



California
Department of
Health
Services

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Director

State of California
**Department of Health
Services**



GRAY
DAVIS
Governor

May 15, 2003

N.L.: 07-0503
Index: Medical Eligibility
(Supersedes N.L.: 08-0501)

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

SUBJECT: INJURIES TO JOINTS AND TENDONS-POLICY CLARIFICATION

I. PURPOSE

NL 08-0501 had been rescinded and is superseded by this numbered letter in order to provide clarification on the application of the CCS Medical Eligibility Regulations, Title 22, Sections 41866 and 41872, as they apply to joint injuries. In addition, this NL clarifies CCS medical eligibility for injuries to tendons.

II. POLICY

1. An acute joint injury that is not complicated by a fracture of the joint or growth plate is not a CCS medically eligible condition for either diagnostic or treatment services. Such an injury may become CCS eligible when:
 - a) Standard medical and/or surgical therapy, including surgery done by arthroscopy, has been tried and are unsuccessful, **and**
 - b) There is residual limitation of normal joint function requiring surgery (open or arthroscopic), complex customized bracing, or two or more castings. (Please note: The first two castings would be considered related to the acute injury and would not be eligible for CCS authorization.)

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2. Tears, avulsions or lacerations of tendons or ligaments are not medically eligible for the CCS Program unless:
 - a) Standard medical and/or surgical treatment has been tried and is unsuccessful, **and**
 - b) There is residual limitation of normal joint function requiring surgery, complex customized bracing, or two or more castings.

III. POLICY IMPLEMENTATION

1. A patient who is treated for an acute joint injury which is not associated with fracture of the joint or growth plate, whether the treatment was given at the time of the injury or was delayed, does not have a CCS eligible condition. Standard therapy may consist of ice, elevation, compression, immobilization including casting, operative intervention and rehabilitation such as physical or occupational therapy. The CCS Program shall not authorize these services, which are aimed at treating the acute joint injury.
2. Acute joint injuries shall not be opened for diagnostic assessments for the purposes of authorizing testing (such as MRI's to rule out meniscus tears,) as the acute injury is not a CCS medically eligible condition.
3. Once a joint or tendon injury becomes eligible for the CCS Program, treatment services shall be authorized as requested by the treating CCS paneled provider including laboratory and radiologic studies as medically necessary. If rehabilitation (for example Physical Therapy (PT) and/or Occupational Therapy (OT) services are requested, the medical reports, and therapy prescription from the CCS paneled specialist shall be reviewed by the Supervising CCS therapist or the CCS administrative therapy case manager for medical necessity prior to authorization of services from a CCS paneled OT and/or PT). The child shall not be referred to the CCS Medical Therapy Program (MTP) for treatment unless there is MTP eligibility for other reasons (for example, the child has cerebral palsy), in which case the Supervising/Chief CCS therapist will decide where the child should receive the services.

N.L.: 07-0503
Page 3
May 15, 2003

If you have any further questions, please contact your Regional Office Medical Consultant.

ORIGINAL SIGNED BY

Maridee A. Gregory, M.D., Chief
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