

## 7.2 Referral to CCS Special Care Centers or CCS-paneled Specialists

**Purpose:** The purpose of this protocol is to assure that babies whose tests indicate risk for a disorder screened for by the California Newborn Screening Program are authorized by California Children’s Services (CCS) to be promptly seen at a CCS-approved special care center (SCC) or if not possible, by a CCS-paneled specialist, for diagnostic services regardless of families’ financial situation.

**Policy:** When discussing positive test results with the newborn’s primary care physician and/or family, ASC staff will recommend referral to a CCS-approved Special Care Center (SCC). If referral to a center is not possible, ASC staff will advise that the newborn be seen by an appropriate CCS-paneled pediatric specialist. (NOTE: When referral is made to CCS-paneled specialist, the CCS expedited referral process does not apply).

**General Information:** CCS Forms and brochures are available on the CCS website in English and Spanish - <http://dhs.ca.gov/pcfh/cms/ccs/publications.htm>

### Referenced Documents (3.19 A, 3.19 C,) and Attachments (3.19 B, 3.19 D) :

**3.19 A** CCS Service Authorization Request (DHCS Form 4488 on CCS website)

**3.19 B** Expedited Diagnostic Service Request

**3.19 C** CCS Application to Determine CCS Program Eligibility (DHCS Form 4480 on CCS Website)

**3.19 D** CCS Numbered Letter (09-0607 on CCS website) Authorizing Diagnostic and Treatment Services for Infants Referred by the California Newborn Screening Program for Cystic Fibrosis and Biotinidase Deficiency

### Protocol:

Resp. Person	Action
ASC NBS Coord.	<ul style="list-style-type: none"> <li>• Assists physician with referral to appropriate SCC. Requests information from physician regarding insurance preferences for referral to SCC and refers to SCC with which family’s insurance/HMO contracts when available.</li> <li>• Faxes <i>CCS New Referral CCS/GHPP Client Service Authorization Request (SAR)</i> form (DHCS 4488) to county CCS program office (in county where family resides) to obtain authority for CCS coverage. (If referral received on weekend/holiday, faxes form on next business day.) Completes the following information (numbers correspond to numbered fields on the form):             <ol style="list-style-type: none"> <li>a. Date of request (1) – Indicate date the positive was called out to the ASC and the referral process began.</li> <li>b. Name of SCC (2).</li> <li>c. SCC address and contact information (4 – 7).</li> <li>d. Client name, gender and DOB (8-11)</li> <li>e. Client contact, parent and PMD information (13 - 22).</li> <li>f. Insurance Information (23-25) –OPTIONAL – Complete as much as possible based on TRF and information obtained from PMD or parent.</li> </ol> </li> </ul>

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	<ul style="list-style-type: none"> <li>g. General Diagnosis Information, such as Metabolic Disorder, CAH, Sickle cell disease, hemoglobinopathy, PCH, etc (26)</li> <li>h. Specific Description of Service/Procedure Enter "SCG 02" (28).</li> <li>i. "From" date (29) - same date used in #1 and #41.</li> <li>j. "To" date (29) – 3 months from "From" date. (e.g. if "From" date is 5/13/05, then "To" date is 8/13/05).</li> <li>k. Units (31) – Enter "1".</li> <li>l. Other documentation attached (33) – Check "Yes" box.</li> <li>m. Signature as authorized designee (40) – Coordinator or Project Director signature.</li> <li>n. Date (41) – Date positive called out/referral made, so if referral made on a For referrals to SCCs: a) faxes completed <i>Expedited Diagnostic Service Request</i> form (3.19B) to SCC with a copy to the county CCS Program office (if referral received on weekend/holiday, faxes form on the morning of the next business day), b) faxes blank copy of <i>CCS Application to Determine CCS Program Eligibility</i> form DHCS 4480 to remind SCC to assist family to complete it and submit it to the local county CCS Program.</li> </ul> <ul style="list-style-type: none"> <li>• <b>If newborn is referred to a non-SCC endocrine specialist</b>, faxes <i>CCS New Referral CCS/GHPP Client Service Authorization Request (SAR)</i> form DHCS 4488 to county CCS program office (in county where family resides) to obtain authorization for CCS coverage. (If referral received on weekend/holiday, faxes form on next business day) and faxes/sends blank copy of <i>CCS Application to Determine CCS Program Eligibility</i> form (DHCS 4480) to specialist to remind physician/office staff to assist family to complete it and submit it to the local county CCS Program.</li> <li>• If baby is in an NICU, notes this on fax cover pages to CCS and SCC.</li> <li>• Faxes positive test result (could be C of C or copy of result mailer) to the county CCS Program office, highlighting or marking the specific result that is positive.</li> <li>• For the first few expedited referrals made to each county, or if CCS county staff question referral/require additional information, faxes copy of <i>CCS/NBS Numbered Letter</i> (3.19D) to county office for clarification.</li> </ul>
<p>County or state regional CCS Program staff</p>	<ul style="list-style-type: none"> <li>• Within 5 working days of receipt of documents listed above as well as a completed CCS application (DCHS 4480) to be submitted by a SCC, authorizes a diagnostic evaluation on any baby with a positive newborn screen who was referred by the Newborn Screening Program. Authorizations are issued without a signed CCS application for infants who have full scope no share-of-cost MediCal or who are Healthy Families subscribers.</li> </ul>
<p>SCC staff</p>	<ul style="list-style-type: none"> <li>• Schedules an appointment (post-discharge for NICU babies) for the baby without waiting for CCS authorization.</li> <li>• Assists family in completing CCS application form (DHCS 4480) either faxed by ASC or downloaded from CCS website.</li> <li>• Does not bill infant's family for any services related to diagnostic evaluation.</li> </ul>