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Director

State of California—Health and Human Services Agency Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

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Index: Benefits

To: COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL DIRECTORS, AND MEDICAL
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH STAFF, CCS-APPROVED SPECIAL CARE CENTERS AND
CCS-APPROVED HOSPITAL CHIEF EXECUTIVE OFFICERS

Subject: SERVICE CODE GROUPING (SCG) 51 IMPLEMENTATION

I. Purpose

The purpose of this Numbered Letter (NL) is to provide policy guidelines and procedural direction for statewide implementation of SCG 51, effective July 1, 2010.

II. Background

The CCS program case manages and authorizes services for children with CCS-eligible medical conditions who are enrolled in the CCS program, Healthy Families Program, or Medi-Cal program. The CCS program requires prior authorization for health care services related to a client's CCS eligible condition. Providers are required to submit a Service Authorization Request to receive authorizations to provide CCS services.

A Service Authorization (SAR) enables providers to render and be reimbursed for specified services authorized by the CCS program. The physician's authorization number (SAR number) may be shared, when appropriate, for reimbursement with other health care providers from whom the physician has requested ancillary services such as laboratory, pharmacy, radiology, or other physician specialty services.

A SCG is a group of reimbursable codes authorized to CCS-approved providers for the provision of a group of related health care services that are authorized through the SAR process. A SCG SAR enables the provider to render care to a CCS client without the need for requesting additional procedure-specific SARs.

There are two different types of SCGs: **Include** SCGs and **Exclude** SCGs. If a SAR is approved for an **Include** SCG, all the codes included in the SCG are reimbursable without separate procedure-specific authorizations.

SCG 51 has been developed using **Exclude** SCG functionality to reduce workload and expedite the authorization of surgical services for CCS clients. The use of this SCG will enable the surgical team to render a large range of surgical procedures, provided in either an inpatient or outpatient setting, that have previously required separate procedure-specific SARs. All surgical procedure codes, including those for physician surgical assistants and anesthesiologists, as well as follow-up labs, pharmacy, x-ray can be rendered pursuant to this SCG.

As an **Exclude** SCG, the codes that are not payable pursuant to a SCG 51 SAR are:

- The codes listed in the SCG (see Enclosure A).
 - These codes require either specific facility or physician approval (e.g., transplant services).
 - The codes should only be authorized on a case-by-case basis.
- Drugs and nutritional foods that are included on the CCS restricted drug table (See the Medi-Cal Provider Manual); and
- Inpatient hospital days

All services not authorized by and billable pursuant to SCG 51 can be found in *Enclosure A* of this numbered letter or in the Medi-Cal Provider Manual which is available at the Medi-Cal website, www.Medi-Cal.ca.gov. The composition of SCG 51 will be periodically updated to address changing policy and operational requirements and ongoing code conversions.

III. Policy

- A. County CCS programs and CMS Branch Regional Offices shall be responsible for the review of requests for surgical procedures/services for a CCS client and the provision of an authorization to the CCS-approved surgeon to render such surgical procedures/services. If determined to be medically appropriate, a SAR for SCG 51 shall be issued to the primary surgeon.

- B. The SCG 51 can be utilized for services in an outpatient surgical facility or in a CCS-approved hospital.
- C. A CCS-approved hospital must submit a separate request for authorization for inpatient hospital days.
- D. Ophthalmologists shall continue to receive SCG 10 and SCG 01.
- E. Orthopedists shall continue to receive SCG 07 for the treatment of the majority of fractures. SCG 51 should be used for surgical treatment of multiple fractures, fractures with other trauma, or other orthopedic surgical procedures.

IV. Policy Implementation

- A. Client eligibility requirements:
 - 1. A SCG 51 authorization for surgery shall be issued when there is a confirmation that there is a CCS-eligible medical condition requiring surgery and all CCS program eligibility requirements are met.
- B. Authorizations of SCG 51:
 - 1. The SCG 51 SAR shall be issued to the CCS-approved surgeon, as identified on the request. This individual is responsible for providing copies of the SAR or providing the SAR number to all appropriate providers who will render and bill for services pursuant to the authorization.
 - 2. An SCG 51 SAR shall be issued for a period of 90 days starting with the date of the surgery. The SAR may be extended in 30 day increments as needed if the client's condition warrants the need to reschedule and/or extend the date of the client surgery or follow-up surgical services are needed for a longer time period.
- C. CCS County Office/Regional Office Responsibilities:
 - 1. County CCS programs and CMS Branch Regional Offices shall identify key case management staff who are responsible for communication with hospitals, providers and CMS staff regarding implementation, authorizations, and other issues regarding SCG 51.
 - 2. The CCS Medical Consultant or designee(s) shall review the request and determine if the request is appropriate.

3. The County CCS programs and CMS Branch Regional Offices shall work with the hospital and providers to support timely and effective discharge planning.
 - a. An SCG 51 SAR or SAR number can be shared with medical supply/Durable Medical Equipment (DME) vendors for postoperative medical supplies and/or DME which are within Medi-Cal thresholds. (See "This Computes! #267")
 - b. Authorization of DME that has a purchase price greater than \$100 requires a separate SAR.
4. The County CCS programs and CMS Branch Regional Offices are responsible for conducting quarterly monitoring activities to review the efficient and effective utilization of SCG 51 and monitor compliance with CMS branch policies as they relate to the usage of this SCG. A prepared Business Object Report will be accessible for counties and regional staff to identify and track all SCG 51 SARs issued monthly. This report will provide information needed for quarterly monitoring activities.

If there are any questions regarding this CCS Numbered Letter, please contact your designated Regional Office Consultant.

Original signed by Harvey Fry for Luis R. Rico

Luis R. Rico, Acting Chief
Children's Medical Services Branch

Enclosure

Enclosure A

Excluded Codes in SCG 51

J0585	32851	43845	59072	59852
J0586	32852	43846	59074	59855
J0587	32853	43847	59076	59856
J1675	32854	43848	59100	59857
J1950	33250	43886	59120	59870
J7185	33251	43887	59121	59871
J7186	33261	43888	59130	59897
J7187	33935	44135	59135	59898
J7189	33945	47135	59136	59899
J7190	36822	47140	59140	61885
J7192	38204	47141	59150	61886
J7193	38205	47142	59151	62360
J7194	38206	50320	59160	62361
J7195	38207	50340	59300	62362
J7197	38208	50360	59320	64553
J7198	38209	50365	59325	64573
J9217	38210	50380	59350	69930
J9226	38211	54400	59400	90283
S2055	38212	54406	59409	90378
S2065	38213	54408	59414	93623
X7034	38214	54410	59510	93624
X7036	38215	54411	59514	93631
X7108	38230	54415	59525	93640
X7452	38240	54416	59610	93641
X7454	38241	54417	59612	93642
X7494	38242	59000	59618	93650
Z0312	43644	59001	59620	93651
Z7304	43645	59012	59812	93652
Z7306	43770	59015	59820	95115
Z7308	43771	59020	59821	95180
Z7312	43772	59025	59830	95199
Z7314	43773	59030	59840	95873
Z7316	43774	59050	59841	95874
Z7320	43842	59051	59850	
Z7322	43843	59070	59851	