MEDI-CAL PROVIDER EDUCATION

SUBJECT: CCS REFERRALS

PURPOSE: To establish a standardized method for submitting potential CCS cases to the Medi-cal CCS Specialist for referral to the CCS program.

DEFINITION: California Children’s Services (CCS) is a state funded Medi-Cal program for children who are between the ages of 0-21 and meet established criteria. Once a Medi-Cal member’s condition is accepted as a CCS eligible diagnosis, services are carved out to the CCS program by the Medi-cal CCS Specialist.

PROCEDURE:

For a member to be eligible for CCS, member must meet all these requirements:

- Is under 21 years old
- Has a health problem that is covered by CCS
- Is a resident of California

Common CCS conditions may include but not limited to:

- Burns (e.g. Second-Degree & Third-Degree Burns)
- Cardiac related diagnosis
- Cleft Palate
- Hearing Loss
- Heart and Blood vessel disorders
- Kidney related diagnosis
- Liver related diagnosis
- Seizures/Epilepsy
- Sickle Cell
- Spina Bifida
- Diabetes
- Neoplasm
- Endocrine. Nutritional and Metabolic Diseases
- Immune Disorders (HIV/AIDS)
- Neurological disorders
- Respiratory system diseases
- Disease of the eye
- Diseases of the Digestive system

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- Patient in NICU
- Plastic or Reconstructive Surgery
- Connective Tissue Diseases
- Injury that can result in Permanent Disability or death

Non-covered criteria. Among the non-covered services and conditions and patients include as follows:

1. For commercial HMO members, NICU will not be covered
2. Failure to thrive, obesity, regular Asthma, constipation, fatigue, irregular period
3. Home health services that are for a long period of time
4. Closed fractures are normally not covered unless the fracture is in the Skull, femur, pelvis or Spine.
5. Congenital growth hormone issues are not covered
6. Continued glucose monitor (CGM) supply is not a covered benefit.
7. Surgeries or post operation members who are recovering without need of further case management or support will not be covered unless member continues to be case managed and may be referred to other specialists for CCS eligible conditions

Process of submission to CCS specialist

Potential CCS cases can be submitted by:
- Filling out the online authorization form located at www.regalmed.com under the provider section with their Regal Express Access or
- Forward all CCS eligibility questions or potential eligible requests to the CCS mailbox: ccs@regalmed.com. CCS specialist will respond to your inquiry

Use the following language:
**Medi-Cal member with potential CCS diagnosis; assessment is needed.**
Supporting documentation needs to be added to the notes area of the authorization with an email sent to the CCS specialist as a reminder.

Supporting documentation may include:
- Detailed consultation notes from a CCS panel specialist e.g: notes for hearing loss from a panel specialist, EKG, echo, sleep study results etc

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• Detailed discharge summary for post hospital member
• Imaging results e.g. MRI, X-rays, ultrasound etc
• Lab test results e.g: Hemoglobin, TSH levels, thyroid globulin, glucose level etc
• DME prescription from a CCS panel specialist
• For physical therapy, we need a PT/OT evaluation report by the CCS panel specialist
• For pharmacy request prescriber has to be a CCS panel specialist
• Notes that indicate ruled out, possible or suspected diagnosis need confirmation notes for the diagnosis.
• Supporting documents must be detailed and not a one page hand written note. In an effort to get cases approved please provide as much detailed proof of member diagnosis

1. CCS specialist will evaluate for CCS eligibility:
   • If a CCS potential criterion is met the CCS Specialist will submit a SAR request including the supporting documentation provided above to the local county CCS program.

2. If CCS rejects the case, the CCS specialist will let the case manager assigned know of the decision who will notify the provider.

3. Once CCS approves the request, CCS specialist will email requester including all nurses involved in the case of the status.

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