

Medi-Cal Provider Training 2016

California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP)





The Outreach and Education team includes Regional Representatives, the Small Provider Billing Unit (SPBU) and Coordinators who are available to train and assist providers to efficiently submit their Medi-Cal claims for payment.

The Medi-Cal Learning Portal (MLP) brings Medi-Cal learning tools into the 21st Century. Simply complete a one-time registration to gain access to the MLP's easy-to-use resources. View online tutorials, live and recorded webinars from the convenience of your own office and register for provider training seminars. For more information call the Telephone Service Center (TSC) at 1-800-541-5555 or go to the MLP at <http://www.medi-cal.ca.gov/education.asp>.

Free Services for Providers

Provider Seminars and Webinars

Provider training seminars and webinars offer basic and advanced billing courses for all provider types. Seminars are held throughout California and provide billing assistance services at the Claims Assistance Room (CAR). Providers are encouraged to bring their more complex billing issues and receive individual assistance from a Regional Representative.

Regional Representatives

The 24 Regional Representatives live and work in cities throughout California and are ready to visit providers at their office to assist with billing needs or provide training to office staff.

Small Provider Billing Unit

The four SPBU Specialists are dedicated to providing one-on-one billing assistance for one year to providers who submit fewer than 100 claim lines per month and would like some extra help. For more information about how to enroll in the SPBU Billing Assistance and Training Program, call 916-636-1275 or 1-800-541-5555.

All of the aforementioned services are available to providers at no cost!

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Overview & Administrative Items

Introduction

Purpose

The purpose of this module is to provide an overview of the California Children's Services (CCS) program and the Genetically Handicapped Person Program (GHPP) and identify important contact information for Systems of Care Division (SCD), CCS, GHPP, the Department of Health Care Services (DHCS) and the DHCS Fiscal Intermediary (FI).

Module Objectives

- Identify CCS program and GHPP requirements
- Identify important SCD, CCS, GHPP, DHCS and DHCS FI contact information

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (www.medi-cal.ca.gov/mcss).

References

The following reference materials provide GHPP and CCS program and eligibility information:

Provider Manual References

Part 2

California Children's Services (CCS) Program (cal child)

California Children's Services (CCS) Program County Office Directory (cal child county)

California Children's Services (CCS) Program Eligibility (cal child elig)

California Children's Services (CCS) Program Special Care Centers (cal child spec)

Genetically Handicapped Persons Program (GHPP) (genetic)

Acronyms

A list of current acronyms is located in the *Appendix* section of this workbook.

DHCS Systems of Care Division

The Systems of Care Division (SCD) of DHCS is responsible for the administration and oversight of programs that focus on children and adults with special health care needs. SCD focuses on high-risk, high-cost child and adult populations:

- California Children's Services (CCS) program
- Child Health and Disability Prevention (CHDP) Program
- Genetically Handicapped Person Program (GHPP)
- Health Care Program for Children in Foster Care (HCPCFC)
- High-Risk Infant Follow-up Program (HRIF)
- Medical Therapy Program (MTP)
- Newborn Hearing Screening Program (NHSP)
- Palliative Care Waiver Program

The CCS program is a partnership between local county health departments and the DHCS/SCD.

CCS Health Care Services

The CCS program provides administrative case management and authorization of health care services for the evaluation and/or treatment of a CCS-eligible condition for infants, children and youth up to 21 years of age who meet CCS residential and financial eligibility requirements.

Example: CCS-eligible medical conditions include: cystic fibrosis, sickle cell disease, hemophilia, cerebral palsy, heart disease, cancer, infectious diseases producing major sequelae, traumatic injuries and handicapping malocclusion.

A full description of all CCS-eligible conditions can be found on the DHCS website at www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx

Children enrolled in the CCS program must have a CCS-eligible medical condition, be a resident of California and have a family adjusted gross income of \$40,000 or less in the most recent tax year. A child in a family with a higher income may still be financially eligible for the CCS program if the estimated out-of-pocket cost of care to the family for the child's CCS-eligible medical condition is expected to exceed 20 percent of the family's adjusted gross income.

The CCS program currently provides services to approximately 185,000 children through a network of CCS-paneled specialty and subspecialty providers, CCS-approved hospitals and Special Care Centers (SCCs). The CCS program also provides medical therapy services that are delivered at CCS Medical Therapy Units (MTU) located in public schools.

CCS/Medi-Cal Beneficiaries

Medi-Cal beneficiaries suspected of having CCS-eligible medical conditions are referred to CCS. If CCS determines that the beneficiary has a CCS-eligible condition, CCS will provide administrative case management for the treatment of the condition and authorize CCS treatment services. For full scope Medi-Cal beneficiaries Medi-Cal pays for the services authorized by CCS.

Medi-Cal Managed Care

DHCS has implemented several different managed care systems designed to meet the health care needs for the Medi-Cal population previously receiving services through a “fee-for-service” system. Many Medi-Cal-eligible children with CCS program-eligible medical conditions are enrolled in these Medi-Cal managed care plans. Services to treat a child’s CCS program-eligible medical condition are “carved-out” of benefits of most Medi-Cal managed care plans and are authorized by CCS on a fee-for-service basis.

The County Organized Health System (COHS) managed care plans in Santa Barbara, San Mateo, Solano, Napa, Marin and Yolo counties have “carved-in” CCS services. In these counties, CCS continues to authorize CCS services for children enrolled in the “carved-in” plans who have CCS-eligible medical conditions, but the plans are responsible for paying for services.

The term “carved-out” means that Medi-Cal managed care plans are not capitated to provide services for a child’s CCS program-eligible medical condition.

All Medi-Cal managed care plans are responsible for providing primary care and prevention services not related to the CCS program-eligible medical condition for enrollees.

Commercial Health Insurance

Providers are required to bill a CCS client's Other Health Coverage (OHC) prior to billing the CCS program or Medi-Cal. Providers must submit an *Explanation of Benefits* (EOB) or a valid denial letter from the OHC with every claim. The EOB must include a glossary and definition of codes. The denial letter must contain the carrier/carrier representative name and address; client name or subscriber number; date, statement of denial, termination or amount paid; and procedure or service rendered.

For detailed information, refer to the *OHC Guidelines for Billing* (other guide) section in the Part 1 Medi-Cal provider manual and *Other Health Coverage* (oth hlth) section in the Part 2 Medi-Cal provider manual.

A prior payment made by the OHC must be indicated in the appropriate fields on the claim. Providers should not reduce the charge amount or total amount billed because of any OHC payment. Providers may receive an additional amount only up to the Medi-Cal rate of payment, less the amount paid by the OHC.

When providers have an agreement with an OHC carrier/plan to accept the carrier's contracted rate as "payment in full," they will not receive any additional payments.

Service Authorization Requests (SAR) and the Independent County

In counties with a population greater than 200,000 (known as CCS "independent" counties), county staff perform all case management activities for eligible CCS program clients residing within their county. These services include determining all phases of program eligibility, evaluating medical necessity for specific services, determining the appropriate provider and authorizing services for medically necessary care.

The state SCD offices in Sacramento or Los Angeles provide consultation, technical assistance and oversight to the CCS independent counties.

Service Authorization Requests (SAR) and the Dependent County

Smaller counties with a population less than 200,000 (known as "CCS dependent" counties) do not provide medical case management, authorize CCS services or determine medical eligibility and benefits. The SCD offices provide these services for CCS-eligible children in these counties. The dependent counties remain responsible for the determination of CCS residential and financial eligibility.

GHPP Health Care Services

The GHPP provides authorization for health care services for adults with genetic diseases specified in the *California Code of Regulations (CCR)*, Title 17, Section 2932.

Clients must reside in California and have a qualifying health condition. Clients must also pay an enrollment fee based on their Adjusted Gross Income (AGI) as follows:

- Clients between 200% – 299% of federal poverty level (FPL) are required to pay a fee of 1.5% of their AGI.
- Clients at or above 300% of FPL are required to pay a fee of 3% of their AGI.

The following is a summary of GHPP-eligible medical conditions. This summary is solely to assist providers in understanding the medical eligibility criteria of the GHPP. It is not an authoritative statement of, and should not be cited as, authority for any decisions, determinations or interpretations of the GHPP. Providers should refer to the CCR section cited above for a definitive description of GHPP medical eligibility.

GHPP-eligible medical conditions include: Hemophilia and other genetic bleeding disorders; cystic fibrosis; Hemoglobinopathies with anemia, including sickle cell disease and thalassemia; Huntington's disease; Joseph's disease; Friedrich's Ataxia and other neurologic diseases; Phenylketonuria; Wilson's disease; galactosemia and other metabolic diseases; and Von Hippel-Lindau Disease.

Clients enrolled in GHPP must have a GHPP-eligible medical condition and be a resident of California. Children and youth with GHPP-eligible conditions are usually served by CCS. However, persons less than 21 years of age with a GHPP-eligible genetic disease can apply to GHPP if they have been determined to be financially ineligible to receive services from the CCS program. There is no income limit for GHPP eligibility.

Medi-Cal Managed Care

Medi-Cal contracts with a variety of managed care organizations to provide health care on a capitated basis to Medi-Cal recipients residing within specific service areas. Some GHPP clients who are eligible for Medi-Cal reside in these areas and are enrolled in these Medi-Cal managed care plans.

The health plans are capitated and are responsible for providing comprehensive health care to these GHPP clients, including services to treat their GHPP-eligible conditions. However, some services such as blood factor products are not included in Medi-Cal managed care plan capitation. GHPP authorizes these services for GHPP clients enrolled in the plans on a fee-for-service basis.

Private Health Insurance and Commercial HMOs

Some GHPP clients have private indemnity health insurance, or are enrolled in commercial health maintenance plans or preferred provider organizations. In these cases, GHPP is the health care payer of last resort and will authorize medically necessary services for the GHPP client only after it has been demonstrated that the services are beyond the scope of benefits of the indemnity insurance or health plan. The provider and/or client are required to exercise their appeal rights before GHPP will authorize and reimburse for these services.

Providers are required to bill a GHPP client's Other Health Coverage (OHC) prior to billing GHPP or Medi-Cal. Providers must submit an *Explanation of Benefits* (EOB) or a valid denial letter from the OHC with every claim. The EOB must include a glossary and definition of codes. The denial letter must contain the carrier/carrier representative name and address; client name or subscriber number; date, statement of denial, termination or amount paid; and procedure or service rendered.

For detailed information, refer to the *Other Health Coverage (OHC) Guidelines for Billing* (other guide) section in Part 1 of the Medi-Cal provider manual and the *Other Health Coverage* (oth hlth) section in Part 2 of the Medi-Cal provider manual.

A prior payment made by the OHC must be indicated in the appropriate fields on the claim. Providers should not reduce the charge amount or total amount billed because of any OHC payment. Providers may receive an additional amount only up to the Medi-Cal rate of payment, less the amount paid by the OHC.

When providers have an agreement with an OHC carrier/plan to accept the carrier's contracted rate as "payment in full," they will not receive any additional payments.

Service Authorization Requests (SAR) and the GHPP

A Service Authorization Request (SAR) must be submitted to the GHPP state office for approval of all GHPP diagnostic and treatment services. GHPP will issue a unique SAR number for services authorized by GHPP. This SAR number will begin with "99." The SAR number must be indicated on the claim in the appropriate Treatment Authorization Code field prior to submission to the DHCS Fiscal Intermediary (FI).

The provider is responsible for ensuring that their SAR number is indicated on the claim. Claims submitted without the correlating SAR number in the Treatment Authorization Code field will be denied.

For emergency services, authorization must be obtained from GHPP by the close of the next business day following the date of service.

GHPP eligibility determination, case management and authorization of services are conducted on a statewide basis by the GHPP state office.

The most effective way for GHPP to process SARs is for providers to fax their SARs to the GHPP state office. After GHPP adjudicates the SAR, providers will receive a hard copy authorization approval or denial for each submitted SAR. The Provider Electronic Interchange (PEDI) allows approved providers to electronically check the status of their SARs.

Genetically Handicapped Persons Program
1515 K Street, Suite 400, MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 327-0470
1-800-639-0597
Fax: (916) 440-5318

Directories

The following directories are provided in this training module:

- Systems of Care Division Directory
- CCS County Directory
- FI Directory
- DHCS Directory

Systems of Care Division Directory

SCD Sacramento Office		SCD Genetically Handicapped Persons Program (GHPP) San Francisco Office	
MS 8100 P.O. Box 997413 Sacramento, CA 95899 Main: (916) 327-3100 Fax: (916) 327-0998		4555 Golden Gate Avenue, Suite 7321 San Francisco, CA 94102 Main: 1-800-639-0597 Fax: (916) 440-5318	
SCD Los Angeles Office		SCD – Provider Services Unit (PSU)	
311 South Spring Street, #600 Los Angeles, CA 90013 Main: (213) 897-3574 Fax: (213) 897-3501 or 213-897-2882		MS 8100 P.O. Box 997413 Sacramento, CA 95899 Main: (916) 322-8702 Fax: (916) 440-5299	
SCD Genetically Handicapped Persons Program (GHPP)			
1515 K Street, Suite 400 MS 8100 P. O. Box 997413 Sacramento, CA 95899 Main: (916) 327-0470 or Toll Free: 1-800-639-0597 Fax: (916) 440-5318			

Websites:

- (www.dhcs.ca.gov)
- (www.medi-cal.ca.gov)
- (www.dhcs.ca.gov/services/ccs)

CCS County Office Directory

The following is an alphabetical directory of CCS county offices, including mailing and street addresses and telephone and fax numbers. It also identifies the county offices as dependent or independent and the state office in Sacramento or Los Angeles assigned to each county for the CCS program. This list is important in determining whether to contact the CCS county or the state SCD office in Sacramento or Los Angeles when requesting authorization.

County Office Selection Guidelines

- For questions about residential or financial eligibility, authorization and submitting claims in independent counties, please contact the CCS independent county office.
- For residential or financial eligibility questions in CCS-dependent counties, please contact the CCS dependent county office.
- For questions about medical eligibility, authorization or claims submission in CCS-dependent counties, please contact the state SCD office in Sacramento or Los Angeles.
- The SAR number must be indicated on the claim in the appropriate *Treatment Authorization Code* field (Box 63) on the *UB-04* form or the *Prior Authorization Number* field (Box 23) on the *CMS-1500* form prior to submission to the DHCS FI.

CCS County Office Directory

County Office Address	Telephone #	Fax #	Dependent/ Independent	State Office
Alameda 1000 Broadway, Suite 500 Oakland, CA 94607-4033	(510) 208-5970	(510) 267-3254	Independent	N/A
Alpine 75-B Diamond Valley Road Markleeville, CA 96120-5679	(530) 694-2146	(530) 694-2252	Dependent	Sacramento
Amador 10877 Conductor Boulevard, Suite 400 Sutter Creek, CA 95685-9688	(209) 223-6630	(209) 223-3524	Dependent	Sacramento
Butte 2491 Carmichael Drive, Suite 400 Chico, CA 95928-7191	(530) 895-6546	(530) 895-6557	Independent	N/A
Calaveras 891 Mountain Ranch Road San Andreas, CA 95249-9713	(209) 754-6460	(209) 754-1710	Dependent	Sacramento
Colusa 251 East Webster Street Colusa, CA 95932-2951	(530) 458-0380	(530) 458-4136	Dependent	Sacramento
Contra Costa 1220 Morello Avenue, Suite 101 Martinez, CA 94553-4707	(925) 957-2680	(925) 372-5113	Independent	N/A
Del Norte 880 Northcrest Drive Crescent City, CA 95531-2313	(707) 464-3191	(707) 465-6701	Dependent	Sacramento
El Dorado 941 Spring Street, Suite 3 Placerville, CA 95667-4543	(530) 621-6128	(530) 622-5109	Dependent	Sacramento

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County Office Address	Telephone #	Fax #	Dependent/ Independent	State Office
Fresno Mail: P.O. Box 11867 Fresno, CA 93721-1867 Street: 1221 Fulton Mall Fresno, CA 93721-1915	(559) 600-3300	(559) 455-4789	Independent	N/A
Glenn 240 North Villa Avenue Willows, CA 95988-2694	(530) 934-6588	(530) 934-6463	Dependent	Sacramento
Humboldt 908 7th Street Eureka, CA 95501-1115	(707) 445-6212	(707) 441-5686	Independent	N/A
Imperial Mail: 935 Broadway Street El Centro, CA 92243-2396 Street:: 797 Main Street, Suite A El Centro, CA 92243-7916	442-265-1904	442-265-1481	Dependent	Los Angeles
Inyo 207-A West South Street Bishop, CA 93514-3407	(760) 873-7868	(760) 873-7800	Dependent	Los Angeles
Kern 1800 Mt. Vernon Avenue, Second Floor Bakersfield, CA 93306-3302	(661) 321-3000	(661) 868-0280	Independent	N/A
Kings 330 Campus Drive Hanford, CA 93230-4375	(559) 852-4693	(559) 582-6803	Dependent	Sacramento
Lake 922 Bevins Court Lakeport, CA 95453-9739	(707) 263-5806	(707) 263-5872	Dependent	Sacramento
Lassen 1445-B Paul Bunyan Road Susanville, CA 96130-3146	(530) 251-8183	(530) 251-2668	Dependent	Sacramento
Los Angeles 9320 Telstar Avenue, Suite 226 El Monte, CA 91731-2849	1-800-288-4584	(626) 569-6465	Independent	N/A
Madera 14215 Road 28 Madera, CA 93638-5715	(559) 675-4945	(559) 675-7803	Dependent	Sacramento

County Office Address	Telephone #	Fax #	Dependent/ Independent	State Office
Marin 3240 Kerner Boulevard San Rafael, CA 94901-4840	(415) 499-6877	(415) 499-6369	Independent	N/A
Mariposa 5085 Bullion Street Mariposa, CA 95338	(209) 966-3689	(209) 966-4929	Dependent	Sacramento
Mendocino 1120 South Dora Street Ukiah, CA 95482-8333	(707) 472-2600	(707) 472-2735	Independent	N/A
Merced 260 East 15th Street Merced, CA 95341-6216	(209) 381-1114	(209) 381-1102	Independent	N/A
Modoc 441 North Main Street Alturas, CA 96101-3457	(530) 233-6311	(530) 233-6279	Dependent	Sacramento
Mono Mail: P.O. Box 3329 Mammoth Lakes, CA 93546-3329 Street: 437 Old Mammoth Road, Suite Q Mammoth Lakes, CA 93546-2013	(760) 924-1841	(760) 924-1831	Dependent	Los Angeles
Monterey 1615 Bunker Hill Way, Suite 190 Salinas, CA 93906-6011	(831) 755-4747	(831) 796-8690	Independent	N/A
Napa 2261 Elm Street, Building R Napa, CA 94559-3721	(707) 253-4391	(707) 299-2123	Independent	N/A
Nevada 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945-9561	(530) 265-1450	(530) 271-0841	Dependent	Sacramento
Orange 200 West Santa Ana Boulevard, Suite 100 Santa Ana, CA 92701-4134	(714) 347-0300	(714) 347-0301	Independent	N/A
Placer 11484 B Avenue Auburn, CA 95603-2603	(530) 886-3630	(530) 886-3613	Independent	N/A

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County Office Address	Telephone #	Fax #	Dependent/ Independent	State Office
<p>Plumas Mail: P. O. Box 3140 Quincy, CA 95971-3140</p> <p>Street: 270 County Hospital Road, Suite 111 Quincy, CA 95971-9180</p>	(530) 283-6330	(530) 283-6110	Dependent	Sacramento
<p>Riverside 10769 Hole Avenue, Suite 220 Riverside, CA 92505-2869</p>	(951) 358-5401	(951) 358-5198	Independent	N/A
<p>Sacramento 9616 Micron Avenue, Suite 970 Sacramento, CA 95827-2627</p>	(916) 875-9900	(916) 854-9500	Independent	N/A
<p>San Benito 439 Fourth Street Hollister, CA 95023-3801</p>	(831) 637-5367	(831) 637-9073	Dependent	Sacramento
<p>San Bernardino 150 E Holt Boulevard, Third Floor Ontario, CA 91762-3822</p>	(909) 458-1637	(909) 986-2907	Independent	N/A
<p>San Diego 6160 Mission Gorge Road, Suite 400 San Diego, CA 92120-3431</p>	(619) 528-4000	(619) 528-4087	Independent	N/A
<p>San Francisco 30 Van Ness Avenue, Suite 210 San Francisco, CA 94102-6082</p>	(415) 575-5700	(415) 575-5790	Independent	N/A
<p>San Joaquin Mail: P.O. Box 2009 Stockton, CA 95201-2009</p> <p>Street: 420 S. Wilson Way Stockton, CA 95205-6243</p>	(209) 468-3900	(209) 953-3632	Independent	N/A
<p>San Luis Obispo 2180 Johnson Avenue San Luis Obispo, CA 93401-4513</p>	(805) 781-5527	(805) 781-4492	Independent	N/A
<p>San Mateo 701 Gateway Boulevard, Suite 400 South San Francisco, CA 94080-7041</p>	(650) 616-2500	(650) 616-2598	Independent	N/A

County Office Address	Telephone #	Fax #	Dependent/ Independent	State Office
Santa Barbara 345 Camino del Remedio, Bldg 4, Room 311 Santa Barbara, CA 93110-1132	(805) 681-5360	(805) 681-4763	Independent	N/A
Santa Clara 720 Empey Way San Jose, CA 95128-4705	(408) 793-6200	(408) 793-6250	Independent	N/A
Santa Cruz Mail: P.O. Box 962 Santa Cruz, CA 95061-0962 Street: 1430 Freedom Boulevard, Suite 101 Watsonville, CA 95076-2728	(831) 763-8000	(831) 763-8410	Independent	N/A
Shasta 2615 Breslauer Way, Bldg 5 Redding, CA 96001-4247	(530) 225-5760	(530) 225-5355	Dependent	Sacramento
Sierra Mail: P.O. Box 7 Loyalton, CA 96118-0007 Street: 202 Front Street Loyalton, CA 96118	(530) 993-6700	(530) 993-6790	Dependent	Sacramento
Siskiyou 806 South Main Street Yreka, CA 96097-3321	(530) 841-2132	(530) 841-4075	Dependent	Sacramento
Solano 275 Beck Avenue, MS 5-240 Fairfield, CA 94533-4090	(707) 784-8650	(707) 421-7484	Independent	N/A
Sonoma 625 Fifth Street Santa Rosa, CA 95404-4428	(707) 565-4500	(707) 565-4520	Independent	N/A
Stanislaus Mail: P.O. Box 3088 Modesto, CA 95353-3088 Street: 830 Scenic Drive, Third Floor Modesto, CA 95350-6131	(209) 558-7515	(209) 558-7862	Independent	N/A

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County Office Address	Telephone #	Fax #	Dependent/ Independent	State Office
<p>Sutter Mail: P.O. Box 1510 Yuba City, CA 95992-1510</p> <p>Street: 1445 Veterans Memorial Circle Yuba City, CA 95993-3011</p>	(530) 822-7215	(530) 755-0741	Dependent	Sacramento
<p>Tehama Mail: P.O. Box 400 Red Bluff, CA 96080-0400</p> <p>Street: 1860 Walnut Street, Suite C Red Bluff, CA 96080-3611</p>	(530) 527-6824	(530) 527-0362	Dependent	Sacramento
<p>Trinity Mail: P.O. Box 1470 Weaverville, CA 96093-1470</p> <p>Street: 51 Industrial Park Way Weaverville, CA 96093</p>	(530) 623-1358	(530) 623-1297	Dependent	Sacramento
<p>Tulare 1062 S. K Street Tulare, CA 93274-6422</p>	(559) 687-6915	(559) 685-4780	Independent	N/A
<p>Tuolumne 20111 Cedar Road North Sonora, CA 95370-5939</p>	(209) 533-7404	(209) 533-7406	Dependent	Sacramento
<p>Ventura 2240 East Gonzales Road, Suite 260 Oxnard, CA 93036-8210</p>	(805) 981-5281	(805) 658-4580	Independent	N/A
<p>Yolo 137 N Cottonwood Street, Suite 2300 Woodland, CA 95695-6681</p>	(530) 666-8333	(530) 666-1283	Independent	N/A
<p>Yuba 5730 Packard Avenue, Suite 100 Marysville, CA 95901-7117</p>	(530) 749-6340	(530) 749-6830	Dependent	Sacramento

FI Directory

Telephone Center

FI Telephone Service Center (TSC) (6 a.m. to midnight, 7 days a week) Secondary Menu Prompt Options: <ul style="list-style-type: none"> • California Children's Services (CCS) Program/Genetically Handicapped Persons Program (GHPP) • Computer Media Claims (CMC) • POS/Internet Help Desk 	1-800-541-5555 Press or say 5 then 3 Press or say 4 then 2 Press or say 4 then 2
Automated Eligibility Verification System (AEVS) (2 a.m. to midnight, 7 days per week)	1-800-456-2387
Provider Telecommunications Network (PTN)	1-800-786-4346
Out-of-State Providers	(916) 636-1960

Department/Units

Subject Matter	Address
Appeals Unit	Xerox State Healthcare Services, LLC P.O. Box 15300 Sacramento, CA 95851-1300
Cash Control Unit	Xerox State Healthcare Services, LLC P.O. Box 13029 Sacramento, CA 95813-4029
Claims Inquiry Forms (CIFs)	Xerox State Healthcare Services, LLC P.O. Box 15300 Sacramento, CA 95851-1300
Correspondence Specialist Unit	Xerox State Healthcare Services, LLC P.O. Box 13029 Sacramento, CA 95813-4029
Hand Delivery of Claims/Correspondence	Xerox State Healthcare Services, LLC 820 Stillwater Road, West Sacramento, CA 95605-1630
Resubmission Turnaround Documents	Xerox State Healthcare Services, LLC P.O. Box 15200 Sacramento, CA 95851-1200
Medi-Cal Website	(www.medi-cal.ca.gov)

DHCS Directory

<p>Medi-Cal Benefits Branch MS 4601 P.O. Box 997417 Sacramento, CA 95899-7417 Telephone: (916) 552-9797</p>	<p>Medi-Cal Fraud Reporting Hotline Providers and Recipients Telephone: 1-800-822-6222</p>
<p>Medi-Cal Third Party Liability Division MS 4720 P.O. Box 997425 Sacramento, CA 95899-7425 Telephone: (916) 650-0490</p>	<p>Medi-Cal Fraud and Elder Abuse Reporting Hotline (Department of Justice) Telephone: 1-800-722-0432</p>
<p>Medi-Cal Eligibility Division MS 4607 P.O. Box 997417 Sacramento, CA 95899-7417 Telephone: (916) 552-9200</p>	<p>Medi-Cal Managed Care Division MS 4400 P.O. Box 997413 Sacramento, CA 95899-7413 Telephone: (916) 449-5000</p>
<p>Medi-Cal Provider Enrollment Division MS 4704 P.O. Box 997413 Sacramento, CA 95899-7413 Telephone: (916) 323-1945</p>	<p>Medi-Cal Benefits, Waiver Analysis and Rates Division MS 4600 P.O. Box 997417 Sacramento, CA 95899-7417 Telephone: (916) 552-9400</p>

Referral Process

Introduction

Purpose

The purpose of this module is to provide an overview of the California Children's Services (CCS) program and Genetically Handicapped Persons Program (GHPP) referral processes.

Module Objectives

- Define a referral
- Clarify who can make a referral to the CCS program or GHPP
- Understand how to make a referral to the CCS program or GHPP
- Identify what information needs to be included with the referral

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (www.medi-cal.ca.gov/mcss).

References

The following reference provides CCS program and GHPP referral process information.

Provider Manual Reference

Part 2

California Children's Services (CCS) Program Referrals (cal child ref)

Genetically Handicapped Person's Program (GHPP) (genetic)

Acronyms

A list of current acronyms is located in the Appendix section of this workbook.

CCS Program and GHPP Referral Process

A referral to the CCS program or GHPP is defined as a request directed to the CCS program or GHPP to authorize medical services for a potential program client.

A potential CCS program client is from birth to 21 years of age and who has or is suspected of having a CCS program-eligible condition. Persons younger than 21 years of age who have or are suspected of having a CCS program-eligible condition should first be referred to CCS.

A potential GHPP client is any person who has or is suspected of having a GHPP-eligible medical condition. Persons younger than 21 years of age who have or are suspected of having a GHPP-eligible condition should first be referred to the CCS program. Persons 21 years of age and older who have or are suspected of having a GHPP-eligible condition should be referred to the GHPP.

Referrals to the CCS program or GHPP may be made by anyone, including the potential client's family, school, public health nurse, family doctor or physician specialist. **It is important that a referral be made to the CCS program or GHPP as early as possible because the CCS program and GHPP do not pay for medical care that is provided before the date of referral.**

Referral Requirements

The CCS program or GHPP only receive referrals using the *New Referral CCS/GHPP Client Service Authorization Request (SAR) DHCS 4488* and the *Established CCS/GHPP Client Service Authorization Request (SAR) DHCS 4509* forms. A referral that is not received on either of these forms will be returned to the provider. The CCS program or GHPP medical eligibility and application process cannot be initiated until the forms are complete.

The fillable DHCS 4488 form is online at:

(<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>)

The printable DHCS 4488 form can be found on the Forms page of the Medi-Cal website.

The fillable DHCS 4509 form is online at:

(<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf>)

The printable DHCS 4509 form can be found on the Forms page of the Medi-Cal website.

Applicant Notification Process

Potential clients should be notified of a referral to the CCS program or GHPP and provided an opportunity to complete a CCS program or GHPP application.

The family/potential client must also apply for the CCS program or GHPP. Once the family/applicant applies, CCS program or GHPP staff will determine whether the applicant meets the medical, residential and financial eligibility requirements.

Diagnostic Services

If a potential CCS program or GHPP client has or is suspected of having a CCS program-eligible or GHPP-eligible medical condition, but additional tests or studies are needed to confirm the medically eligible condition, the case may be opened for just those studies or tests needed to confirm the presence or absence of the suspected CCS program or GHPP medically eligible condition.

Treatment Services – CCS

If a potential CCS program client has a CCS program-eligible medical condition and meets all other program eligibility requirements, the client’s case is opened for health care services related to the CCS-eligible condition. Cases are reviewed annually for continued eligibility in CCS.

The CCS program also provides case management for CCS clients who have Medi-Cal health care coverage.

The CCS program encourages all families and legal guardians of CCS clients with Medi-Cal eligibility to complete the CCS eligibility process to ensure continuing CCS services, regardless of the continuation of the client’s eligibility for Medi-Cal.

Treatment Services – GHPP

If a potential GHPP client has a GHPP-eligible medical condition and meets all other program eligibility requirements, the GHPP client’s case is opened for all medically necessary health care services. GHPP clients renew annually for continued eligibility in GHPP.

NOTES

Provider Paneling & Approved Hospitals/ Special Care Centers

Introduction

Purpose

The purpose of this module is to provide an overview of the California Children's Services (CCS) program requirements for becoming a CCS-paneled provider or an approved hospital.

Module Objectives

This module provides participants with information about the following:

- Become familiar with the paneling process
- Identify provider types that require paneling
- Explain various approval types of CCS-approved hospitals and Special Care Centers
- Understand where to submit an application to become a CCS-paneled provider or CCS-approved hospital

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (www.medi-cal.ca.gov/mcss).

References

The following reference includes provider paneling information.

Provider Manual Reference

Part 2

California Children's Services (CCS) Program Provider Paneling (cal child panel)

Acronyms

A list of current acronyms is located in the *Appendix* section of this workbook.

CCS Program Paneling Description

The CCS program panels and approves providers and hospitals that are qualified to provide services for CCS clients with special health care needs. Paneling is a process that the CCS program uses to determine if a provider meets the advanced education, training and/or experience requirements for his or her provider type in order to provide services for CCS clients or applicants with special health care needs. The Systems of Care Division (SCD) requires that all physicians and Allied Health professionals be CCS-paneled in order to be issued an authorization to provide services to CCS clients. If there are any questions regarding the submission of the application, please contact the Provider Services Unit at (916) 322-8702.

NOTE

GHPP providers are not required to be paneled.

CCS Paneled Provider Types

The SCD requires that all physicians be CCS-paneled in order to be authorized to provide services to CCS clients. In addition, CCS paneling is required for some Allied Health providers.

The following provider types require paneling:			
<i>* Provider types with program participation limitations</i>	Occupational Therapists	Physicians	Respiratory Care Practitioners
	Orthotists & Prosthetists	Podiatrists	Social Workers
Audiologists	Pediatric Nurse Practitioners *	Psychologists	Speech-Language Pathologists
Dietitians	Physical Therapists	Registered Nurses	

Application Requirements

It is important that all providers applying for CCS paneling must have the following:

- A National Provider Identifier (NPI)
- NPI registered with Department of Health Care Services (DHCS)
- Current medical license
- Current board certification
- Current board certificate in specialty or subspecialty

Exceptions: Allied Health providers who are employees of a hospital or facility and physicians who are employees of a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) are exempt from the provider number requirement because the facility bills for services rendered using the facility's provider number.

NOTE

State CMS no longer panels dental providers. Dental providers include dentists, orthodontists and maxillofacial surgeons. Dental providers requesting to participate in the CCS program must have an active Denti-Cal provider number/NPI.

For information about becoming a Denti-Cal provider, please contact:

California Medi-Cal Dental Program
 P.O. Box 15610
 Sacramento, CA 95852-0610
 1-800-423-0507

Website: (www.denti-cal.ca.gov)

Physician and Podiatrist Provider Paneling Application

The *Individual Provider Paneling Application for Physicians and Podiatrists* form (DHCS 4514) can be found at:

(<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4514.pdf>)

Or on the CMS Website: (<https://cmsprovider.cahwnet.gov/PANEL/index.jsp>)

CCS Provider Paneling Requirements

Physicians

Specialty Physicians

All physicians providing medical services to CCS applicants or clients must meet the following requirements:

- Have an active provider number/NPI (which must be registered with DHCS)

NOTE

RHC and FQHC physicians providing services in the RHC and FQHC are exempt from this requirement.

- Be licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board of California
- Be certified by the American Board of Medical Specialties

NOTE

Physicians who are not board certified, but who are board eligible by training and experience for the certifying examination, may participate in the CCS program for no more than three years.

Family Practice Physicians

Family practice physician paneling for the CCS program requires applicants to meet the following requirements:

- Be currently licensed as a physician by the California Board of Medical Quality Assurance
- Be certified by the American Board of Family Practice
- Be approved for participation in the Child Health and Disability Prevention (CHDP) program. CHDP provider enrollment information is available on the following DHCS web page (<http://www.dhcs.ca.gov/services/chdp/Pages/BecomingaCHDPPProvider.aspx>).

NOTE

Providers not working for a CHDP-approved facility must have documented experience treating children with CCS-eligible medical conditions for at least five years, or have treated 100 or more such children.

Podiatrists

Podiatrists must be licensed to practice podiatric medicine by the California Board of Podiatric Medicine, be certified by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics, and have documented experience treating children with CCS-eligible medical conditions for at least five years, or have treated 100 or more such children.

Allied Health Provider Paneling Application

The *Individual Provider Paneling Application for Allied Health Care Professionals* can be found at:

(www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4515.pdf)

Or on the CMS Website: (<https://cmsprovider.cahwnet.gov/PANEL/index.jsp>)

Allied Health Provider Paneling Requirements

Provider requirements for each allied health care profession are listed as follows:

Audiologists

Audiologists must be licensed by the California Speech-Language Pathology and Audiology Board and have two years of clinical experience providing audiology services, one of which must have been with infants, children and adolescents. The experience may include the clinical fellowship year.

Dietitians

Dietitians must be registered by the Commission on Dietetic Registration of the American Dietetic Association and have at least two years, or equivalent of full-time clinical nutrition therapy experience as part of a multidisciplinary team providing nutrition assessment and counseling for acute or chronically ill patients.

Dietitians applying to participate in the CCS program must have one of the required years of clinical experience providing services to infants, children and adolescents with CCS-eligible medical conditions.

Occupational Therapists

Occupational therapists must be graduates of an occupational therapy curriculum that is accredited by the American Occupational Therapy Association, the World Federation of Occupational Therapy, or another nationally recognized accrediting agency, be certified by the National Board for Certification in Occupational Therapy, and have at least one year of experience (beyond internship) providing occupational therapy to infants, children and adolescents who have CCS-eligible medical conditions. Internship means that the fieldwork was performed following the completion of curriculum.

Orthotists and Prosthetists

Orthotists must be certified by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification. Prosthetists must be certified by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification.

An orthotist's or prosthetist's application must include a letter from a CCS-paneled physician specializing in physical medicine and rehabilitation orthopedics that documents the orthotist's and/or prosthetist's experience in providing services to infants, children or adolescents with CCS-eligible medical conditions.

Pediatric Nurse Practitioners

Participation in the CCS program as a Pediatric Nurse Practitioner (PNP) is limited to serving as a designated core team member of a Special Care Center (SCC) providing services to children with CCS-eligible medical conditions.

Participating PNPs must meet all of the following requirements:

- Be certified as a nurse practitioner by the California Board of Registered Nurses
- Be certified as a PNP by the National Certification Board of Pediatric Nurse Practitioners and Nurses, or the American Nurses Association
- Have a minimum of two years of experience as a PNP, which includes providing services to children with CCS-eligible medical conditions

NOTE

The required experience may be obtained prior to being certified as a PNP. In these cases, the individual must have been a designated registered nurse core team member of an SCC providing care to children with CCS-eligible medical conditions for a minimum of two years.

Physical Therapists

Physical therapists must be licensed as such by the Physical Therapy Board of California and must have one year of experience (beyond internship) providing physical therapy to infants, children and adolescents with CCS-eligible medical conditions. Internship means that the fieldwork was performed following the completion of curriculum.

Psychologists

Psychologists must be licensed by the California Board of Psychology, or credentialed by the California State Board of Education or Commission on Teacher Credentialing and have a minimum of two years of clinical experience in which at least 50 percent of the individual's time has been spent counseling or testing children who have mental disorders, developmental disabilities or CCS-eligible medical conditions.

Registered Nurses

Registered nurses must be licensed by the California Board of Registered Nursing, be a designated core team member of an SCC providing care to children with CCS-eligible medical conditions and meet the following requirements:

- A minimum preparation of a baccalaureate degree in nursing from a program having requirements equal to or greater than a baccalaureate level nursing program approved by the California Board of Registered Nursing
- A minimum of two years of clinical nursing experience of which one year must be in pediatrics, unless the outpatient clinic had a separate adult program only, in which case the pediatric requirement may be waived
- Responsibilities in an outpatient clinic that include, but are not limited to, nursing assessment and intervention; coordination of patient's care between hospitalizations, outpatient services and community agencies; and participation in team conferences, quality improvement programs and in-service programs

Respiratory Care Practitioners

Participation in the CCS program as a respiratory care practitioner (RCP) shall be limited to serving as a designated core team member of an SCC providing services to children with CCS-eligible medical conditions. An RCP may also be referred to as a respiratory therapist or inhalation therapist.

An RCP must meet all of the following requirements:

- Be licensed by the Respiratory Care Board of California
- Have a current registered respiratory therapist credential issued by the National Board for Respiratory Care
- Have a minimum of two years of respiratory care experience, of which one year is in pediatrics
- Currently be a designated core team member of an SCC in a CCS-approved hospital and have responsibilities in the outpatient clinic that include individualized diagnostic and therapeutic respiratory care procedures, and patient education related to the implementation of the team care plan for outpatient services

Social Workers

Social workers must be licensed as a clinical social worker by the California Board of Behavioral Science Examiners or have a master's degree in social work from a school accredited by the Council on Social Work Education and have at least 7,500 hours or five years of full-time social work experience.

NOTE

Individuals who do not meet these requirements may be reviewed for CCS paneling by writing a letter containing the following information:

- Supervision received will be provided by a social worker who meets CCS standards.
- The level of supervision received will be a minimum of weekly supervision for applicants with less than two years of experience, or a minimum of monthly supervision for applicants with more than two years of experience. The letter must be signed by the applicant's supervisor or social work department director and attached to the application.

Speech-Language Pathologists

Speech-language pathologists must be licensed by the California Speech-Language Pathology and Audiology Board and have two years of clinical experience providing speech-language pathology services, one year of which must have been with infants, children and adolescents with CCS-eligible medical conditions. The required experience may include the clinical fellowship year.

Web-Based CCS Paneling Application Submission

Providers who are required to be CCS-paneled may submit their paneling application online at: (<https://cmsprovider.cahwnet.gov/PANEL/index.jsp>)

Providers have the ability to check their application status online with a unique tracking number. This online process allows Physician and Allied Health paneling applications to be handled in a thorough and timely manner. In addition, providers receive an immediate online approval, or a request for any additional documentation necessary to process their paneling applications.

For questions related to CCS paneling, please contact the Provider Services Unit at (916) 322-8702.

CCS-Approved Hospital and Special Care Center Approval

The CCS program approves and assigns various types of approval levels to hospitals, based on CCS standards and requirements. Hospital approval levels and CCS standards and requirements can be found on the CCS website

(www.dhcs.ca.gov/services/ccs/Pages/ProviderStandards.aspx).

Type of Hospital	Description
Tertiary Hospital	A CCS-approved Tertiary Hospital is a referral hospital providing comprehensive, multidisciplinary, regionalized pediatric care to children from birth up to 21 years of age. The length of stay is for a period that may exceed 21 days. This approval covers teaching hospitals, children's and university hospitals, as well as their major affiliates with approved residency programs in pediatrics and all other major specialties.
Pediatric Community Hospital	A CCS-approved Pediatric Community Hospital is a community-based hospital with licensed pediatric beds that provide services for children from birth up to 21 years of age. The length of stay in this level of CCS-approved hospital must not exceed 21 days, with the exception of care provided in a CCS-approved community or Intermediate Neonatal Intensive Care Unit (NICU).
General Community Hospital	A CCS-approved General Community Hospital is a community-based hospital without licensed pediatric beds in which care may be provided only for adolescents 14 years of age up to 21 years of age. The length of stay shall not exceed 21 days, with the exception of care provided in a CCS-approved community or intermediate NICU.
Special Hospital	A CCS-approved Special Hospital is a hospital licensed as an acute care hospital that meets one of the following conditions: <ul style="list-style-type: none"> Licensed perinatal unit/service and Intensive Care Newborn Nursery (ICNN) service and meets the CCS NICU standards as a community NICU or an intermediate NICU Licensed under special permit for rehabilitation services and meets CCS standards as a rehabilitation facility Hospital provides services in a specialized area of medical care and acts as a regional referral center for specialized type of care, such as eye or ear surgery, or burn center
Limited Hospital	A Limited Hospital is a hospital in a rural area where there are no community or tertiary inpatient hospital services available. These hospitals, which do not have licensed pediatric beds, are capable of providing limited services to children and adolescents for acute short-term conditions for which the expected length of stay shall not exceed five days.

Special Care Centers

Special Care Centers (SCCs) provide comprehensive, coordinated health care organized around a specific condition or system. SCCs are comprised of multi-disciplinary, multi-specialty providers who evaluate a client's medical condition and develop a family-centered health care plan to facilitate the provision of timely, coordinated treatment.

Information about CCS SCCs and standards can be found on the CCS "Provider Standards" page of the DHCS website:

(<http://www.dhcs.ca.gov/services/ccs/Pages/providerstandards.aspx>).

Information about GHPP SCCs and standards can be found on the GHPP "Special Care Centers" page of the DHCS website:

(<http://www.dhcs.ca.gov/services/ghpp/Pages/SpecialCareCenters.aspx>).

List of Approved CCS Providers

A searchable list of approved hospitals, prosthetic/orthotic facilities, allied health professionals and paneled providers can be found on the "CCS Provider Lists" page of the DHCS website: (<http://www.dhcs.ca.gov/services/ccs/Pages/CCSProviders.aspx>)

- "Approved Hospital" means a facility which has been determined by the CCS program to meet the requirements to render services to a CCS applicant or client.
- "Approved Prosthetic/Orthotic Facility" means a facility which has been determined by the CCS program to meet the requirements to render services to a CCS applicant or client.
- "Paneled Non-PMF Provider" refers to a provide required to be paneled but not required to obtain a Medi-Cal provider number.
- "Paneled Provider" refers to a provider who has been determined by the CCS program to meet the advanced education, training, and/or experience requirements for his/her provider type to render services to a CCS applicant or client.

SARs & SCGs

Introduction

Purpose

This module contains two sections:

- The first section contains information regarding Service Authorization Requests (SARs) and Service Code Groupings (SCGs).
- The second section contains information regarding SARs. This module focuses on the process for requesting authorization of services for California Children's Services (CCS) program or Genetically Handicapped Persons Program (GHPP) clients.

Module Objectives

- Understand the authorization process
- Understand SCGs
- Identify the appropriate utilization of SAR forms
- Understand SAR form completion requirements

Resource Information

Medi-Cal Subscription Service (MCSS)

MCSS is a free subscription service that enables providers and others interested in Medi-Cal to receive subject-specific links to Medi-Cal news, *Medi-Cal Update* bulletins, urgent announcements and/or System Status Alerts via email. For more information and subscription instructions, visit the MCSS Subscriber Form at (www.medi-cal.ca.gov/mcss).

References

The following reference materials provide CCS program and GHPP eligibility information.

Provider Manual References

Part 1

Remittance Advice Details (RAD) Codes and Messages: 9000 – 9999 (remit cd9000)

Part 2

Blood and Blood Derivatives (blood)

California Children's Services (CCS) Program (cal child)

California Children's Services (CCS) Program Billing (cal child bil)

California Children's Services (CCS) Program County Office Directory (cal child county)

California Children's Services (CCS) Program Service Authorization Request (SAR)
(cal child sar)

California Children's Services (CCS) Program Service Code Groupings (cal child ser)

Durable Medical Equipment (DME): An Overview (dura)

Genetically Handicapped Persons Program (GHPP) (genetic)

Home Health Agencies (HHA) (home hlth)

Medical Supplies (mc sup)

Occupational Therapy (occu)

Physical Therapy (phys)

Speech Therapy (speech)

Acronyms

A list of current acronyms is located in the *Appendix* section of this workbook.

Description

Service Authorization Request (SAR)

The CCS program and GHPP require authorization for health care services related to a CCS program or GHPP client's eligible medical condition. Services may be authorized for varying lengths of time during the client's program eligibility period.

The CCS program case-manages authorized services for "CCS-only" clients and clients with CCS-eligible medical conditions enrolled in the Medi-Cal program. CCS-only clients are individuals who have no Medi-Cal coverage or have Medi-Cal coverage with an unmet Share of Cost (SOC).

GHPP case-manages authorized services for "GHPP-only" clients and clients with GHPP-eligible medical conditions enrolled in the Medi-Cal program. GHPP-only clients are individuals who have no Medi-Cal coverage or have Medi-Cal coverage with an unmet Share of Cost (SOC).

In order for the CCS program or GHPP to issue an authorization for health care services, required information must be indicated on a SAR form.

Service Code Groupings (SCGs)

SCGs are groups of reimbursable codes that are authorized to CCS-paneled or approved providers for the care of a client's CCS- or GHPP-eligible medical condition. An SCG contains a listing of the codes that allow the provider to provide care for the client's CCS- or GHPP-eligible medical condition without needing to obtain repeated single authorizations for services. The SCG removes barriers for accessing care for CCS program or GHPP clients.

SCGs 01 – 12, are indicated in the list below:

01 – Physician	05 – Cochlear Implant Centers	09 – Chronic Dialysis Clinics
02 – Special Care Center	06 – High Risk Infant Follow-up	10 – Ophthalmology
03 – Transplant	07 – Orthopedic Surgeon	11 – Medical Therapy
04 – Communication Disorder Center	08 – Rural Health Clinic/Federally Qualified Health Center	12 – Podiatry

Services Not Included in Physician SCG

- Inpatient surgery
- Inpatient hospital stay
- Outpatient surgery
- Transplant
- Blood factor

SAR/SCG Policies

Physician Authorization

The physician's SAR number may be shared with other health care providers from whom the physician has requested services, such as laboratory, pharmacy or radiology providers.

- The physician's SAR number should be used only for those services related to a CCS program-eligible or GHPP-eligible medical condition.
- Pharmacy, laboratory and radiology providers will use the physician's SAR number and claim as the rendering provider.
- The authorized physician's National Provider Identifier (NPI) number must be indicated on the claim as the referring provider.

Diagnostic Services

Laboratory Testing

Laboratory tests related to the client's CCS program-eligible or GHPP-eligible medical condition and requested by the authorized physician or physician designee for the CCS program or GHPP client are covered if the service codes are listed in the physician SCG (01). Laboratory tests not covered in the authorized physician SCG require a separate authorization. The physician must provide the laboratory with the CCS program or GHPP SAR number when billing for services related to the CCS program-eligible or GHPP-eligible medical condition.

Radiology Services

Radiology services related to the client's CCS program-eligible or GHPP-eligible medical condition and requested by the authorized physician or physician designee are covered if they are listed in the physician SCG. Radiology services not covered in the authorized physician SCG for physicians require a separate authorization. The physician must provide the radiologist with the CCS program or GHPP SAR number when billing for services related to the CCS program-eligible or GHPP-eligible medical condition.

NOTE

Providers authorized to use the physician's SCG SAR number must be indicated on the claim as the rendering provider in the appropriate claim field. The authorized physician's provider number must be indicated on the claim as the referring provider in the correct field on the appropriate claim form.

Pharmacy

Drugs prescribed by the authorized physician or physician designee are covered in the physician SCG and do not require a separate authorization, with the exception of the drugs listed as requiring authorization.

The prescribing physician must provide the SCG SAR number with the prescription in order for the pharmacy to be reimbursed for the service(s) rendered.

Required Authorization

- Drugs for the treatment of CCS program-eligible or GHPP-eligible medical conditions, other than those requiring authorization, do not require a separate authorization. The pharmacy can use the SCG SAR number of the prescribing physician.
- Compound drugs require authorization only if one of the ingredients is a drug requiring authorization.
- If a specific non-generic brand name drug is medically necessary for a CCS or GHPP client, the specific National Drug Code (NDC) must be authorized.
- Pharmacy drug claims can be adjudicated through the California Point of Service (Cal-POS) Network giving pharmacies instant guarantee of payment. Drugs requiring authorization will have the NDC and units on file with the Department of Health Care Services (DHCS) Fiscal Intermediary for adjudication.

NOTE for CCS Program

The following drugs require authorization when prescribed separately or included in a compound. Refer to manual section *California Children's Services (CCS) Program Service Authorization Request (SAR)* or the Medi-Cal website (www.medi-cal.ca.gov) for a current listing of drugs requiring authorization.

AbobotulinumtoxinA	Immune Serum Globulin (I.V.)
Antihemophilic Factors	Immune Serum Globulin Caprylate (I.V.)
Antithrombin III (Hum Plas)	Immune Serum Globulin Maltose (I.V.)
Antithrombin III (Hum Recombinant)	IncobotulinumtoxinA
Avanafil	Intrathecal Baclofen
Boceprevir	Ivacaftor
Botulinum Toxin Type A	Ledipasvir/Sofosbuvir
Botulinum Toxin Type B	Leuprolide Acetate
Daclatasvir Dihydrochloride	Lumacaftor/Ivacaftor
Enteral Nutrition Amino Acid Products (Contracted)	Ombitasvir/Paritaprevir/Ritonavir
Enteral Nutrition Flavoring Products (Contracted)	Ombitasvir/Paritaprevir/Ritonavir and Dasabuvir
Enteral Nutrition Products: Elemental and Semi-Elemental	Palivizumab
Enteral Nutrition Products: Metabolic	Sapropterin Dihydrochloride
Enteral Nutrition Products: Specialized	Sildenafil
Enteral Nutrition Products: Specialty Infant	Simeprevir
Enteral Nutrition Products: Standard	Sofosbuvir
Factor IX Complex (PCC) Preparations	Somatrem
Factor IX Preparations	Somatropin
Factor XIII Preparations	<u>Histrelin Implant (Supprelin LA)</u>
Food Oils	Tadalafil
	Telaprevir
	Vardenafil

NOTE for GHPP

The following drugs require authorization when prescribed separately or included in a compound. Refer to the “Pharmacy SAR Requirements” topic in the Part 2 manual section *Genetically Handicapped Persons Program (GHPP)* or the Medi-Cal website (www.medi-cal.ca.gov) for a current listing of drugs requiring authorization.

The following drugs and nutritional products are not included in a physician SCG and require a separate SAR:

AbobotulinumtoxinA	Food Oils
Antihemophilic Factors	Immune Serum Globulin (I.V.)
Antithrombin III (Hum Plas)	Immune Serum Globulin Caprylate (I.V.)
Antithrombin III (Hum Recombinant)	Immune Serum Globulin Maltose (I.V.)
Avanafil	IncobotulinumtoxinA
Boceprevir	Intrathecal Baclofen
Botulinum Toxin Type A	Ivacaftor
Botulinum Toxin Type B	Ledipasvir/Sofosbuvir
Controlled Substances listed as Schedule II	Leuprolide Acetate
Controlled Substances listed as Schedule III	Lumacaftor/Ivacaftor
Daclatasvir Dihydrochloride	Ombitasvir/Paritaprevir/Ritonavir
Enteral Nutrition Amino Acid Products (Contracted)	Ombitasvir/Paritaprevir/Ritonavir and Dasabuvir
Enteral Nutrition Flavoring Products (Contracted)	Palivizumab
Enteral Nutrition Products: Elemental and Semi-Elemental	Sapropterin Dihydrochloride
Enteral Nutrition Products: Metabolic	Sildenafil
Enteral Nutrition Products: Specialized	Simeprevir
Enteral Nutrition Products: Specialty Infant	Sofosbuvir
Enteral Nutrition Products: Standard	Somatrem
Factor IX Complex (PCC) Preparations	Somatropin
Factor IX Preparations	Histrelin Acetate_Implant
Factor XIII Preparations	Tadalafil
	Telaprevir
	Vardenafil

Medical Supplies

Medical supplies must be billed with Healthcare Common Procedure Coding System (HCPCS) Level II codes. Providers may not bill medical supplies using the local "99" or HCPCS Level I codes.

Providers may bill for specific product codes for medical supplies, HCPCS Level II codes without a product-specific SAR, if the medical supplies requested do not exceed the non-TAR billing limits set by Medi-Cal. The provider prescribing the medical supplies must have an SCG SAR with dates of service that include the dates of service on which the medical supplies are dispensed. The prescribing physician must provide the rendering provider with the SCG SAR number. For Medi-Cal billing limitations and authorization requirements, refer to the medical supply sections in the appropriate Medi-Cal Part 2 provider manual.

Requests for medical supplies are submitted using the appropriate CCS/GHPP SAR form. 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).

NOTE

Medi-Cal age restrictions for incontinence medical supplies do not apply to such supplies that are dispensed and billed pursuant to a CCS program or GHPP SAR.

Durable Medical Equipment

Durable Medical Equipment (DME) requests for CCS program clients must be requested by a CCS-paneled physician. GHPP physician providers are not required to be paneled. Providers may bill for DME products without a product-specific SAR if the DME requested does not exceed the thresholds for authorization as referenced in *Durable Medical Equipment: An Overview* section (dura) in the *Allied Health for Durable Medical Equipment and Medical Supplies* section of the Part 2 provider manual.

The provider prescribing the DME must have an SCG SAR with dates of service that include the dates of services on which the DME is dispensed. A product-specific SAR is required for DME that exceeds the thresholds. In addition to the requirements in the Medi-Cal provider manual for DME, the CCS program and GHPP require that the appropriate CCS/GHPP SAR form be completed and include the following information:

- Signed prescription
- Detailed description of DME item:
 - Any special features
 - Manufacturer
 - Model number
 - Quantity, if appropriate
- Rental or purchase
 - If rental, include duration
- Appropriate HCPCS code
 - If using an unlisted or miscellaneous code, provide an explanation as to why a listed HCPCS code is not used
- List any separately billable accessories, include the description, HCPCS code and the quantity of each

NOTE

All DME SARs must be HCPCS code-specific and include appropriate rental or purchase modifiers. The CCS program and GHPP require the following modifiers to be included on a SAR submitted for DME:

Modifier	Description
NU	New equipment (purchase)
RA	Replacement of DME item
RB	Replacement of a part of DME furnished as part of a repair
RR	Rental

Inpatient Authorizations

Hospital

CCS Program: Physician Authorization for Inpatient Stay

The paneled physician with primary responsibility for the care of the CCS program client while hospitalized requires authorization from the local CCS program county office or the state Systems of Care Division (SCD) office in Sacramento or Los Angeles. (At this time, Los Angeles oversees the authorizations for Imperial, Inyo and Mono counties.)

However, if the paneled physician with primary responsibility has been previously authorized with an SCG for the CCS program client, a separate authorization is not required. The physician's authorization may be shared with other physician consultants as requested by the authorized physician.

GHPP: Physician Authorization for Inpatient Stay

The physician with primary responsibility for the care of the GHPP client while hospitalized requires authorization from GHPP. However, if the physician with primary responsibility has been previously authorized with an SCG for the GHPP client, a separate authorization is not required. Similar to the CCS program's authorizations, the physician's authorization may be shared with other physician consultants as requested by the authorized physician.

CCS Program: Hospital Authorization

The CCS-approved hospital is required to request an authorization from the CCS program county office or state SCD office in Sacramento or Los Angeles for the anticipated length of the stay for the CCS program client. If the request is related to the CCS-eligible condition, the CCS program will authorize the inpatient admission of the stay based on Diagnosis Related Group (DRG) methodology.

GHPP: Hospital Authorization

The hospital is required to request an authorization from GHPP for the anticipated length of the stay for the GHPP client. However, please note that the hospital is not required to be CCS program- or GHPP-approved.

Designated Public Hospital Authorization

The hospital must also receive an authorization from the GHPP or CCS program for

- The anticipated inpatient admission
- The number of per diem days approved for the inpatient episode

Private Hospital Authorization

The hospital must also receive an authorization from the GHPP or CCS program and provide:

- Service Begin Date (admission date)
- Service End Date = one calendar day subsequent to the Service Begin Day

The number of days authorized shall be one day.

NOTE

The payment system DRG logic will disregard the Service End Date and Number of Days on the SAR when pricing the SAR.

Inpatient Surgery

CCS Program: Physician Authorization

Paneled physicians must request authorization from the CCS program for all surgical procedures. The SAR must include all specific procedure codes anticipated for the surgery. Most surgical procedure codes are not included in SCGs.

GHPP: Physician Authorization

Physicians must request authorization from GHPP for all surgical procedures. The SAR must include all specific procedure codes anticipated for the surgery. Most surgical procedure codes are not included in SCGs. GHPP physicians are not required to be paneled.

NOTE

To request authorization, CCS physicians must be paneled by the Systems of Care Division. GHPP does not panel physicians to provide GHPP services.

CCS Program: Facility Authorization

The CCS-approved hospital must submit a separate SAR for the number of inpatient days required for the surgical procedure and postoperative care. If the CCS client requires additional time in the hospital, the hospital must request a modification of the authorization to include the additional days.

GHPP: Facility Authorization

The hospital must submit a separate SAR for the number of inpatient days required for the surgical procedure and postoperative care. If the GHPP client requires additional time in the hospital, the hospital must request a modification of the authorization to include the additional days.

NOTE

Only CCS facilities approved by the Systems of Care Division (SCD) may request authorization. GHPP does not certify or approve facilities to provide GHPP services.

Outpatient Surgery Authorizations

CCS Program: Physician Authorization

The paneled physician must request authorization for surgery with all specific anticipated procedure codes and an SCG 01 code. Surgery authorizations for elective surgery may be requested for a specified time period during which the surgery can take place.

NOTE

An SCG 51 code authorization for surgery may be issued when requested and there is confirmation that there is a CCS-eligible medical condition requiring surgery and all CCS program eligibility requirements are met.

GHPP: Physician Authorization

The physician must request authorization for surgery with all specific anticipated procedure codes and an SCG 01 code. Surgery authorizations for elective surgery may be requested for a specified time period during which the surgery can take place

NOTE

To request authorization, CCS physicians must be paneled by the Systems of Care Division. GHPP does not have this requirement.

Outpatient Surgery Facility Authorization

The physician's authorization must be shared with the outpatient surgery facility. The outpatient surgery facility must bill utilizing the physician's authorization and indicate the authorized physician's provider number as the referring provider.

NOTE

Outpatient facilities do not require CCS or GHPP approval.

Physical, Occupational and Speech Therapy Authorizations

SARs for physical, occupational and speech therapy services must be submitted to the local CCS program county office or the state SCD regional office. GHPP SARs are submitted to the GHPP state SCD office in Sacramento. The CCS program's therapy SARs will only be accepted for review from CCS-paneled therapists. GHPP therapy providers are not required to be paneled. The requested therapy must be for the treatment of the client's CCS program-eligible or GHPP-eligible medical condition. SARs for therapy must include the following information:

- Specific procedure codes for the requested therapy services
- The number of therapy visits requested
- The time period that the therapy is requested
- A copy of the physician prescription for therapy services
- Documentation from the physician demonstrating medical necessity for therapy
- A current therapy report, if applicable

Home Health Agencies Services

Home Health Agencies (HHA) services, related to the client's CCS program-eligible or GHPP-eligible medical condition and requested by the authorized physician for the CCS program or GHPP client, may be requested by submitting a SAR to the CCS program or GHPP.

In addition, an authorized physician treating the CCS program or GHPP 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 the *New Referral CCS/GHPP Client Service Authorization Request (SAR)* form.
- The CCS program or GHPP may authorize the initial home assessment and up to three additional visits if requested by the discharging physician at the time of the CCS program or GHPP 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 the *New Referral CCS/GHPP Client Service Authorization Request (SAR)* form or requested prior to hospitalization, must be submitted within three working days of the date the services started. Any services provided during this three-day grace period must be included in the SAR. The authorization is contingent upon the client's CCS program or GHPP eligibility and the medical necessity of the requested services.

SAR Forms Online

SAR forms are available online on the DHCS website at (www.dhcs.ca.gov/services/ccs/Pages/ProviderForms.aspx)

Providers can complete the forms online and print out the forms, then mail or fax the forms to the appropriate local CCS program county office. Submit GHPP SARs to the GHPP state office in Sacramento.

SAR Types

There are two different types of SAR forms used by providers to request authorization of services from the CCS or GHPP programs.

- CCS/GHPP New Referral SAR
- CCS/GHPP Established Client SAR

CCS/GHPP New Referral SAR

The *New Referral CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4488) form is used when referring a potential CCS program or GHPP client suspected of having a CCS program-eligible or GHPP-eligible medical condition to the CCS program or GHPP with the initial Service Authorization Request.

CCS/GHPP Established Client SAR

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

Notes:

SAR Submission

Providers must submit SARs to the appropriate local CCS program county. Independent counties will conduct a residential, financial, and medical review. Dependent counties will conduct the residential and financial review, but will then submit SARs, including medical documentation, to the state SCD office in Sacramento or Los Angeles for medical review based on the client's county of residence. Please note that the state Los Angeles office oversees medical authorization for the dependent counties of Imperial, Inyo and Mono. GHPP SARs are submitted to the GHPP state SCD office in Sacramento.

SAR Status Notification

Once a SAR form has been received and adjudicated by GHPP, the local CCS program county office or state SCD office, the family and the provider will receive written notification from the CCS program or GHPP regarding the status of the submitted SAR. Providers are also encouraged to apply for Provider Electronic Data Interchange (PEDI) database access to view status online. The application can be found on the DHCS website at (www.dhcs.ca.gov/services/ccs/cmsnet/Pages/CMSNetProviderEDI.aspx).

There are four types of SAR statuses a provider may receive:

- Authorized SAR
- Denied SAR
- Modified SAR
- Cancelled SAR

SAR Authorization Example

SAR #: 97000000000

XXXX COUNTY CCS OR REGIONAL OFFICE
 CALIFORNIA CHILDREN'S SERVICES (CCS)
 ADDRESS 1
 ADDRESS 2
 CITY, ST ZIP
 TELEPHONE:

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, I agree to accept payment from the CCS program as payment in full. If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

Authorized Provider:	Facility Name Line 1 Line 2 Line 3 City, State Zip	Provider Number: 999999999 Telephone: (999) 999-9999
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CCS CLIENT INFORMATION

Client Name:	Name, Client	Client Index Number: 99999999A9
Parent/Guardian:	Mr. and Mrs., etc.	
Address:	Line 1 Line 2 City, State ZIP	CCS Case Number: 9999999 Date of Birth: 9/99/9999 Telephone: (999) 999-9999

AUTHORIZATION INFORMATION

Effective Dates: 11/03/2011 through 11/30/2011 **Number of days:** 5

CCS AUTHORIZED SERVICES

<SERVICE CODE> <SERVICE CODE DESCRIPTION> <UNITS><QUANTITY><AMOUNT> or <SCG>

SPECIAL INSTRUCTIONS

Please refer to the Medi-Cal manual for billing instructions. Thank you for your continued participation in the California Children's Services program.

Issued By: NAME, USER (XXXXXX COUNTY OR REGIONAL OFFICE)	Date Authorized: 99/99/9999
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SAR#: 97000000000

If a SAR is denied:

The provider will receive a denial letter from GHPP, the local CCS program county office or state SCD office in Sacramento or Los Angeles. This denial may be used as documentation for follow up to the appropriate CCS/GHPP entity.

If a SAR needs modification:

It may be modified for one or more of the following reasons:

- Begin date (may only be back-dated)
- End date (may only be extended)
- Units (may only be increased)
- Quantity (may only be increased)
- Inpatient Number of Days (now tied to DRGs)
- Additional codes/service code groupings may be added (additions only, codes may not be changed)
- Authorized By, Primary and Secondary DX may be modified
- Special Instructions may be deleted or changed

Cancelling a SAR

Once a SAR has been “Authorized” or “Modified,” the SAR may only be “Cancelled.” Cancelled SARs are still valid for the specific date range of the cancelled SAR. For example, if the SAR status is “Cancelled” and the effective date range of the SAR is January 1, 2014 – January 15, 2014, providers are authorized to bill for those dates of service.

NOTES

Form Completion Procedures

Enter appropriate information in the following fields of the *New Referral CCS/GHPP Client Service Authorization Request (SAR) (DHS 4488)* form.

Provider Information

Locator	Field Name	Instructions
1	Date of Request	Enter the date of the request.
2	Provider Name	Enter the name of the provider who is requesting the service(s).
3	Provider Number	Enter the provider's NPI number.
4	Address	Enter the requesting provider's address.
5	Contact Person	Enter the name of the person who should be contacted regarding the request. (All authorizations should be addressed to contact person.)
6	Contact Telephone No.	Enter the telephone number of the contact person.
7	Contact Fax Number	Enter the fax number for the provider's office or contact person.

Client Information

Locator	Field Name	Instructions
8	Client Name	Enter the client's name – last, first, middle.
9	Alias (AKA)	Enter the client's alias, if known.
10	Gender	Check the appropriate box.
11	Date Of Birth	Enter the client's date of birth.
12	CCS/GHPP Case Number	If applicable, enter the client's CCS/GHPP case number. (If unknown, leave blank.)
13	Medical Record No.	Enter the client's hospital or office medical record number.
14	Home Phone No.	Enter the home telephone number where the client or client's legal guardian can be reached.
15	Cell Phone No.	Enter the cellular telephone number where the client or client's legal guardian can be reached.
16	Work Phone No.	Enter the work telephone number where the client or client's legal guardian can be reached.
17	Email Address	Enter the email address of the client or client's legal guardian.
18	Residence Address	Enter the address of the client. Do not use a P.O. Box number.
19	Mailing Address	Enter the mailing address if it is different than the residence address.

Client Information (Continued)

Locator	Field Name	Instructions
20	County of Residence	Enter the residential county of the client.
21	Language Spoken	Enter the client's language spoken.
22	Name of Parent/Legal Guardian	Enter the name of the client's parent/legal guardian.
23	Mother's First Name	Enter the client's mother's first name.
24	Primary Care Physician	Enter the client's primary care physician's name. If it is not known, enter NK (not known).
25	Primary Care Physician Telephone No.	Enter the client's primary care physician's telephone number.

Insurance Information

Locator	Field Name	Instructions
26	Enrolled in Medi-Cal?	Mark the appropriate box. (If the answer is yes, enter the client's Client Index Number [CIN] in Box 26.b and the client's Medi-Cal number in Box 26.c.)
27	Enrolled in a Commercial Insurance Plan	Mark the appropriate box. (If the answer is yes, mark the type of insurance plan and enter the name of the commercial insurance plan on the line provided.)

Diagnosis

Locator	Field Name	Instructions
28	Diagnosis and/or ICD-10 Code	Enter the diagnosis or ICD-10-CM diagnosis code, if known, relating to the requested service(s).

Requested Services

Locator	Field Name	Instructions
29	CPT-4/HCPCS Code/NDC	Enter the CPT-4, HCPCS code or NDC code being requested. (This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. CPT-4 or HCPCS codes are not required for inpatient hospital stay requests.)
30	Specific Description of Service/Procedure	Enter the specific description of the procedure/service being requested.
31	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.)
32	Frequency/Duration	Enter the frequency or duration of the procedures or services being requested.

Requested Services (Continued)

Locator	Field Name	Instructions
33	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.
34	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.
35	Other Documentation Attached	Check this box if attaching additional documentation.
36	Enter Facility Name	Complete this field with the name of the facility where you would like to perform the procedure or service you are requesting.

Inpatient Hospital Services

Locator	Field Name	Instructions
37	Begin Date	Enter the begin date for the requested inpatient stay.
38	End Date	Enter the end date for the requested inpatient stay.
39	Number of Days	Enter the number of days for the requested inpatient stay.

Additional Services Requested from Other Health Care Providers

Locator	Field Name	Instructions
40	Provider's Name	Enter name of the provider you are referring services to.
	Provider Number	Enters the provider's National Provider Identification (NPI) number.
	Telephone Number	Enter the provider's telephone number.
	Contact Person	Enter the name of the person who can be contacted regarding the request.
	Address	Enter the address of the provider.
	Description of Services	Enter the description of referred/requested services.
	Procedure Code	Enter the procedure code for the 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.

Signature

Locator	Field Name	Instructions
41	Signature of Physician or Provider	The SAR must be signed by the physician, pharmacist or authorized representative.
42	Date	Enter the date the SAR was signed.

NOTES

ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information

1. Date of request	2. Provider name	3. Provider number
4. Address (number, street)		City State ZIP code
5. Contact person	6. Contact telephone number ()	7. Contact fax number ()

Client Information

8. Client name—last	First	Middle
9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Date of birth (mm/dd/yyyy)	11. CCS/GHPP case number
12. Client index number (CIN)		13. Client's Medi-Cal number

Diagnosis

14. Diagnosis (DX)/ICD-10: _____ DX/ICD-10: _____ DX/ICD-10: _____

15. Service Authorization Request for (Check one)
 a. CCS/GHPP New SAR
 b. Authorization extension (If checked, enter authorization number: _____)

Requested Services

16.* CPT-4/ HCPCS Code/NDC	17. Specific Description of Service/Procedure	18. From (mm/dd/yy)	To (mm/dd/yy)	19. Frequency/ Duration	20. Units	21. Quantity (Pharmacy Only)

* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

22. Other documentation attached Yes
 23. Enter facility name (where requested services will be performed, if other than office.)

Inpatient Hospital Services

24. Begin date	25. End date	26. Number of days	27. Extension begin date	28. Extension end date	29. Number of extension days
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Additional Services Requested from Other Health Care Providers

30. Provider's name	Provider number	Telephone number ()	Contact person
Address (number, street)		City	State ZIP code
Description of services		Procedure code	Units Quantity
Additional information			
31. Provider's name	Provider number	Telephone number ()	Contact person
Address (number, street)		City	State ZIP code
Description of services		Procedure code	Units Quantity
Additional information			

Privacy Statement (Civil Code Section 1798 et seq.)

The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the mandatory information may result in your request being delayed or not be processed.

32. Signature of physician/provider or authorized designee	33. Date
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Established CCS/GHPP Client SAR (DHCS 4509 Form)

Form Completion Procedures

Enter appropriate information in the following fields of the *Established CCS/GHPP Client Service Authorization Request (SAR)* (DHCS 4509) form.

Provider Information

Locator	Field Name	Instructions
1	Date of Request	Enter the date the request is being made.
2	Providers Name	Enter the name of the provider who is requesting the service(s).
3	Provider Number	Enter the provider's NPI number (no organization 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 contact person.)
6	Contact Telephone Number	Enter the telephone number of the contact person.
7	Contact Fax Number	Enter the fax number for the provider's office or contact person.

Client Information

Locator	Field Name	Instructions
8	Client Name	Enter the client's name – last, first, 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 case number. (If unknown, leave blank.)
12	Client Index Number (CIN)	Enter the client's CIN. (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

Locator	Field Name	Instructions
14	Diagnosis and/or ICD-10 Code	Enter the diagnosis or ICD-10-CM diagnosis code, if known, relating to the requested service(s).

NOTES

Acronyms

ACF	Attachment Control Form
ACN	Attachment Control Number
AEVS	Automated Eligibility Verification System
BIC	Benefits Identification Card
CAL-POS	California-Point of Service Network
CCN	Claim Control Number
CCS	California Children's Services
CHDP	Child Health and Disability Prevention Program
CIF	Claims Inquiry Form
CIN	Client Index Number
CMC	Computer Media Claims
CMS	Centers for Medicare & Medicaid Services
CPT-4	Current Procedural Terminology, 4th Edition
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
DOB	Date of Birth
DOI	Date of Issue
EOB	Explanation of Benefits
EVC	Eligibility Verification Confirmation
FI	Fiscal Intermediary; contractor for DHCS responsible for claims processing, provider services, and other fiscal operations of the Medi-Cal program
FQHC	Federally Qualified Health Center
GHPP	Genetically Handicapped Persons Program
HCPCS	Healthcare Common Procedure Coding System
HFP	Healthy Families Program
ICNN	Intensive Care Newborn Nursery
MCP	Managed Care Plan
MTU	Medical Therapy Unit
NDC	National Drug Code
NICU	Neonatal Intensive Care Unit
NPI	National Provider Identifier
OHC	Other Health Coverage
PIN	Provider Identification Number

PNP	Pediatric Nurse Practitioner
POS	Point of Service
PPO	Preferred Provider Organization
PSA	Program Services Agreement
PTN	Provider Telecommunications Network
PWK	Paperwork
RAD	Remittance Advice Details
RCP	Respiratory Care Practitioner
RHC	Rural Health Clinic
RTD	Resubmission Turnaround Document
SAR	Service Authorization Request
SCC	Special Care Center
SCG	Service Code Grouping
SOC	Share of Cost
SSN	Social Security Number
TAR	Treatment Authorization Request
TCN	TAR Control Number
TSC	Telephone Service Center