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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: December 18, 2019

CCS Information Notice: 19-08

TO: County California Children's Services Program Staff, County Medical Consultants and Staff

SUBJECT: Scope of California Children's Services Neonatal Intensive Care Unit Authorization Process

The purpose of this California Children's Services (CCS) Information Notice (I.N.) is to clarify that CCS clients who have been determined to be eligible for CCS Neonatal Intensive Care Unit (NICU) services do not require a separate eligibility determination for related physician services. Specifically providers do not have to submit a separate Service Authorization Request (SAR) for NICU physician services, except in cases where a CCS-paneled surgeon performs surgery on an infant in a CCS-approved NICU.¹

Numbered Letter (N.L.) 05-0502² frames authorization for CCS coverage of care as "medical eligibility for care in a CCS approved NICU." It operationalizes two methods for determining when "An infant shall be medically eligible for care..." It does not distinguish eligibility for NICU hospital care from eligibility for NICU physician care.

N.L. 02-0413¹ specifies that a separate authorization is necessary to a CCS paneled surgeon for "surgical procedure(s) performed while an infant is in a CCS approved NICU." (section III.B.1.a.) "CCS paneled specialty consultants providing services while the infant is in the NICU do not require separate authorizations." (section III.B.2.)

As described in All Plan Letters 16-007³ and 16-008⁴, where diagnosis-related group (DRG) based NICU authorization methods apply, the entire NICU hospitalization is authorized once a single NICU day is authorized. This applies for private (9 in-state, 1 out of state hospitals) and non-designated public hospitals (96 hospitals), and for infants covered by Medi-Cal Managed Care with CCS carve-out who are in designated public hospital NICUs (17 hospitals). As in N.L. 05-0502, DRG-based NICU authorization methods do not distinguish eligibility determination for hospital care from eligibility determination for physician care.

Although county-level CCS case reviewers often perform ongoing case management which relies upon regular submission of NICU patient medical records, this process is distinct from the determination of CCS NICU eligibility.

Summary:

Authorization of care for CCS NICU eligible patients thereby also authorizes corresponding physician services and fees. There is no need for a separate authorization process for NICU physician services. This guidance supersedes all previous guidance in CCS Numbered Letters and Informational Notices that have addressed this matter

If you have any questions regarding this I.N., please contact the ISCD Medical Director or designee, via email at ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Roy Schutzengel
Medical Director
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¹ CCS N.L. 02-0413, requiring a separate authorization for surgical procedure(s) performed while an infant is in a CCS approved NICU.

<https://www.dhcs.ca.gov/services/ccs/Documents/ccsnl020413.pdf>

² CCS N.L. 050502: Medical Eligibility for Care in a CCS-Approved Neonatal Intensive Care Unit (NICU)

<https://www.dhcs.ca.gov/services/ccs/Documents/ccsnl050502.pdf>

³ All Plan Letter 16-007

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-007.pdf>

⁴ All Plan Letter 16-008

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-008.pdf>