



State of California-Health and Human Services Agency  
Department of Health Services



ARNOLD SCHWARZENEGGER  
Governor

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Index: Benefits

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

SUBJECT: AUTHORIZATION OF DIAGNOSTIC AND TREATMENT SERVICES FOR  
INFANTS REFERRED BY THE CALIFORNIA NEWBORN SCREENING  
(NBS) PROGRAM FOR CYSTIC FIBROSIS (CF) AND BIOTINIDASE  
DEFICIENCY (BD)

## I. Background

The California NBS Program currently screens more than 550,000 newborns annually for phenylketonuria (PKU), galactosemia, primary congenital hypothyroidism, hemoglobinopathies including sickle cell disease, over 40 metabolic conditions detectable via Tandem Mass Spectrometry (MS/MS), and classical congenital adrenal hyperplasia (CAH) including the salt-wasting and simple virilizing forms. All the conditions for which the NBS Program screens are CCS-eligible (see Attachment 1 for the list of disorders).

The NBS Program will expand on or before August 1, 2007, to include screening for CF and BD (see Attachment 2 for more information on these disorders). Pilot testing for these two disorders is already occurring around the state. It is estimated that with this new expansion, approximately 800 referrals will be made to metabolic centers (including 110 for BD) and 100 referrals will be made to pulmonary centers for diagnostic evaluations annually.

Through the expanded California NBS program, approximately 725 newborns could be identified and treated every year. It is imperative that all of these disorders are diagnosed early to avoid serious disabilities and even death in some cases.

In order to expedite the authorization of diagnostic services for infants identified with a positive NBS report for CF or BD, the procedure identified in N.L. 08-0505 will be adopted for these disorders. The CCS program's "Expedited Diagnostic Service

Request” form revised to include CF/Pulmonary Special Care Centers (SCCs) (see Attachment 3 for this form) will be used. Receipt of this form (completed by the NBS Coordinator) will ensure that the SCC Medical Director will be guaranteed reimbursement for the initial office visit and evaluation, and ensure that the SCC will make timely appointments for these services and see the patient prior to receipt of a CCS authorization (see Attachment 4 for the letter to SCCs).

The NBS Coordinator will facilitate the referral and evaluation process by:

- Notifying the infant’s primary care provider;
- notifying the specialist at the CCS-approved SCC of the positive NBS result and requesting that the specialist contact the primary care provider to discuss the diagnostic evaluation;
- contacting the family to verify notification from the infant’s primary care provider and provide information; and
- completing the “Expedited Diagnostic Service Request” form and fax it to the SCC and CCS offices;
- faxing a blank CCS application form and a copy of the positive NBS report, to the SCC.

The SCC will facilitate the referral and evaluation process by:

- Contacting the primary care provider to discuss the diagnostic evaluation;
- scheduling the appointment at the SCC;
- reporting the diagnostic test results and the diagnosis to the NBS Coordinator and the CCS program; and
- completing the referral process by assisting the family to complete and sign the CCS application at the time of the visit and faxing the completed application to the local CCS office.

## **II. Policy**

- A. CCS shall issue an authorization to the appropriate CCS-approved SCC to perform a diagnostic evaluation on all infants referred by the California NBS Program for CF and BD. The authorization shall be for three months. The NBS Program staff will identify the SCC to which the infant will be referred.

The SCC will be a CF/Pulmonary (CF) or Metabolic (BD) SCC (see Attachment 5 for a list of SCCs that can be currently authorized).

- B. These authorizations shall be issued within five working days of receipt of all the following documentation:
1. An "Expedited Diagnostic Service Request" form (to be faxed by the NBS Coordinator).
  2. The positive NBS report (to be faxed by the NBS Coordinator).
  3. A "New Referral CCS/GHPP Client Service Authorization Request" form (signed and faxed by the NBS Coordinator).
  4. A signed CCS application for infants who do not have full scope no share of cost Medi-Cal or who are not Healthy Families subscribers. Authorizations shall be issued without a signed CCS application for infants who have full scope no share of cost Medi-Cal or who are Healthy Families subscribers.
- C. The CCS \$20 assessment fee shall be waived for these services.

### **III. Policy Implementation**

- A. Authorizations for diagnostic evaluations should be given to the SCC for medical Service Code Group (SCG) 02.
- B. The initial diagnostic evaluation shall be issued for three months and may be modified as needed if the diagnostic evaluation is not completed in three months.
- C. Authorizations shall include the following information in CMS Net web selected from special instructions or similar language for a legacy authorization:

**Provider must bill other health insurance (OHC) first; submit Explanation of Benefits (EOB) with claim.**

- D. For infants whose diagnostic evaluation confirms the presence of CF or BD, the CCS program shall initiate the steps to determine eligibility for ongoing treatment services. These disorders are medically eligible for CCS.

1. Authorizations for treatment services shall be issued to CCS approved CF/Pulmonary or Metabolic SCCs for infants who have full scope, no share of cost Medi-Cal or who are Healthy Families (HF) subscribers.
  2. Families of other infants who are not eligible for full scope, no share of cost Medi-Cal, and who are not HF subscribers must complete CCS program eligibility requirements prior to the issuance of treatment authorizations.
- E. Authorizations for treatment should be provided to the SCC for medical SCG 02. (Note: This authorization, or the one provided for in III.F., will cover the dispensing of the biotin necessary to treat those individuals identified with BD.)
- F. Authorizations for primary care physicians may be issued for treatment of the CCS eligible condition, in conjunction with the SCC or specialist, for medical SCG 01.

If you have any questions regarding the above policy, please contact your Regional Office Medical Consultant.

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

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Attachments