

Hemophilia Centers 7.15

General Provisions 7.15.1

A. Medical Eligibility

Persons with hemophilia (this includes von Willebrand's disease) shall be referred to hemophilia centers for comprehensive diagnostic evaluation. Treatment (inpatient and outpatient) and follow-up may be provided at the center.

B. Referral Procedures

1. Referral to a center shall be made as soon as a patient is identified or suspected of having hemophilia.
2. The center shall have a written plan covering intake procedures, such as referral, initial family contact and appointments, which shall be kept updated and accessible.
3. The center must have an authorization from CCS prior to rendering any service for which a claim will be submitted to CCS.

C. Authorizations for Diagnostic Evaluation, Treatment and Consultation

1. CCS shall issue diagnostic and treatment authorizations to the co-ordinator with a copy to the hospital. The diagnostic and/or treatment authorization will cover the following services when approved by the coordinator:
 - a. Diagnostic and treatment services of the providers listed in the CCS Center directory.
 - b. Laboratory and radiology services.
 - c. Space and equipment necessary for examination and for case conferences.
 - d. Nursing and social work services.
 - e. Genetic counseling
2. Consultants not listed in the individual center sections as members of the center staff will need to be issued individual prior authorizations. Such authorization requests should be approved by the center coordinator prior to being honored by CCS.

Hospitalization requires prior authorization.

D. Authorization to the Local Physician

Treatment authorization may be issued to the local physician for ongoing care as recommended by the center for interim care if the child remains under continued supervision by the center.

E. Follow-Up

1. The center shall, in cooperation with the CCS authorizing agency, establish follow-up services in the local community if appropriate. Consultation must be readily available to the local physician and allied health personnel.
2. Ongoing follow-up care may be provided by the center staff if so requested by the referring physician and/or the CCS program.

Services by the consultant staff shall include genetic counseling, if appropriate.

4. Consideration shall be given to the concomitant needs of the patient/family and referral shall be made to appropriate agencies and/or consultants.

F. Reports

1. The team coordinator shall provide a composite report of the comprehensive planning conference and of the disposition conference to the authorizing CCS agency which shall include summaries and recommendations of all team members and other consultants involved with the case. Recommendations regarding the intervals for periodic evaluations should be included.
2. Periodic reports shall be submitted as indicated for patients under on-going care.
3. Physician consultants, other than core team members, shall submit individual medical reports with claims for service.
4. Team members and other allied health workers shall submit individual reports when there are special patient/family needs and circumstances.

G. Payment

See CCS Manual Sections 5.12 and 5.17.