



California
Department of
Health Services

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Index: Benefits

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

SUBJECT: AUTHORIZATION OF RADIOLOGY SERVICES AS EARLY PERIODIC
SCREENING DIAGNOSIS AND TREATMENT SUPPLEMENTAL
SERVICES (EPSDT SS)

INTRODUCTION

The purpose of this Numbered Letter is to provide policy for CCS program staff for authorization of radiology services that are not Medi-Cal benefits.

POLICY

- A. Effective the date of this Numbered Letter, Independent County CCS programs, CMS Regional Offices, and Dependent County CCS programs that are participating in Level III of the Case Management Improvement Project (CMIP) shall authorize requests for radiology services that are not Medi-Cal benefits when there is documentation of medical necessity.
- B. Documentation of medical necessity includes information that the requested procedure is the optimum service for the child or that this service would complement another service(s) (e.g., sometimes a PET scan is required in addition to an MRI study).
- C. All of the radiology must be authorized as EPSDT SS for CCS clients with full-scope, no share of cost Medi-Cal using Healthcare Common Procedure Code System (HCPCS) code Z5999. This code must also be used for services authorized for CCS/HF and CCS only clients.

- D. The requesting provider must be a CCS-paneled, Medi-Cal enrolled provider, and the radiology service is related to the child's CCS eligible medical condition or a complication thereof.

IMPLEMENTATION

- A. The following is a partial list of current radiology services that are **NOT** benefits of Medi-Cal, as of the date of this letter. This list is reflective of services that may be requested of the CCS program. Note that some of these services may become Medi-Cal benefits in the future and more services may be added to the list.

1. Diagnostic Radiology

a. Magnetic Resonance Imaging (MRI) Studies:

- MRI of jaw joint(s)
- Cardiac MRI for morphology without contrast
- Cardiac MRI for morphology with contrast
- Cardiac MRI for function, with or without morphology; complete study
- Cardiac MRI for function, with or without morphology; limited study
- Cardiac MRI for velocity flow mapping
- MRI, bone marrow blood supply

b. The Magnetic Resonance Angiography (MRA) Studies:

- MRA, chest
- MRA, spinal canal and contents, with or without contrast material(s)
- MRA, pelvis, with or without contrast material(s)
- MRA, upper extremity
- MRA, lower extremity

c. Magnetic Resonance Spectroscopy Studies:

- Magnetic Resonance Spectroscopy

d. Computerized Axial Tomography (CAT or CT) Scans:

- Computed tomography bone density; axial
- Computed tomography bone density; appendicular

- e. Computed Tomographic (CT) Angiography Scans:
 - CT Angiography, head
 - CT Angiography, neck
 - CT Angiography, chest
 - CT Angiography, pelvis, with and without contrast
 - CT Angiography, upper extremity
 - CT Angiography, lower extremity
 - CT Angiography, abdomen
 - CT Angiography, abdominal aorta and bilateral ileofemoral lower extremity runoff.
2. Diagnostic Ultrasound
 - a. Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
 - b. Ultrasound bone density measurement and interpretation, peripheral sites(s), any method
3. Radiation Oncology
 - a. Hyperthermia, deep
 - b. Hyperthermia generated by intracavitary probe
4. Nuclear Medicine
 - a. Positron Emission Tomography (PET) Scans:
 - Myocardial imaging, PET, perfusion; single study at rest or stress
 - Myocardial imaging, PET, perfusion; multiple studies at rest and/or stress.

b. Single Photon Emitting Computed Tomography (SPECT) Scans:

- Myocardial imaging, infarct avid, planar; tomographic (SPECT) with or without quantification
- Brain imaging, tomographic (SPECT)
- Cerebrospinal fluid flow, imaging; tomographic (SPECT)
- Kidney imaging, tomographic (SPECT)
- Radiopharmaceutical localization of tumor; tomographic (SPECT)
- Radiopharmaceutical localization of abscess; tomographic (SPECT)

5. Other Newer Radiologic Modalities

Newer modalities not included in the Medi-Cal Manual list of radiologic services (for example, Magneto-Encephalography) should be reviewed by the County medical consultant with consultation with the Regional Office medical consultant.

- B. The authorization shall be identified as EPSDT SS for CCS clients, with full scope, no share of cost Medi-Cal eligibility.
- C. "EPSDT SS" must be indicated on the SAR, with special instructions on the drop down menu.
- D. "EPSDT SS": Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item or service."
- E. Authorizations for CCS-only and CCS/Healthy Families clients should not indicate "EPSDT SS".

If you have any questions about this numbered letter, please contact your CMS Regional Office Medical Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

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