

TO: MEDICAL DIRECTORS OF CALIFORNIA CHILDREN'S SERVICES (CCS) APPROVED METABOLIC AND CYSTIC FIBROSIS (CF)/PULMONARY SPECIAL CARE CENTERS (SCCs)

SUBJECT: EXPEDITING DIAGNOSTIC SERVICES FOR INFANTS REFERRED BY THE CALIFORNIA NEWBORN SCREENING (NBS) PROGRAM

The California NBS Program will expand on or before August 1, 2007, to include CF and Biotinidase Deficiency (BD), both CCS eligible medical conditions. Pilot testing has already begun around the state. In the past, the Genetic Disease Branch (GDB) and the CCS program have jointly developed a plan to ensure that infants with positive NBS reports receive timely diagnostic evaluations at CCS-approved SCCs. This plan will also apply for babies with positive NBS reports for CF and BD. Your assistance is needed to ensure expedited diagnostic evaluations for infants with positive NBS tests for CF and BD.

CCS and the NBS programs have developed an "Expedited Diagnostic Service Request" form (enclosed with this letter). Receipt of this form (completed by the NBS Coordinator) ensures that the SCC Medical Director will be guaranteed reimbursement for the initial office visit and evaluation, and ensures that the SCC will make timely appointments for these services prior to receipt of a CCS authorization.

When the NBS Coordinator notifies the specialist at the SCC of the positive NBS result, the Coordinator will fax the SCC a completed "Expedited Diagnostic Service Request" form, along with a CCS application and the positive NBS report. The only variation to this procedure would be when the NBS Coordinator receives the positive screen on a holiday or weekend. The Coordinator may instead give the information verbally to the SCC and fax the documents on the next business day. The NBS Coordinator will also fax a "New Referral CCS/GHPP Client Service Authorization Request" to the county CCS office or CMS Branch Regional Office.

To facilitate receipt of the authorization from the CCS program, the SCC should assist the family in completing and signing the CCS application. The CCS application will be faxed by the NBS Coordinator. The application can also be downloaded from <http://www.dhs.ca.gov/pcfh/cms/ccs/publications.htm> by clicking on DHS 4480 (English or Spanish). Please fax the completed application to the local County CCS program. Your assistance with the completion of the CCS application will further enable timely evaluations of these infants with positive screening tests.

The County CCS program or CMS Regional Office will authorize a diagnostic evaluation for **ALL** infants referred by the NBS Program. The initial authorization

will be for three months and may be extended as needed. These authorizations shall be issued within five working days of receipt of all the following documentation:

- “New Referral CCS/GHPP SAR” form (from NBS Coordinator),
- “Expedited Diagnostic Service Request” form (from NBS Coordinator),
- Positive NBS report (from NBS Coordinator), and
- The CCS application (preferably faxed from the SCC).

CCS authorizations will include the following information or similar language: Provider must bill other health insurance (OHC) first; submit Explanation of Benefits (EOB) with claim.

Thank you for your continued commitment to infants and children with special health care needs and their families. I realize scheduling appointments for these infants with positive screens will require juggling of appointment calendars, but the critical need for these babies to be seen quickly necessitates that we all make adjustments in the way we normally provide services.

If you have questions about the described procedure, you may contact the appropriate NBS Coordinator/Area Service Center.

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Enclosure

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