

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

Requested Services

Locator	Field Name	Instructions
15a	CCS/GHPP New SAR	Check if requesting a new authorization for an established CCS/GHPP client.
15b	Authorization Extension	Check if requesting an extension of an authorized SAR. Please enter the authorization number on the line.
16	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 authorization or special care center authorizations. CPT-4, HCPCS or NDC codes are not required for inpatient hospital stay requests.)
17	Specific Description of Service/Procedure	Enter the specific description of the procedure/service being requested.
18	From and To Dates	Enter the date you would like the services to begin. Enter the date you would like the services to end. (These dates are not necessarily the dates that will be authorized.)
19	Frequency/Duration	Enter the frequency or duration of the procedures or services being requested.
20	Units	For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
21	Quantity	Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
22	Other Documentation Attached	Check this box if attaching additional documentation.
23	Enter Facility Name	Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

Locator	Field Name	Instructions
24	Begin Date	Enter the begin date for the requested inpatient stay.
25	End Date	Enter the end date for the requested inpatient stay.
26	Number of Days	Enter the number of days for the requested inpatient stay.
27	Extension Begin Date	Enter the date the requested extension of authorized inpatient stay will begin.
28	Extension End Date	Enter the date the requested extension of authorized inpatient stay will end.
29	Number of Extension Days	Enter the number of days for the requested extension inpatient stay.

Additional Services Requested from Other Health Care Providers

Locator	Field Name	Instructions
30 – 31	Provider's Name	Enter the name of the provider you are referring the services to.
	Provider Number	Enter the provider 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
32	Signature of Physician or Provider	The SAR must be signed by the physician, pharmacist or authorized representative.
33	Date	Enter the date the SAR was signed.

NOTES
