery can take place. An outpatient surgery facility must request authorization for a specific period of time during which the physician requests authorization.

- <u>Transplant</u>: A separate SAR must be submitted for transplant services for CCS clients. A SAR for evaluations of transplant suitability and transplant services are directed to the appropriate CCS county office. Refer to the *California Children's Services (CCS) Program County Office Directory* section in this manual for the appropriate county office.

Inpatient SAR Requirements

There are both hospital and physician components to inpatient authorizations, as follows:

Hospital

For dates of service on or after July 1, 2013 for hospitals reimbursed according to diagnosis-related groups (DRG) methodology: An admission SAR is required for a CCS client.

For non-DRG hospitals: A hospital authorization is required for the anticipated length of stay for a CCS client. If a CCS client requires additional time in the hospital, the hospital must request an inpatient hospital authorization extension

Physician

This authorization is for CCS-approved physicians with primary responsibility for care of a hospitalized CCS client. This authorization may be provided to physician consultants and physician coverage as requested by an authorized physician.

Both the hospital and physician authorizations, as described above, are necessary for inpatient care. However, it is not necessary to submit two separate SARs.

Diagnostic Laboratory SAR Requirements

Laboratory tests related to a CCS-eligible medical conditions requested by an authorized physician are covered if listed in a physician's SCG Laboratory tests not covered in the physician's authorized SCG require a separate SAR. The physician must provide the laboratory with a SAR number. The laboratory must use the physician's SAR number when billing for services related to the CCS-eligible medical condition. Providers who use a physician's SAR number must bill as the rendering provider with the physician's provider number indicated as the referring provider.

Pharmacy SAR Requirements

A pharmacy is not required to submit a separate SAR for reimbursement if a physician's SCG includes the appropriate drugs to treat the CCS-eligible medical condition of the client. Physicians prescribing drugs to a CCS client must include a SAR number on the prescription. The rendering pharmacy must bill using the physician's SAR number.

Drugs and Nutritional Products Requiring Separate Authorization

The following drugs and nutritional products are not included in a physician SCG and <u>require a separate SAR</u>.

Drugs and Nutritional Products Requiring Separate Authorization

AbobotulinumtoxinA

Anithemophilic factors

Antithromblin III (hum plas)

Antithromblin III (hum recombinant)

Avanafil

Axicabtagene ciloleucel

Blood factors, miscellaneous

Boceprevir

Botulinum toxin Type A

Botulinum toxin Type B

Cannabidiol

«Casimersen»

Cerliponase alfa

Daclatasvir dihydrochloride

Deflazacort

Elbasvir/grazoprevir

Elexacaftor/ivacaftor/tezacaftor

Enteral nutrition amino acid products (contracted)

Enteral nutrition flavoring products (contracted)

Enteral nutrition products: elemental and semi-elemental

Enteral nutrition products: metabolic

Enteral nutrition products: specialized

Enteral nutrition products: specialty infant

Enteral nutrition products: standard

Eteplirsen

Factor IX complex (PCC) preparations

Factor IX preparations

Factor X preparations

Factor XIII preparations

Food oils

Glecaprevir/pibrentasvir

Golodirsen

Histrelin acetate implant (Supprelin LA and Vantas)

«Immune Globulin G (IGG) Gly-IgA Over 50 Mcg/Ml

Immune Globulin G (IGG) klhw»

IncobotulinumtoxinA

Intrathecal baclofen

Ivacaftor

Ledipasvir/sofosbuvir

Leuprolide acetate

Drugs and Nutritional Products Requiring Separate Authorization (continued)

Lumacaftor/ivacaftor

Nursinersen

Ombitasvir/paritaprevir/pitonavir

Ombitasvir/paritaprevir/ritonavir and dasabuvir

Onasemnogene abeparvovec-xioi

Palivizumab

Pegvaliase-pqpz

Risdiplam

Sapropterin dihydrochloride

Sildenafil

Simeprevir

Sofosbuvir

Sofosbuvir/velpatasvir

Sofosbuvir/velpatasvir/voxilaprevir

Somatrem

Somatropin

Tadalafil

Telaprevir

Tezacaftor/ivacaftor

Tisagenlecleucel

Triptorelin pamoate

Vardenafil

«Viltolarsen»

Voretigene Neparvovec-rzyl

<u>Physical Occupational and Speech Therapy SAR Requirements</u>

Therapy SARs will be accepted only from CCS-approved therapists. The requested therapy must be for treatment of the client's CCS-eligible medical condition. Therapy SARs must include:

- Specific codes for requested therapy services

- The number of requested therapy visits

- A time period for requested therapy

- A copy of the CCS-approved physician prescription for therapy services

- Documentation from the CCS-approved physician that demonstrates medical necessity for therapy

- A current therapy report, if applicable

When appropriate, CCS-approved physical and occupational therapists may use SCG 11 to facilitate authorization of multiple and/or unique therapy services.

DME and Medical Supply SAR Requirements

Providers may bill for specific HCPCS level II product codes for medical supplies or DME without a product-specific SAR, if: (1) the medical supplies requested do not exceed the billing limits set by Medi-Cal, and/or the DME requested does not exceed the thresholds for authorization as referenced in *Durable Medical Equipment: An Overview* in the *Allied Health for Durable Medical Equipment and Medical Supplies* Part 2 provider manual; (2) the medical supply codes are not miscellaneous codes; and (3) Medi-Cal does not require a *Treatment Authorization Request* (TAR) for the medical supply codes.

The provider prescribing the medical supplies or DME must have an SCG SAR with dates of service that include the dates of service on which the medical supplies and/or DME are dispensed. For Medi-Cal billing limitations and authorization requirements, refer to the *Durable Medical Equipment (DME) An Overview* section and to the medical supply sections in the appropriate Part 2 Medi-Cal manual.

Note: Medi-Cal age restrictions for incontinence medical supplies do not apply to such supplies dispensed and billed pursuant to a CCS SAR.

A separate SAR is required for medical supplies if the billing limits of the product(s) (for example, quantity) are exceeded, in accordance with Medi-Cal policy, or there is no specific code for the medical supply (that is, a miscellaneous code is needed for billing), or Medi-Cal requires a TAR for the medical supply.

A separate, product-specific SAR also is required for DME that exceeds the thresholds for authorization referenced in *Durable Medical Equipment: An Overview*.

DME

In addition to what is required by Medi-Cal, the following must be submitted with a DME SAR for DME that exceeds the thresholds for authorization as referenced *in Durable Medical Equipment: An Overview.*

- «Signed prescription by a CCS-approved prescriber»

- HCPCS code

- Detailed description of the DME item

- If using an unlisted or miscellaneous code, an explanation of why an unlisted or miscellaneous code is being used, instead of a HCPCS code

- Model number

- Manufacturer

- Rental or purchase with the appropriate modifier

- Duration of rental

- Any special features

Medical Supply

In addition to what is required by Medi-Cal, the following must be submitted with a medical supply SAR for medical supplies that exceed the billing limits set by Medi-Cal policy:

- «Signed prescription by a CCS-approved prescriber»

- HCPCS code(s)

DME Modifiers

A SAR submitted to the CCS program by a DME or hearing aid provider for DME that exceeds the thresholds for authorization as referenced in *Durable Medical Equipment: An Overview* must contain appropriate modifiers and HCPCS codes.

The following modifiers must be included on the SAR, if applicable: NU (new equipment purchase), RP (repair) or RR (rental), as appropriate.

<u>Home Health Agencies SAR Requirements</u>

A SAR must be submitted for Home Health Agencies (HHA) services. In addition, HHA services can be requested in the following way:

- The authorized physician treating the CCS client as an inpatient may proactively request authorization for anticipated post-discharge HHA services at the same time as the inpatient request.

- The physician may request HHA services using a discharge planning SAR. The CCS program may authorize an initial home assessment and up to three additional visits if requested by an attending physician responsible for care during an inpatient hospitalization at the time of the CCS client's discharge from the inpatient stay. For additional medically necessary HHA visits, a SAR and the unsigned plan of treatment must be submitted for authorization.

HHA services not requested on a Discharge Planning SAR, nor requested prior to hospitalization, must be submitted within three working days of the date the services began. Any services provided during this three-day grace period must be included on the SAR. CCS authorization is contingent on a client's CCS program eligibility and the services must be medically necessary.

Electronic SAR (eSAR) Requirements for CCS/GHPP

CCS and Genetically Handicapped Persons Program (GHPP) providers can submit SARs in an electronic format (eSAR) with attachment. Attachments must be in format of PDF, JPG or TIF. Attachments must be less than 15 megabytes (MB) in size, with the sum of all attachments being less than 150 MB. This feature aims to eliminate the paper SAR process for providers with internet connectivity.

To submit eSARs, providers must

- Register, or already be registered, as an active Medi-Cal provider

- Have access Provider Electronic Data Interchange (PEDI) website

- Register and be approved as a trading partner with DHCS Integrated Systems of Care Division and CMS Net by agreeing to all the terms and conditions contained within the eSAR Trading Partner Agreement

Then, select one of the available options to submit

- Utilize the newly enhanced online fillable form of the PEDI system to submit eSARs with attachment

- Generate and submit one of the supported file-based transmission formats

  – Web-based file upload utility in the eSAR system to submit ASC X12 275/278 transactions

  – Simple Object Access Protocol (SOAP)/Hypertext Transfer Protocol Secure (HTTPS) secure web services method to transmit and receive ASC X12 275/278 transactions

Registered providers and clearinghouses can complete and submit the eSAR requests on behalf of the providers and facilities in their network.

Paper SAR submissions remain an option for low-volume SAR providers or submitters who may have technical limitations or other practical reasons to do so.

Providers interested in learning more about eSAR submission should contact the CMS Net Help Desk at cmshelp@dhcs.ca.gov or 1-866-685-8449 for helpful guidance and additional information.

EPSDT Skilled Nursing

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a Medi-Cal benefit for individuals younger than 21 years of age who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Treatment services are provided based upon the identified health care need and diagnosis. EPSDT services include all services covered by Medi-Cal. In addition to regular Medi-Cal benefits, recipients younger than 21 years of age may receive additional medically necessary services.

The California Children's Services (CCS) program may authorize EPSDT requests for skilled nursing services, Private Duty Nursing (PDN), also known as shift nursing, from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN) and/or Pediatric Day Health Care (PDHC) services under the EPSDT benefit. Under Medi-Cal, the day program is less than 24 hours, individualized, and family-centered, with developmentally appropriate activities of play, learning and social integration designed to optimize the individual's medical status and developmental functioning, so that he or she can remain with the family. These services do not include respite care (See *California Code of Regulations* [CCR], Title 22, Section 51184[k][1][B].)

For additional information, contact:

> Department of Health Care Services
> Systems of Care Division
> Los Angeles Office – EPSDT Unit
> (855) 347-9227
> Fax: (916) 440-5758
> Email: EPSDT@dhcs.ca.gov

Note: Any email sent to the EPSDT Unit containing protected health information (PHI) or personal information (PI) should be sent via a secure or encrypted email.

For full-scope Medi-Cal recipients, the provider must submit a *Treatment Authorization Request* (TAR) for PDHC and PDN services. For TAR information, refer to the *TAR Overview* section in the Part 1 manual. In addition to the TAR, the provider must also submit the following medical documentation:

- Plan of Treatment (POT) signed by a physician (within 30 days);

- Nursing assessment (within 30 days); and

- Medical information supporting the nursing services requested, for example, medication record, discharge summary notes, and treatment notes.

Requests for authorization of PDN services that are related to the recipient's CCS-eligible medical condition will be referred to the CCS program for review and authorization of a Service Authorization Request (SAR) for a recipient enrolled in a Medi-Cal Managed Care Plan (MCP) with "carved out" CCS services:

- Who has a CCS-eligible medical condition, and

- Who has been referred to the CCS program for case management and authorization of services.

Providers in Alpine, Amador, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Imperial, Inyo, Lake, Lassen, Mariposa, Modoc, Mono, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties must fax a SAR for PDN services to the Los Angeles Office – EPSDT Unit at (916) 440-5758.

In addition to the SAR, the provider must also submit the following medical documentation:

- POT signed by a physician (within 30 days);

- Nursing assessment (within 30 days); and

- Medical information supporting the nursing services requested, for example, medication record, discharge summary notes and treatment notes.

<u>Legend</u>

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends