



FAQs for Providers about California Children's Services (CCS)

Q: What is California Children's Services (CCS)?

A: CCS is a state funded program that pays for the specialty medical care of children with physically handicapping conditions that are determined to be CCS-eligible from birth until the day before their 21st birthday. CCS medically-eligible conditions and services are carved out from Gold Coast Health Plan (GCHP) as defined in the [GCHP Provider Manual](#).

Q: What conditions are CCS eligible?

A: For a complete list of CCS-eligible conditions, [click here](#). The CCS eligibility criteria will be listed, as well as examples of frequently recognized CCS-eligible and ineligible conditions.

Q: What are GCHP's expectations regarding CCS referrals?

A: If you determine that a member may have a CCS-qualifying condition, you must refer the member to CCS for case certification, case management and treatment. Please notify GCHP's Health Services Department at 1-888-301-1228 immediately about any potential CCS-qualifying condition. GCHP's Health Services Department will help identify CCS-eligible conditions. When sending a referral for a child to GCHP, if the request appears to be CCS eligible, GCHP will ask that you send the request to CCS for eligibility determination. GCHP does not forward your request to CCS. CCS requires that the request come from the provider, vendor or PCP.

Q: How do I refer a patient to CCS?

A: For new CCS referrals, use this [Service Authorization Request \(SAR\) Form](#).

For patients who are already established with CCS, use this [SAR form](#).

CCS has a new ESAR system for online request submissions. You can register for this option via the CCS PEDI [website](#).

Q: How do I become a CCS-paneled provider?

A: For a list of CCS Program paneling requirements, visit the [website](#).

All CCS Program providers are required to be CCS paneled. Interested providers must submit their application [online](#).

Q: How do I submit a claim to CCS?

A: For education in this process, please request an outreach visit from the CCS staff by calling the local CCS office at 1-805-981-5281. For information on how to submit a claim to CCS, [click here](#).



Q: What do I do if my claim is denied as “CCS eligible” by GCHP?

A: GCHP will not cover CCS-eligible services denied by CCS because the rendering provider is not paneled by CCS. The provider will need to submit a referral / claim to CCS. To learn more about this process, providers can request an outreach visit from CCS by calling the local CCS office at 1-805-981-5281. For information on the authorization process, avoiding CCS denials, and claims processing, [click here](#).

If CCS denies the request as “not medically eligible,” the provider will need to include a copy of the CCS denial letter when submitting or re-submitting the claim and/or referral to GCHP.

Q: How do I find a CCS Paneled specialty MD for my patient?

A: The CCS Provider Lists can be located on the DHCS [website](#).

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

A: Providers can check using the Medi-Cal website and/or the CCS PEDI system when checking for active CCS engagement for their patients. The Medi-Cal website may, but does not always include, CCS information. If a patient is enrolled with CCS, the Medi-Cal website 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.

For more information about a patient’s CCS eligibility status, providers can also check the [CCS PEDI website](#).

Q: How do I contact the local CCS program if I have questions about obtaining access to the CCS PEDI system and/or other questions about the CCS program?

A: Phone: 1-805-981-5281

Fax: 1-805-658-4580

Website: [Click here](#)