



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

# Provider Information Regarding CCS Eligibility & Medical Therapy Program

November 2020

Integrity

Accountability

Collaboration

Trust

Respect

# What is CCS?

- California Children's Services (CCS) is a state-funded program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under 21 years of age with CCS-eligible medical conditions. CCS is managed by the State Department of Health Care Services (DHCS) and administered by the Ventura County Health Care Agency (VCHCA).
- CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, endocrine disorders (including diabetes), cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS-eligible diagnoses are carved out of GCHP.

# How do I determine if a Dx is CCS eligible?

- Use this link as a guide to the CCS eligibility criteria:

<https://www.dhcs.ca.gov/services/ccs/Documents/CCSMedicalEligibility.pdf>

Select desired specialty on this list, i.e. Musculoskeletal System.

The CCS eligibility criteria will be listed as well as examples of frequently recognized CCS eligible conditions, as well as examples of conditions that are generally determined as ineligible by CCS.

*Caveat: This criteria is not an absolute. **WHEN IN DOUBT, REFER!!***

# How do I know if my patient is already CCS eligible?

1. Check the Medi-Cal Website.

If already CCS eligible it may look like this:

**SUBSCRIBER LAST NAME: XXXX. EVC #:XXX. CNTY CODE: 56. 1ST SPECIAL AID CODE: XX. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: GOLD COAST HEALTH PLAN: MEDICAL CALL (888)301-1228. CCS ELIGIBLE. CCS PRIOR AUTH REQUIRED FOR CCS SVCS.**

If *no* CCS case has been entered, or if a CCS case is pending it may look like this:

**SUBSCRIBER LAST NAME:XXXX. EVC #:XXX. CNTY CODE: 56. PRMY AID CODE: XX. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: GOLD COAST HEALTH PLAN: MEDICAL CALL (888)301-1228.**

2. Check the CCS Eligibility list sent to provider by GCHP.

This list is sent monthly to providers via fax or e-mail, and grouped by the tax ID number.

3. Check the CCS PEDI. <https://cmsprovider.cahwnet.gov/PEDI/clientDetail.action>, If you don't have it, get it!!!

Providers may apply for **PEDI** access by one of the following methods:

1. Visiting the CMS website at: <https://cmsprovider.cahwnet.gov/PEDI/login.jsp>
2. Contacting the-CMS help desk at: Toll Free (866) 685-8449/Toll Phone (916) 617-5401
3. Contacting CMS help desk by e-mail at: [cmshelp@dhcs.ca.gov](mailto:cmshelp@dhcs.ca.gov)

**IF YOUR PATIENT DOES NOT APPEAR IN ANY OF THE ABOVE OPTIONS, PLEASE SUBMIT A CCS REFERRAL**

# If I believe my patient has a CCS eligible condition, how do I place a CCS referral?

For **new CCS** referrals use this SAR (Service Authorization Request) Form:

1. <https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>
2. Please send the following items along with your SAR form:



**New Referral CCS Form- Service Authorization Request (SAR) -DHCS 4488**

**Clinical Notes:** Related to the CCS medical eligible condition and current within the last 12 months.

Copy of **Client Face Sheet:** Listing client's demographic information

Copy of signed **Release of Information (ROI):** **If available**

Copy of signed **Application -DHCS 4480:** **If available**

Copy of **Commercial Insurance Plan Card:** Information to be listed on SAR; If available & shall include:

- Name of the plan
- Member's policy number
- Start date
- Primary policy holder's name

3. Fax all documents to (805)658-4580

CCS has a new eSAR system for on-line request submissions! You can register for this option via the CCS PEDI website.

# If I believe my patient has a CCS eligible condition, how do I place a CCS referral?

For patients **already established** with CCS:

1. Use this SAR form:  
<https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf>
2. Please send the following items along with your SAR form:



- Established CCS Client Form- Service Authorization Request (SAR)-DHCS 4509**
- Clinical Notes:** Related to the CCS medical eligible condition and current within the last 12 months.

3. Fax all documents to (805)658-4580

CCS has a new eSAR system for on-line request submissions! You can register for this option via the CCS PEDI website.

# How do I access the CCS Provider Electronic Data Interchange (PEDI)?

Providers may apply for access by visiting the CCS website at:  
<https://cmsprovider.cahwnet.gov/PEDI/login.jsp>

Or by contacting the CMS help desk at:

Toll Free: 866.685.8449

Toll Phone: 916.617.5401

Email: [cmshelp@dhcs.ca.gov](mailto:cmshelp@dhcs.ca.gov)

Or by contacting our local CCS office at 1-805-981-5281

# How do I become a CCS paneled provider?

For a list of CCS Program paneling requirements visit the website listed here:

<https://cmsprovider.cahwnet.gov/PANEL/provider-paneling-standards.jsp>

All CCS Program providers are required to be CCS-paneled. Interested providers must submit their application online at

<https://cmsprovider.cahwnet.gov/PANEL/index.jsp>



# What is a Medical Therapy Program?

- The CCS Medical Therapy Program (MTP) provides medically necessary occupational or physical therapy services for children with long term, life threatening and physically disabling conditions. Such as: cerebral palsy, spina bifida, muscular dystrophy, rheumatoid arthritis, spinal cord injuries, arthrogryposis, and osteogenesis imperfecta.
- Once eligibility is determined, the Medical Therapy Program services are directed by an identified CCS paneled physician.
- Ventura County has 5 Medical Therapy Units, certified as Outpatient Rehabilitation Centers, housed within public schools throughout the county.
- Therapy services emphasize improving functional independence in mobility and activities of daily living. The MTP therapist's aide in the evaluation and recommendation of durable medical equipment necessary for rehabilitation. This may include manual/power wheelchairs, toileting equipment, standing equipment, bathing equipment and orthotics.
- Therapists provide home visits to progress home programs, conduct community visits to facilitate community participation, and consult with school personnel.

There is no financial eligibility requirement for children needing the MTP, therefore, services are provided to children with private insurance as well.

# How do I make a referral to the Medical Therapy Program?

- Program eligibility is based on the referring physician's medical documentation and MUST include the clinical findings that support the MTP eligible diagnosis. Please include any additional supporting medical records (neurology, rheumatology, or orthopedic) to support the MTP eligible diagnosis.
- To make a referral to the MTP please submit the MTP prescription/referral form with the MTP eligible diagnosis and the service(s) requested (PT/OT).  
[http://www.vchca.org/images/public\\_health/MTU/VCMC-381-002\\_MTP\\_referral.pdf](http://www.vchca.org/images/public_health/MTU/VCMC-381-002_MTP_referral.pdf)
- MTP referrals may be faxed or mailed to the CCS administration office. Fax: (805) 658.4580. Ventura County CCS, 2240 E Gonzales Road, Suite 260, Oxnard, CA 93033
- There is no financial eligibility requirement for children needing the MTP, therefore, services are provided to children with private insurance as well.

# What are GCHP expectations for providers regarding CCS referrals?

- GCHP's Health Services Department will help identify CCS-eligible conditions through the review of referrals, claims and encounters for diagnosis categories, as well as during hospital concurrent reviews. In addition, GCHP will work with providers, admitting physicians, hospital discharge planners, perinatologists, neonatologists, or hospital pediatricians, as appropriate, to ensure that potential candidates are referred to CCS.
- When placing a referral for a child to CCS, you may also place one concurrently to GCHP, however, if the request appears to be CCS eligible, GCHP will pend the request until CCS makes an eligibility determination. Please mark your GCHP referral as "also submitted to CCS" by checking the CCS box on the referral form or noting this in the portal submission.
- GCHP will review for medical necessity if CCS determines the diagnosis is not CCS eligible.
- GCHP does not review or approve services for a CCS eligible diagnosis if the referral is denied by CCS as not a CCS paneled provider.

**GCHP does not forward your request to CCS**

**CCS requires the request come from the provider, vendor, or PCP**

# Claims submitted to GCHP for CCS eligible diagnosis.

- GCHP will not cover CCS-eligible services denied by CCS when the CCS denial is due to the provider not being CCS paneled.
- Only providers who have been approved by CCS are eligible for reimbursement under the CCS program. CCS reimbursement is separate from any reimbursement under GCHP and is billed directly through the CCS program via the Fiscal Intermediary/Xerox/Medi-Cal for questions on how to submit claims please contact: 1-800-541-5555
- If you determine that a member may have a CCS-qualifying condition, you must refer the member to CCS for program review, case management and treatment.
- The link below also contains information on the CCS authorization process, avoiding CCS denials, and the CCS claims processing:

<https://www.dhcs.ca.gov/services/ccs/Pages/MedAuthsClaims.aspx>

# What do I do if my claim is denied by GHCP as “This may be CCS eligible”?

- The provider will need to submit a referral and or claim to CCS for consideration. GHCP will not cover CCS-eligible services denied by CCS because the rendering provider is not paneled by CCS. The provider will need to contact the local CCS office for paneling information. To learn more about this process, providers can request an outreach visit from CCS by calling the local CCS office at 805-981-5281. The link below also contains information on the authorization process, avoiding CCS denials, and claims processing:  
<https://www.dhcs.ca.gov/services/ccs/Pages/MedAuthsClaims.aspx>
- If CCS denies the request as “not medically CCS eligible”, the provider will need to include a copy of the CCS denial letter when submitting the claim and or referral to GHCP.

# How do I submit a claim to CCS?

Claims for services that have been authorized by CCS are to be submitted directly to Electronic Data Systems (EDS)

For education in this process the link below also contains information on the authorization process, avoiding CCS denials, and claims processing:

<https://www.dhcs.ca.gov/services/ccs/Pages/MedAuthsClaims.aspx>

## Billing Questions:

If you have billing questions, please contact Xerox at (800) 541-5555 (outside of California, please call (916) 636-1980). You can also visit the Medi-Cal website for billing procedures and updates.

# How do I contact CCS?

**Below are three ways to connect with the local CCS office:**

1. CCS Phone: 805-981-5281
2. CCS Fax: 805-658-4580
3. <http://www.vchca.org/ccs-california-children-s-services>
4. <http://www.vchca.org/medical-therapy-program>