

**DEPARTMENT OF HEALTH SERVICES**

714 / 744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320

(916) 654-0499

August 12, 1999



N.L.:09-0899

Index: Medical Benefits

**TO:** County California Children's Services (CCS) Program Administrators and Medical Directors, Children's Medical Services Branch (CMS) Central Office, and Regional Office Staff

**SUBJECT:** NEW MEDICAL TREATMENT MODALITIES/INTERVENTIONS WHICH ARE NOT ESTABLISHED CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM BENEFITS

### Background

New medical treatment modalities or interventions are rapidly becoming available. These modalities include, but are not limited to, medical procedures, drugs, biological products, devices, and diagnostic services. Coverage of any services as CCS program benefits are based on the following:

- There is scientific evidence concerning the short and long term effects of the proposed service on health outcomes. The evidence shall consist of well designed and well conducted investigations published in peer reviewed journals and demonstrate that the service can produce measurable physiological alterations beneficial to health outcomes. Opinions and evaluations published by national medical organizations, consensus panels, and other technology evaluation bodies shall also be considered when available;
- The service's predicted outcome must outweigh potential harmful effects;
- The service must improve the net health outcomes as much as, or more than established alternatives, or if equivalent, shall be more cost-effective; and
- Where appropriate, the service must have final approval from appropriate government regulatory bodies.

Policy

All service requests for the following shall be forwarded from independent county CCS program offices and regional offices (for dependent county CCS program offices) to the Children's Medical Services (CMS) Central Office for review:

- CoaguChek System (Prothrombin Time Self-Testing System)
- Botulinum Toxin
- Baclofen Pump
- Eye prostheses which include part of the face
- Vagal nerve stimulator
- Selective posterior rhizotomy

The independent county CCS program office and regional office staff should obtain the following information from the provider prior to submitting the request to the CMS Central Office:

- Name of the provider and facility, including information on the provider's experience and outcomes if this is their first request.
- CCS client's name and birthdate; CCS county and number; medical insurance information (as applicable, please provide the client's Medi-Cal number, Healthy Families, and/or other insurance information [the name and type of primary insurance]).
- Client's CCS-eligible condition and the provider's medical indication which justifies the requested procedure for treating the CCS-eligible condition.
- Medical literature from peer review scientific journals to support the request.
- Name and telephone number of the independent county CCS program office or regional office staff contact person who is referring the documentation to CMS for review.

N.L.: 09-0899  
Page 3  
August 12, 1999

Uniform review by CMS Central Office staff will help identify and determine future policy for potentially new medical treatment modalities.

Please submit all requests and accompanying documentation to my attention and mail to

714 P Street, Room 350  
Sacramento, CA 95814  
Fax: (916) 653-8271

A handwritten signature in black ink that reads "Maridee Gregory" with a stylized flourish at the end.

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch