

# California Children's Services (CCS) Program Service Authorization Request (SAR)

This section includes instructions for submitting a Service Authorization Request (SAR) to the California Children's Services (CCS) program.

## SAR Overview

The CCS program requires authorization for health care services related to a client's CCS-eligible medical condition. Providers must submit a SAR to a CCS county or state regional office, except in an emergency. Only active Medi-Cal providers may receive authorization to provide CCS program services. Services may be authorized for varying lengths of time during the CCS client's eligibility period.

Providers may request services for CCS clients using one of the following SAR forms located at the end of this section:

- *New Referral CCS/GHPP Client Service Authorization Request (SAR) (form DHCS 4488)*
- *Established CCS/GHPP Client Service Authorization Request (SAR) (form DHCS 4509)*
- *CCS/GHPP Discharge Planning Service Authorization Request (SAR) (form DHCS 4489)*

The forms are also available at both the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) and the CCS Web site at [www.dhcs.ca.gov/services/ccs/pages/default.aspx](http://www.dhcs.ca.gov/services/ccs/pages/default.aspx).

The CCS program case manages and authorizes services for children with CCS-eligible medical conditions who are enrolled in the CCS program, Healthy Families (HF) Program or Medi-Cal program. Only services related to a CCS-eligible medical condition may be authorized and reimbursed by the CCS program.

## Physician SAR for Rendering Provider

A SAR number authorized to a physician may be used for reimbursement by other health care providers from whom the physician has requested services, such as laboratory, pharmacy or radiology providers. The rendering provider will use a physician's SAR number and bill with the authorized physician's provider number indicated as a referring provider.

**Note:** This does not apply to SARs issued to CCS Special Care Centers (SCCs). For more information about SCCs, refer to the *California Children's Services (CCS) Program Special Care Centers* section in this manual.

**Where to Submit SARs**

Providers should refer to the *California Children’s Services (CCS) Program County Office Directory* section in this manual for the appropriate county or state office to submit SARs. If a child resides in an independent county, submit a SAR to the CCS county office. If a child resides in a dependent county, submit a SAR to the appropriate CCS state regional office based on the child’s county of residence.

Providers may fax, mail or hand deliver SARs to the appropriate CCS county or state regional office. After CCS review, providers will receive a hard copy authorization approval or denial for each submitted SAR, unless the provider has approved access to the Children’s Medical Services Network (CMS Net) Provider Electronic Data Interchange (PEDI) website.

**Provider Electronic Data Interchange**

Each PEDI provider or plan must have at least one designated PEDI liaison. The liaison is responsible for all communication with the State Information Technology Section (ITS) for coordination of users within the organization and dissemination of PEDI IDs and passwords. The liaison is also responsible for notifying ITS of staffing changes (provider separation, user modification, etc.), including the status of the liaison’s position. Such notifications are submitted on account request forms.

**Types of SAR Forms**

**New Referral**

The *New Referral CCS/GHPP Client Service Authorization Request (SAR)* (form DHCS 4488) is used when referring an applicant suspected of having a CCS-eligible medical condition to the CCS program. The applicant’s case may be opened by CCS for diagnostic, treatment or Medical Therapy Program (MTP) services. For more information, refer to the *California Children’s Services (CCS) Program Referrals* section in this manual.

**Established Client**

The *Established CCS/GHPP Client Service Authorization Request (SAR)* (form DHCS 4509) is used when requesting service authorization for an established CCS client currently enrolled in the CCS program. The Established Client SAR form does not require as much information about the client as the New Referral SAR form. Providers are to request specific services related to the treatment of the CCS-eligible medical condition when submitting this SAR form.

Discharge Planning

The *CCS/GHPP Discharge Planning Service Authorization Request (SAR)* (form DHCS 4489) is used when requesting specific services for a CCS client who is discharged from an inpatient hospital stay. The requested services may include, but are not limited to, Home Health Agencies (HHA), Durable Medical Equipment (DME), medical supplies, community services and other medically necessary services related to the CCS-eligible medical condition.

The following is the minimum information required for submitting a Discharge Planning SAR:

- Provider's name
- Provider number
- Telephone number
- Address
- Contact person
- Description
- Early Periodic Screening, Diagnosis, and Treatment Supplemental Services
- Procedure code
- Units
- Quantity
- Frequency

Use of a discharge planning SAR is not mandatory. If the information is not available at the time of discharge, providers may subsequently request a SAR for individual services.

**Service Code Grouping (SCG) Overview**

A Service Code Grouping (SCG) is a group of reimbursable codes authorized to a provider under one SAR for the care of a CCS client. An SCG allows providers to render multiple services for a CCS client without the submission of a separate SAR for each service needed by the client. An SCG removes barriers to providing services for CCS clients and is intended to facilitate health care delivery to the CCS client.

An SCG is authorized to the physician or podiatrist for a specified length of time, usually up to the time of the CCS client's next eligibility re-determination. A complete listing of reimbursable HCPCS and CPT-4 codes included in the physician, orthopedic surgeon, ophthalmology, and podiatry SCGs, (and for all other SCGs) is included in the *California Children's Services (CCS) Program Service Code Groupings* section in this manual.

**Orthopedic Surgeon SCG** Orthopedic surgeons have a unique SCG (SCG 07) to facilitate the diagnosis and treatment of CCS clients. The orthopedic SCG includes all codes available in the physician SCG (SCG 01). In addition, it contains codes for diagnostic studies relative to CCS-eligible orthopedic conditions.

**Ophthalmology SCG** Ophthalmologists have a unique SCG (SCG 10) to facilitate authorization of multiple ophthalmologic procedures. This SCG does not include codes in other SCGs so the ophthalmologist will also use the physician SCG (SCG 01). Refer to the *California Children's Services (CCS) Program Service Code Groupings* section in this manual for a list of HCPCS and CPT-4 codes included in the ophthalmology SCG.

**Podiatry SCG** Podiatrists have a unique SCG (SCG 12) to facilitate authorization of multiple services. This SCG does not include codes in other SCGs, but does include all the array of codes a podiatrist would need. Individual codes cannot be authorized to podiatrists.

**Physician SAR Requirements** Physicians may be authorized to provide services for an eligible CCS client in a Special Care Center (SCC) as well as in a community setting. Physicians may be authorized to provide services by receiving approval for an SCG under one SAR, or separately for specific procedure codes. Refer to the *California Children's Services (CCS) Program Service Code Groupings* section in this manual for a list of HCPCS and CPT-4 codes included in the physician SCG.

Services not included in the physician's SCG must be requested with specific procedure codes on a separate SAR form.

Services Not Included  
in Physician SCG

The following surgical procedures must be requested on a separate SAR:

- Surgery: CCS-approved physicians must submit a separate SAR for all surgical procedures with specific requested procedure codes anticipated for the surgical procedure.

A physician surgical assistant and anesthesiologist may be reimbursed using the surgeon's authorization number. If the presence of a physician surgical assistant is medically necessary and the procedure code is not reimbursable for a physician surgical assistant, a separate SAR must be submitted for surgical assisting.

When appropriate, an SCG 51 authorization for surgery may be issued when there is confirmation that there is a CCS eligible medical condition requiring surgery and all CCS program eligibility requirements are met.

- Hospital Stay:

For dates of service on or after July 1, 2013 for hospitals reimbursed according to diagnosis-related groups (DRG) methodology: The CCS-approved hospital must submit a separate SAR for an admission required for a surgical procedure and post-operative care.

For dates of service prior to July1, 2013: The CCS-approved hospital must submit a separate SAR for a specific number of inpatient days required for a surgical procedure and post-operative care.

- Outpatient Surgery: CCS-approved physicians must submit a separate SAR for surgery with specific procedure codes anticipated for the surgical procedure. Authorizations for elective surgery may be requested for a specified time period during which the surgery can take place. An outpatient surgery facility must request authorization for a specific period of time during which the physician requests authorization.
- Transplant: A separate SAR must be submitted for transplant services for CCS clients. A SAR for evaluations of transplant suitability and transplant services are directed to the appropriate CCS county or state regional office. Refer to the *California Children's Services (CCS) Program County Office Directory* section in this manual for the appropriate county or state office.

**Inpatient SAR Requirements**

There are both hospital and physician components to inpatient authorizations, as follows:

Hospital

For dates of service on or after July 1, 2013 for hospitals reimbursed according to diagnosis-related groups (DRG) methodology: An admission SAR is required for a CCS client.

For non-DRG hospitals: A hospital authorization is required for the anticipated length of stay for a CCS client. If a CCS client requires additional time in the hospital, the hospital must request an inpatient hospital authorization extension.

Physician

This authorization is for CCS-approved physicians with primary responsibility for care of a hospitalized CCS client. This authorization may be provided to physician consultants and physician coverage as requested by an authorized physician.

Both the hospital and physician authorizations, as described above, are necessary for inpatient care. However, it is not necessary to submit two separate SARs.

**Diagnostic Laboratory SAR Requirements**

Laboratory tests related to a CCS-eligible medical condition requested by an authorized physician are covered if listed in a physician's SCG. Laboratory tests not covered in the physician's authorized SCG require a separate SAR. The physician must provide the laboratory with a SAR number. The laboratory must use the physician's SAR number when billing for services related to the CCS-eligible medical condition. Providers who use a physician's SAR number must bill as the rendering provider with the physician's provider number indicated as the referring provider.

**Pharmacy SAR Requirements**

A pharmacy is not required to submit a separate SAR for reimbursement if a physician’s SCG includes the appropriate drugs to treat the CCS-eligible medical condition of the client. Physicians prescribing drugs to a CCS client must include a SAR number on the prescription. The rendering pharmacy must bill using the physician’s SAR number.

Drugs and Nutritional Products Requiring Separate Authorization

The following drugs and nutritional products are not included in a physician SCG and require a separate SAR:

|  |   |
|--|---|
| AbobotulinumtoxinA   | Factor IX (Non-recombinant)               |
| Antihemophilic factor VIII/von Willebrand factor complex (human) | Factor IX (Recombinant)                   |
| Anti-inhibitors  | Factor XIII                               |
| Antithrombin III   | Food Oils                                 |
| Botulinum Toxin Type A   | Immune Serum Globulin (I.V.)              |
| Botulinum Toxin Type B   | Immune Serum Globulin Caprylate (I.V.)    |
| <b><u>Enteral Nutrition Amino Acid Products (Contracted)</u></b> | Immune Serum Globulin Maltose (I.V.)      |
| Enteral Nutrition Dietary Supplements                            | <b><u>Infant Formulas-Specialized</u></b> |
| <b><u>Enteral Nutrition Flavoring Products (Contracted)</u></b>  | IncobotulinumtoxinA                       |
| Enteral Nutrition Therapy for Phenylketonuria (PKU)              | Intrathecal Baclofen                      |
| Enteral Nutrition Mineral Supplements                            | Ivacaftor                                 |
| Enteral Nutrition Protein Replacements                           | Leuprolide Acetate                        |
| Enteral Nutrition Special Formulations                           | Palivizumab                               |
| Factor VIIa (Recombinant)  | Sapropterin Dihydrochloride               |
| Factor VIII (Human)  | Sildenafil                                |
| Factor VIII (Recombinant)  | Somatrem                                  |
| Factor IX (Heat Treated)   | Somatropin                                |
|  | Supprelin LA Implant                      |
|  | Tadalafil                                 |
|  | Vardenafil                                |
|  | Von Willebrand factor complex (human)     |

**Physical, Occupational and  
Speech Therapy SAR  
Requirements**

Therapy SARs will be accepted only from CCS-approved therapists. The requested therapy must be for treatment of the client's CCS-eligible medical condition. Therapy SARs must include:

- Specific codes for requested therapy services
- The number of requested therapy visits
- A time period for requested therapy
- A copy of the CCS-approved physician prescription for therapy services
- Documentation from the CCS-approved physician that demonstrates medical necessity for therapy
- A current therapy report, if applicable

When appropriate, CCS-approved physical and occupational therapists may use SCG 11 to facilitate authorization of multiple and/or unique therapy services.



---

**DME and Medical Supply  
SAR Requirements**

Providers may bill for specific HCPCS Level II product codes for medical supplies or DME without a product-specific SAR, if: (1) the medical supplies requested do not exceed the billing limits set by Medi-Cal, and/or the DME requested does not exceed the thresholds for authorization as referenced in *Durable Medical Equipment: An Overview* in the *Allied Health for Durable Medical Equipment and Medical Supplies Part 2* provider manual; (2) the medical supply codes are not miscellaneous codes; and (3) Medi-Cal does not require a *Treatment Authorization Request* (TAR) for the medical supply codes.

The provider prescribing the medical supplies or DME must have an SCG SAR with dates of service that include the dates of service on which the medical supplies and/or DME are dispensed. For Medi-Cal billing limitations and authorization requirements, refer to the *Durable Medical Equipment (DME): An Overview* section and to the medical supply sections in the appropriate Part 2 Medi-Cal manual.

**Note:** Medi-Cal age restrictions for incontinence medical supplies do not apply to such supplies dispensed and billed pursuant to a CCS SAR.

A separate SAR is required for medical supplies if the billing limits of the product(s) (for example, quantity) are exceeded, in accordance with Medi-Cal policy, or there is no specific code for the medical supply (that is, a miscellaneous code is needed for billing), or Medi-Cal requires a TAR for the medical supply.

A separate, product-specific SAR also is required for DME that exceeds the thresholds for authorization referenced in *Durable Medical Equipment: An Overview*.

DME

In addition to what is required by Medi-Cal, the following must be submitted with a DME SAR for DME that exceeds the thresholds for authorization as referenced in *Durable Medical Equipment: An Overview*.

- Signed prescription by a CCS-approved physician
- HCPCS code
- Detailed description of the DME item
- If using an unlisted or miscellaneous code, an explanation of why an unlisted or miscellaneous code is being used, instead of a HCPCS code
- Model number
- Manufacturer
- Rental or purchase with the appropriate modifier
- Duration of rental
- Any special features

Medical Supply

In addition to what is required by Medi-Cal, the following must be submitted with a medical supply SAR for medical supplies that exceed the billing limits set by Medi-Cal policy:

- Signed prescription by a CCS-approved physician
- HCPCS code(s)

DME Modifiers

A SAR submitted to the CCS program by a DME or hearing aid provider for DME that exceeds the thresholds for authorization as referenced in *Durable Medical Equipment: An Overview* must contain appropriate modifiers and HCPCS codes.

The following modifiers must be included on the SAR, if applicable: NU (new equipment purchase), RP (repair) or RR (rental), as appropriate.

---

**Home Health Agencies  
SAR Requirements**

A SAR must be submitted for Home Health Agencies (HHA) services. In addition, HHA services can be requested in the following way:

- The authorized physician treating the CCS client as an inpatient may proactively request authorization for anticipated post-discharge HHA services at the same time as the inpatient request.
- The physician may request HHA services using a discharge planning SAR. The CCS program may authorize an initial home assessment and up to three additional visits if requested by an attending physician responsible for care during an inpatient hospitalization at the time of the CCS client's discharge from the inpatient stay. For additional medically necessary HHA visits, a SAR and the unsigned plan of treatment must be submitted for authorization.

HHA services not requested on a Discharge Planning SAR, nor requested prior to hospitalization, must be submitted within three working days of the date the services began. Any services provided during this three-day grace period must be included on the SAR. CCS authorization is contingent on a client's CCS program eligibility and the services must be medically necessary.