

State of California  
**Department of Health  
Services**



**GRAY DAVIS**  
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California  
Department of  
Health Services

**DIANA M. BONTA, R.N., DR P.H.**  
Director

May 1, 2002

N.L.: 05-0502  
(Supersedes N.L.: 11-0999)  
Index: Medical Eligibility

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

**SUBJECT:** MEDICAL ELIGIBILITY FOR CARE IN A CCS APPROVED NEONATAL  
INTENSIVE CARE UNIT (NICU)

**I. Background**

N.L.: 11-0999 lists criteria used to determine medical eligibility of an infant in a CCS approved NICU. Some criteria are over ten years old and reflect practices no longer in routine use in NICUs. This numbered letter revises and updates the criteria used to determine CCS medical eligibility for NICU admissions.

**II. Policy**

Effective the date of this letter, the following policy is in effect and supersedes N.L.: 11-0999.

**A. Medical Eligibility for Care in a CCS Approved NICU**

1. An infant shall be medically eligible for care in a CCS approved NICU when there is the presence of a CCS-eligible medical condition as per Title 22, California Code of Regulations (CCR), Sections 41800-41872; **or**

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Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

2. An infant shall be medically eligible for care in a CCS approved NICU based on requiring **either** at least **one** service from Section II.A.2.a. **or** at least **two** of the services listed from Section II.A.2.b. The infant shall be medically eligible **ONLY during the time period the service(s) described below is (are) delivered.**
  - a. Medical eligibility for care in a CCS approved NICU is determined by the need for at least one of the following services:
    - (1) Positive pressure ventilatory assistance that is invasive or non-invasive; the latter includes, but is not limited to, continuous positive airway pressure (CPAP) by nasal prongs, nasal cannula, or face mask;
    - (2) Supplemental oxygen concentration by hood of greater than or equal to 40 percent;
    - (3) Maintenance of an umbilical arterial catheter or peripheral arterial catheter for medically necessary indications including, but not limited to, monitoring blood pressure, sampling of blood for monitoring blood gases, and exchange transfusions;
    - (4) Maintenance of an umbilical venous catheter or other central venous catheter for medically necessary indications including, but not limited to, pressure monitoring, cardiovascular drug infusions, hypertonic solutions, and exchange transfusions;
    - (5) Maintenance of a peripheral line for intravenous pharmacologic support of the cardiovascular system;
    - (6) Central or peripheral hyperalimentation;
    - (7) Chest tube; or

b. Medical eligibility for care in a CCS-approved NICU is determined by the need for at least two of the following services:

- (1) Supplemental inspired oxygen;
- (2) Maintenance of a peripheral intravenous line for administration of intravenous fluids, blood, blood products, or medications other than those agents used in support of the cardiovascular system;
- (3) Pharmacologic treatment for apnea and/or bradycardia episodes;
- (4) Tube feedings.

B. Termination of Medical Eligibility for Care in a CCS Approved NICU  
Medical eligibility for CCS shall cease:

1. When infants no longer meet the criteria in Sections II.A.2.a. or II.A.2.b. **and**
2. When infants do not have a CCS eligible condition as defined in Section II.A.1.

If you have any questions regarding this numbered letter, please contact your state regional office nurse or medical consultant.

**ORIGINAL SIGNED BY**

Maridee A. Gregory, M.D.,  
Chief Children's Medical Services Branch