

**DATE:** October 31, 2025

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Index: Medical Eligibility

**TO:** All California Children's Services Program Administrators

**SUBJECT:** Fractures and Soft-Tissue Joint Injuries - Revised

## **I. PURPOSE**

The purpose of this Numbered Letter (NL) is to clarify California Children's Services (CCS) Program medical eligibility and necessity criteria for injuries to bones and joint soft tissues.

## **II. BACKGROUND**

Bone fractures and soft-tissue joint injuries are common in children and often result from trauma in which more force is applied to the bone or joint than it can withstand. Soft-tissue joint injuries may result from fracture near or inside the joint and usually involve damage to the ligaments, tendons, and muscles that stabilize the joint. Most of these injuries heal spontaneously over time with simple immobilization and are not CCS eligible. However, complex fractures or joint injuries that may result in growth abnormalities or permanent deformity, or that are likely to lead to chronic limitations in mobility or function without specialized interventions, may be eligible for services through the CCS Program.

## **III. POLICY**

### **A. Bone Fractures**

#### **1. Medical Eligibility**

- a. CCS-eligible fractures are those that are either life-threatening or may result in permanent loss of function. CCS eligible fractures must be confirmed by radiologic imaging, and include at least one of the following:<sup>1</sup>
  - i. Fractures, such as those associated with nerve or vascular injuries, which, if left untreated, are likely to result in permanent physical disability, permanent loss of function, severe

<sup>1</sup> [Cal. Code Regs. Tit. 22 § 41518.9](#)

disfigurement, or death;

- ii. Fractures of the spine, pelvis, or femur;
- iii. Fractures of the skull, which, if left untreated, would result in central nervous system complications or severe disfigurement;
- iv. Fractures which involve the joints or growth plates, often classified as Salter-Harris fractures;<sup>2</sup> or
- v. Fractures that require open reduction and internal fixation (ORIF). ORIF is a surgical procedure in which the fractured bone is exposed through an incision to achieve reduction and internal fixation with some form of hardware, including rods, plates, screws, wires or other implants.<sup>3</sup> In certain situations, a surgeon might use percutaneous pins or other forms of external fixation as part of an ORIF procedure to achieve additional stabilization.<sup>4</sup>

b. The following fracture types are NOT CCS eligible:

- i. Simple fractures without the features described in III.A.1.a. above;
- ii. Fractures treated with casting, splinting, or closed reduction, with or without external fixation, followed by casting or minimally invasive surgical procedures such as percutaneous pinning (CRPP); or
- iii. Simple distal phalanx fractures that do not involve the growth plate. Note that tuft / tip fractures do not involve the growth plate.

## 2. Medically Necessary Services for Members with a Medically Eligible Fracture

- a. A medically necessary service must correct, ameliorate, or maintain a CCS eligible fracture. These services may include those related to the acute event as well as ongoing care, such as:
  - i. Physician and hospital services;
  - ii. Radiologic and laboratory studies; fracture reduction; splinting, and casting services;
  - iii. Inpatient and outpatient rehabilitation services; and

<sup>2</sup> [Salter-Harris Fracture](#)

<sup>3</sup> [Open Reduction-Internal Fixation, Radiopaedia. Last revised 10 Jan 2024](#)

<sup>4</sup> [The Pin: An Orthopaedic Transformation](#)

iv. Rental of durable medical equipment (DME) for rehabilitation.<sup>5</sup>

B. Soft-Tissue Joint Injuries

1. Medical Eligibility:

- a. Injuries to joint soft tissues without a fracture are only CCS eligible when the injury has not been corrected by standard medical and/or surgical treatment, even if the primary repair was delayed. The treatment for the acute injury must have failed, leading to residual limitation of function that requires surgery, complex customized bracing, or two or more castings.<sup>6</sup>
2. County and state CCS medical directors or their designees may exercise discretion in individual circumstances to extend medical eligibility to serious soft-tissue joint injuries that do not meet the criteria in B.1.a. if they agree with Pediatric Orthopedist concerns that, if left untreated, the injury is likely to result in permanent physical disability, permanent loss of function, severe disfigurement or death.<sup>7</sup>
3. Medically Necessary Services for Members with a Medically Eligible Soft-Tissue Joint Injury
  - a. A service is medically necessary if it corrects, ameliorates, or maintains a CCS eligible soft-tissue joint injury that is chronic and has not been corrected by standard medical or surgical treatment. Examples of services that correct, ameliorate, or maintain a CCS eligible soft-tissue joint injury include:
    - i. Physician and hospital services;
    - ii. Castings, customized bracing, or surgical correction;
    - iii. Rehabilitation services as described in III.C.; and
    - iv. Rental of DME.
  - b. The following are examples of services that would not be medically necessary to treat CCS eligible soft-tissue joint injuries:
    - i. Diagnostic assessment of an untreated acute or chronic soft-tissue joint injury (includes Magnetic Resonance Imaging and/or arthroscopy);

<sup>5</sup> [CCS NL 09-0703](#) Revised CCS Guidelines For Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R), or any superseding NL

<sup>6</sup> [Cal. Code Regs. Tit. 22 § 41518.7](#)

<sup>7</sup> [Cal. Code Regs. Tit. 22 § 41518.9](#)

- ii. Initial treatment of tear, avulsion, or laceration of tendon or ligament;
- iii. Standard treatment of a soft-tissue joint injury including initial open or arthroscopic surgery and a single casting.

#### C. Outpatient Rehabilitation Services

Outpatient rehabilitation may be medically necessary for members with a CCS eligible fracture or soft-tissue joint injury. These services will most commonly be provided by CCS-paneled physical and occupational therapists (PTs and OTs, respectively) working in CCS-approved local facilities. Less commonly, services may be provided in school settings through the CCS Medical Therapy Program (MTP).

1. For individuals who do not have a MTP-eligible condition, the CCS-paneled treating physician must submit a service authorization request (SAR) in Classic Counties or a request to the Medi-Cal Managed Care Plan (MCP) in Whole Child Model (WCM) Counties for PT or OT services. The request must be accompanied by medical justification for the services and a prescription that specifies the therapeutic goals and requests an evaluation and limited number of visits for a specific duration.
2. For individuals currently enrolled in the MTP, most services related to their fracture or soft-tissue joint injury will be provided outside of the medical therapy unit (MTU) at an outpatient clinic or rehabilitation special care center. Refer to request instructions outlined in bullet III.C.1.
3. For current MTP participants whose acute and chronic rehabilitation goals may align, the treating CCS-paneled orthopedic provider must request consideration for integration of the acute rehabilitation plan within existing MTP services and objectives. Members may only receive services at a MTU that intend to correct, ameliorate, or maintain a member's MTP-eligible condition. The orthopedist must submit medical-necessity justification to the medical therapy conference (MTC) for consideration by the county MTP. If approved, the orthopedist supplies a therapy prescription that specifies the focus of treatment and treatment frequency and duration. Medical direction may be transferred to the orthopedist temporarily until completion of the short-term goals related to the injury, after which oversight would be resumed by the MTC team or other managing physician. The MTC team shall be made aware of any changes to the MTP therapy plan during this short-term period.

4. For individuals not currently enrolled in the MTP who may have become MTP-eligible based on their recent injury, a CCS-paneled physician must submit medical justification to the CCS Program in the child's county of residence for MTP eligibility determination.

#### **IV. POLICY IMPLEMENTATION**

The CCS Program and WCM MCP staff shall adjudicate service requests based on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical necessity criteria. Under EPSDT, treatment is medically necessary if it corrects, ameliorates, or maintains a CCS eligible condition.<sup>8</sup>

- A. For members residing in Classic CCS Counties, CCS Program staff determine eligibility for fractures and soft-tissue joint injuries.
- B. For members residing in WCM Counties and enrolled in a MCP:
  1. Providers submit service requests to the Medi-Cal MCP.
  2. The MCP reviews and adjudicates requests for all services related to fractures and soft-tissue joint injuries in accordance with this NL.
- C. Requests for services in children who are state-only CCS members must be directed to their other health care insurance, if applicable, as the CCS Program is the payer of last resort.
- D. For fee-for-service members in WCM Counties and all other member types residing in Classic Counties:
  1. Providers submit requests for services as electronic SARs along with supporting documents via the Provider Electronic Data Interchange (PEDI) web portal.<sup>9</sup>
  2. CCS Program staff shall review requests for services related to fractures and soft-tissue joint injuries to ensure all elements required for review have been attached to the SAR. If elements are missing, county staff should contact the provider to obtain the information before pending the SAR.
  3. SARs are processed as follows:
    - a. For Independent Counties, all requests are reviewed and adjudicated by County CCS Programs.
    - b. For Dependent Counties, all requests are reviewed and adjudicated

<sup>8</sup> See [CCS NL 01-123](#), or any superseding NL

<sup>9</sup> [Login for DHCS Application Portal](#)

by the Department of Health Care Services (DHCS).

If you have any questions regarding this NL, please contact DHCS at  
[CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov).

Sincerely,

ORIGINAL SIGNED BY

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