



California
Department of
Health Services

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State of California-Health and Human Services Agency
Department of Health Services



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Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH AND REGIONAL
OFFICE STAFF

SUBJECT: AUTHORIZATION OF EMERGENCY SERVICES RELATED TO TRAUMA

I. Introduction

The purpose of this numbered letter (NL) is to update and clarify the policy for authorization of medically necessary services provided on an emergency basis to a child with a CCS medically eligible condition that results from trauma. For purposes of this letter, these medical conditions are limited to those cited in Title 22, California Code of Regulations (CCR) Section 41872, subdivisions (a) through (f).

II. Background

The CCS program requires physician and hospital providers to obtain CCS approval prior to participating in the CCS program. However, the CCS program receives requests for authorization of acute emergency services related to trauma from physician providers and hospital facilities that do not have CCS approval, but may be the nearest facility or provider to the client at the time of the trauma. If the provider is not CCS approved, these clients have been at risk of being billed for the emergency services rendered to them. This NL is necessary to improve consistency statewide in the authorization of emergency services related to trauma and provide for reimbursement of providers who render medically necessary trauma-related emergency services to CCS-eligible clients.

Timeliness of referral for CCS-only and CCS/Healthy Families (HF) children shall conform to the provisions of, Title 22, CCR Section 42180. CCS may not grant authorization for services unless the request for authorization has been received prior to the provision of those services. The only exception to this is when services are rendered when CCS offices are closed and CCS is informed the next business day. Requests for medically necessary services for children who have full-scope no

share-of-cost Medi-Cal who are referred to CCS, cannot be denied solely on the basis that the request does not meet CCS requirements for timeliness (see N.L. 02-0301).

III. Policy Guidelines and Implementation

- A. The policy in this NL shall apply only to those CCS clients/applicants who meet all CCS program eligibility requirements.
- B. Children with a CCS eligible medical condition that results from trauma and who are admitted to a non-CCS approved hospital shall be transferred to the nearest appropriate CCS approved hospital as soon as the client is determined to be stable for transfer. Determination that a child is stable for transfer is based on consultation between the child's attending physician and the CCS independent county or Regional Office Medical Consultant/designee when both of the following apply:
 - 1. A bed is available for the child at an appropriate CCS approved hospital; and
 - 2. A CCS approved physician at the receiving hospital has agreed to accept the care of the child.
- C. Authorization of inpatient hospital services shall be time limited and correspond to the period the CCS independent county or Regional Office Medical Consultant/designee deems sufficient to stabilize the child for transfer to the appropriate level of care at a CCS approved facility.
- D. When the CCS Medical Consultant/designee has determined the child is stable for transfer and no bed is available at an appropriate CCS approved facility, the number of days authorized will be based on hospital documentation of daily efforts to transfer the child, including the name of the CCS approved physician at the receiving hospital with whom communication took place, as well as the estimated date of transfer to the approved hospital.
- E. If, after the child is deemed stable for transport, there is inadequate evidence of effort to transfer the child to the appropriate CCS approved hospital, authorizations shall not be extended beyond the date the child was deemed stable for transport.

- F. The policies identified in B through E also apply to children with a CCS eligible medical condition that results from trauma who are admitted to a CCS approved hospital that is not approved for the level of care required for the treatment of the condition.

- G. The CCS program shall authorize medically necessary physician services, including inpatient care, for treatment of a CCS-eligible medical condition that results from trauma when the physician is CCS approved or the physician has a Medi-Cal provider number and obtains temporary CCS approval to allow authorization and reimbursement for services rendered to a specific client and limited to specific dates of services (see This Computes! #158).
 - 1. A separate authorization may be issued to a surgeon for specific surgical procedures performed during the hospitalization.
 - 2. Physician authorizations shall include a period of time to allow for medically necessary follow-up care after discharge, if applicable.

- H. Authorization for outpatient treatment of a CCS eligible medical condition that results from trauma can also be issued to a hospital emergency room or an outpatient surgical facility. This authorization shall be issued even if the surgical treatment is not scheduled to be performed on the date of the trauma.

- I. Authorizations shall also be issued for medically necessary follow-up services, as ordered by the attending physician, regardless of physician's CCS approval status, to assist in the short-term acute outpatient rehabilitation of a child with a CCS medically eligible condition due to trauma. Such services may include, but are not limited to:
 - 1. Medications
 - 2. Physical, occupational, or speech therapy by CCS approved providers
 - 3. Referrals for specialty care by a CCS approved specialist
 - 4. Rental or purchase of medically necessary durable medical equipment and supplies
 - 5. Orthotics or prosthetics

6. Home health agency services

J. Coordination with Medi-Cal Managed Care or HF Plans:

1. The CCS county or CMS Branch Regional Office Medical Consultant/designee shall coordinate with the appropriate Medi-Cal Managed Care or HF plan liaison to ensure the appropriate provision of emergency services related to trauma if the child is known to be enrolled in one of the plans.
2. The plan liaison must be notified as soon as the CCS program is aware of the need to transfer a CCS eligible client to the appropriate hospital.
3. In the event of families receiving bills for services, the CCS program shall:
 - a. Contact the provider and request that he/she becomes a CCS approved provider so that CCS can be billed rather than billing the client.
 - b. Contact the Medi-Cal Managed Care plan or HF plan liaison and notify the CCS Regional Office if these efforts do not resolve the problem.

- K. The CCS program shall make every effort to encourage non-approved physicians delivering services to children with CCS-eligible medical conditions to apply for CCS approval, including requesting assistance from a HF or Medi-Cal Managed Care plan liaison.

If you have questions on this N.L. or CCS program policy on authorization of emergency services related to trauma, please contact your Regional Office Medical Consultant.

If you have difficulty in facilitating payment for authorized providers, please contact the CMS Provider Services Unit at (916) 322-8702.

Original Signed by Marian Dalsey, M.D., M.P.H.

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