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CCS Information Notice: 11-01

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS AND  
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: Quality Assurance Monitoring of Service Code Group (SCG) 51

SCG 51 was developed to simplify the authorization of surgery services and necessary related procedures and benefits required for both in-patient and out-patient surgeries (see Numbered Letter 02-0510). Prior to the implementation of SCG 51, the authorization of surgeries required a request for and authorization of multiple procedures using a procedure specific Service Authorization Request (SAR). This was labor intensive for both providers and CCS case management staff. Surgical procedures that are Medi-Cal benefits and which are not specifically excluded from the use of SCG 51 (see Enclosure A of NL 02-0510) can be authorized using SCG 51. In order to evaluate the efficient and effective utilization of SCG 51, the following processes will be utilized to review and monitor the services billed pursuant to SCG 51 SARs.

On a quarterly basis CCS County Medical Consultants, or their designees, will conduct quality assurance monitoring activities on the use of SCG 51 authorizations issued by their county. The following reports have been developed to assist in this process and provide consistency in the evaluation of the usage of SCG 51:

- CMS Net Report **SCG 51 Authorizations** (found in CMS Net under Reports; SAR)
  - This report provides County specific data on the SCG 51 SARs authorized for CCS clients.
  - This report is available for real time generation and can be reviewed in increments that are not greater than 90 days, with the specific time frame determined by the user.
  - This report can be generated retroactively on a quarterly basis, Identification of SCG 51 authorizations issued from July, 1, 2010 through

December 31, 2010 will require two reports; one from 07/01/10 through 09/30/10 and one from 10/01/10 through 12/31/10.

- Business Objects Corporate ***Report 003-Expenditures by SAR Number***
  - This report includes all CCS expenditures billed against the SAR, regardless of funding source.
  - This report allows the tracking of expenditures by SAR number (as they are identified in the CMS Net SCG 51 Authorization Report discussed above).
  - This report typically lags the actual date of payment of claims adjudicated by the Department's Fiscal Intermediary by approximately two months.

The Monitoring Review Tool consists of two parts.

- The general review portion reflects **all** authorizations issued for SCG 51 from your county within the specified monitoring time period.
- A County specific review should be completed that consists of a detailed chart audit, conducted on 10 percent of the authorizations for SCG 51 to a maximum of 20 charts, if there are > 50 authorizations. For fewer than 50 authorizations, a detailed chart audit should be conducted on 5 charts.

County Programs should complete quarterly reviews starting with authorizations issued at the beginning of statewide implementation of SCG on July 1, 2010. Completed reports should be submitted to the CMS branch by email to: [CCSReports@dhcs.ca.gov](mailto:CCSReports@dhcs.ca.gov) These reports will be reviewed and compiled by state staff to assist in maintenance and further development of the SCG 51 concept.

Questions regarding the SCG 51 monitoring activity should be submitted to the mailbox cited above.

**Original Signed by Robert J. Dimand, M.D.**

Robert J. Dimand, M.D,  
Chief Medical Officer  
Systems of Care Division

Attachment

## Quality Assurance Monitoring Tool

County \_\_\_\_\_  
 Monitoring Period: From \_\_\_\_\_ through \_\_\_\_\_  
 Report Completed by \_\_\_\_\_

	<b>SCG 51 General Review</b>		<b>Comments</b>
1. The number of SCG 51 authorizations by your County.	(Supplied from the CMS Net Report) # _____		
2. Were there authorizations to CCS- approved providers other than Surgeons?	Yes- Please provide examples of types of providers authorized in comment section.	No	
3. Number of requests denied  <i><b>This information will be available 3/1/11 via CMS report</b></i>	# _____	Provide examples of reasons for denials in comment section	
4. Was the 90 day time frame allowed for the authorization sufficient? Were there more than 25% of authorizations issued needing extensions? Provide comments.	Yes	No	
5. Were the SAR numbers shared with other necessary CCS-approved providers, or did counties receive requests for additional services from other providers for benefits related to the SCG 51 surgery?	Yes	No	

	<b>County SCG Specific Review</b>	<b>Comments</b>
1. Number of charts reviewed		
2. Was there billing or charges for benefits or services not related to the CCS-eligible condition?		
3. Was there billing or charges for benefits or services that were not appropriate for the CCS eligible condition?		
4. Were there any high cost benefits or services identified with any of the authorizations? If so, what were services/benefits and were they medically necessary to treat the CCS- eligible condition?		
5. If there were high cost benefits identified that were not related to the surgery or the CCS eligible condition, what action was taken by the county if any?		
6. Were there other Special Care Center services that were requested separately from SCG 51?		