Children's Medical Services Network (CMS Net)

Authorization Guide

Revised 10/24/2025

1 AMENDMENTS

Authorization Guide

Amendment	Description	Date
1.0	Brenda: Created document.	2021-07-02
	Brenda: Included Non-PMF Paneled Provider rules.	2021-09-25
1.1	Yolonda: Added Brand Name checkbox and rules to 8.6 Service Code Information.	2021-10-15
1.2	La Dosha: Added Section 6.3 By Service Code/Formulary and Medical Supplies Inquiry.	2021-10-22
1.3	Brenda: Updated Section 8.8 Attachments	2021-12-13
1.4	LaVorra – Added Show All Provider Status on Search Result Overlay checkbox and rules to 8.3 Authorization.	2022-03-28
1.5	LaVorra – Added rule to 8.6 Service Code units.	2022-03-28
1.6	Molly: For Release 094: Updated screen shots on 6.1.1 Search section and provided verbiage: Please refer to “Search Module” manual for more details on the Search > Authorization.	2022-05-09
1.7	Molly: updated 8.12 Cancellation Details related to Cancellation Letter Text. 8.13 Denial Details related to Denial Letter Text.	2022-05-12
1.8	Molly: update screenshots for Modules for Client and Search Results-Client for Release 098 (Referral).	2023-02-16
1.9	Galyna: added new section 10.4 Confirmation Message.	2023-09-26
2.0	Suyash: Updated section 8.8 (Release 099).	2023-09-26
3.0	Molly: Updated manual per Release 101 1) STRY0114700: Add "Service Request Quick links" to Service Request maintenance page. 2) STRY0114501: Add [Case Note Description] and [Other Description] fields to all modules on CMS2020.	2024-05-23
4.0	Molly: Updated manual per Release 102 STRY0114686: Add "New Attachment" counter hyperlink under SAR widget on CMS Net Homepage. See “Attachments – Reviewed” within Attachments section for further details.	2024-06-26
4.1	Kristie: Removed 10.3.1 Cardiology Special Instructions.	2024-09-16
5.0	Molly: Added Referral Related sections	2024-11-14
5.1	Brenda: Updated Correspondence section for R108.	2025-10-22
5.2	Molly: Added 11.3 eSAR/Referral Scenarios – PEDI Related	2025-10-23

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4 DEFINITIONS, ABBREVIATIONS, & ACRONYMS

The following terms, abbreviations, and acronyms may be used in this document:

Acronym	Definition
A.K.A.	Also Known As (Alias)
CCS	California Children's Services
CIN	Client Identification Number
CMS	Children's Medical Services
CMS Net	CMS Case Management System
CMS Net Web	CMS Case Management System: Web Application
DHCS	Department of Health Care Services
DOB	Date of Birth
DX	Diagnosis
eSAR	Electronic Service Authorization Request
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
GHPP	Genetically Handicapped Persons Program
HCP or HP	Health Care Plan
HF	Healthy Families
ICD	Int'l Classification of Diseases (Diagnosis/Procedure Code)
ISCD	Integrated Systems of Care Division
IE	Internet Explorer (Microsoft web browser)
JPG	Joint Photographic Experts Group
MCP	Managed Care Plan
MEDS	Medi-Cal Eligibility Data System
MOPI	MEDS Online POS Inquiry
MTP	Medical Therapy Program
MTU	Medical Therapy Unit
NICU	Neonatal Intensive Care Unit
PEDI	Provider Electronic Data Interchange
PMF	Provider Master File (Medi-Cal Provider list)
NPI	National Provider Identifier
PDF	Portable Document Format
PSSN	Pseudo Social Security Number
Requestor	Any referral source other than a provider listed in the PMF (Non–PMF provider)
SAR	Service Authorization Request
SCC	Special Care Center
SCG	Service Code Groupings
SSN	Social Security Number
TIF, TIFF	Tagged Image File Format
TP	Trading Partner
TX	Treatment
WCM	Whole Child Model

5 OVERVIEW

Authorization enables CMS Net users to view, take action on, and print Service Authorization Requests for CCS and GHPP clients.

Authorization Access: Please note that the ability add, make changes to, or adjudicate SARs is based on the menu options set for the user in User Security. Users may only view Authorizations if these options are not checked or the user has View Only access to CMS Net.

6 NAVIGATING TO AUTHORIZATION SEARCH RESULTS

There are several ways to navigate to the Authorization search results from the CMS Net Web home page.

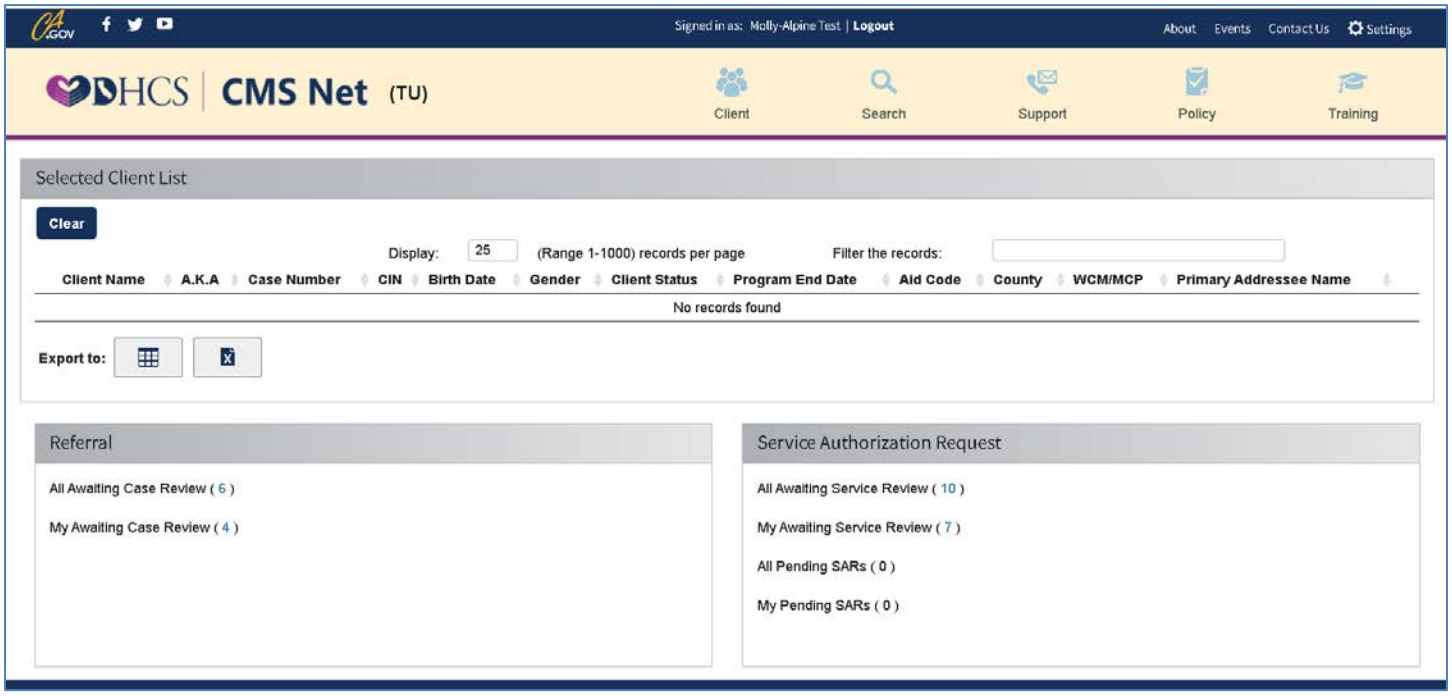


Figure 6-1 Landing Page

By Authorization

- **Search:** Search for an authorization
- **Service Authorization Request Widget:** Click on one of these links to open Awaiting Service Review or Pending SARs for your county.

By Client

- **Client:** Click on “Client” on the main banner to search for a specific client
- **Selected Client List:** Click on a client you previously accessed in CMS Net Legacy or CMS Web.
- **Registration Widget:** Click on one of these links to open a pending or reopen pending client in your county.

6.1 By Authorization

6.1.1 Search

Users can use the **Search** to search for authorizations using several search combinations.

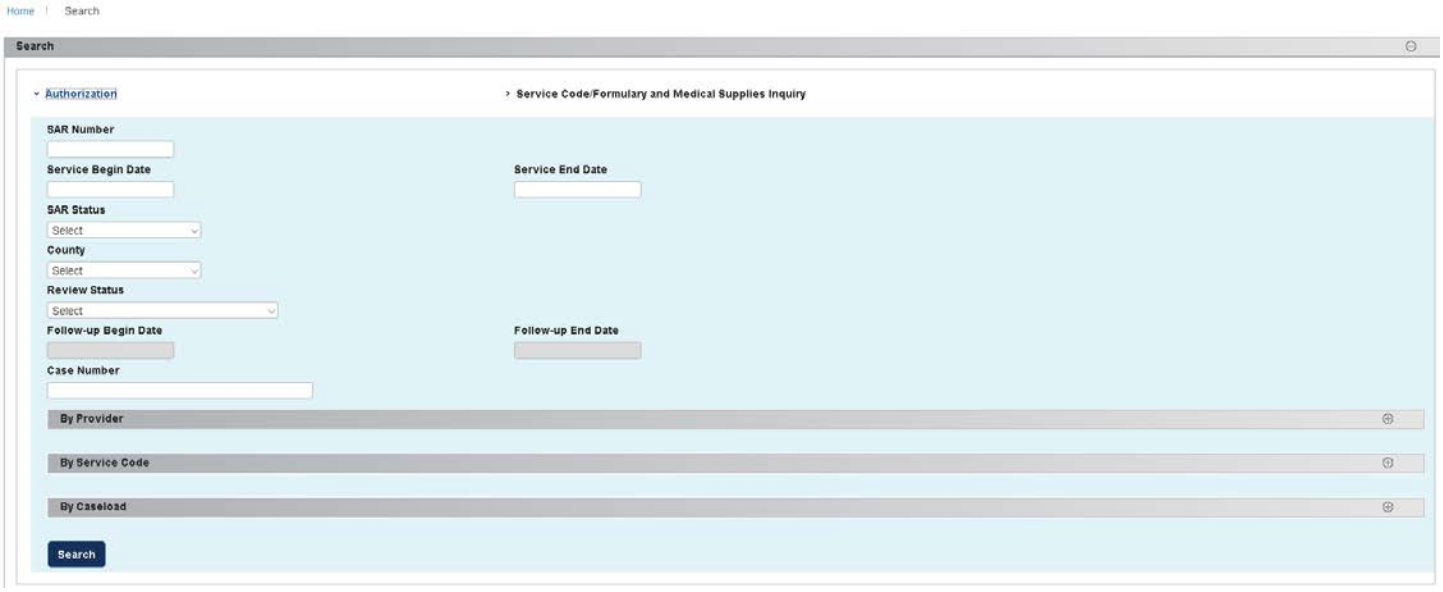


Figure 6-2 Search

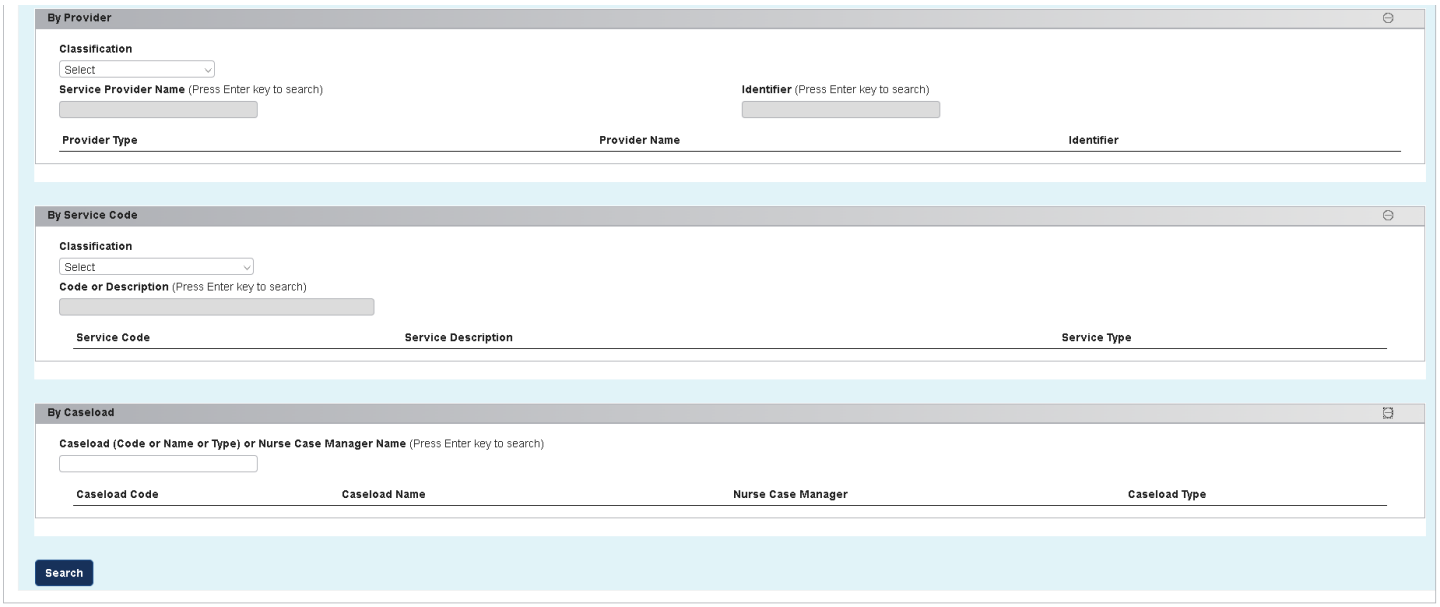


Figure 6-3 Search – By Provider, Service Code, Caseload

Please refer to "Search Module" manual for more details on the Search > Authorization.

6.1.1.1 Rules

- SAR Number is a unique search. Pressing enter while on this field will search for the SAR Number.
- SAR Status, County, By Provider, By Service Code, and By Caseload must be used in combination with other fields.

- Follow-up Begin Date and Follow-up End Date are optional fields to further narrow down Review Status.

6.2 By Client

6.2.1 Client

You may click the **Client menu** and system will take you to the **Search Client** page. Use the **Search Client** screen to search and select your client.

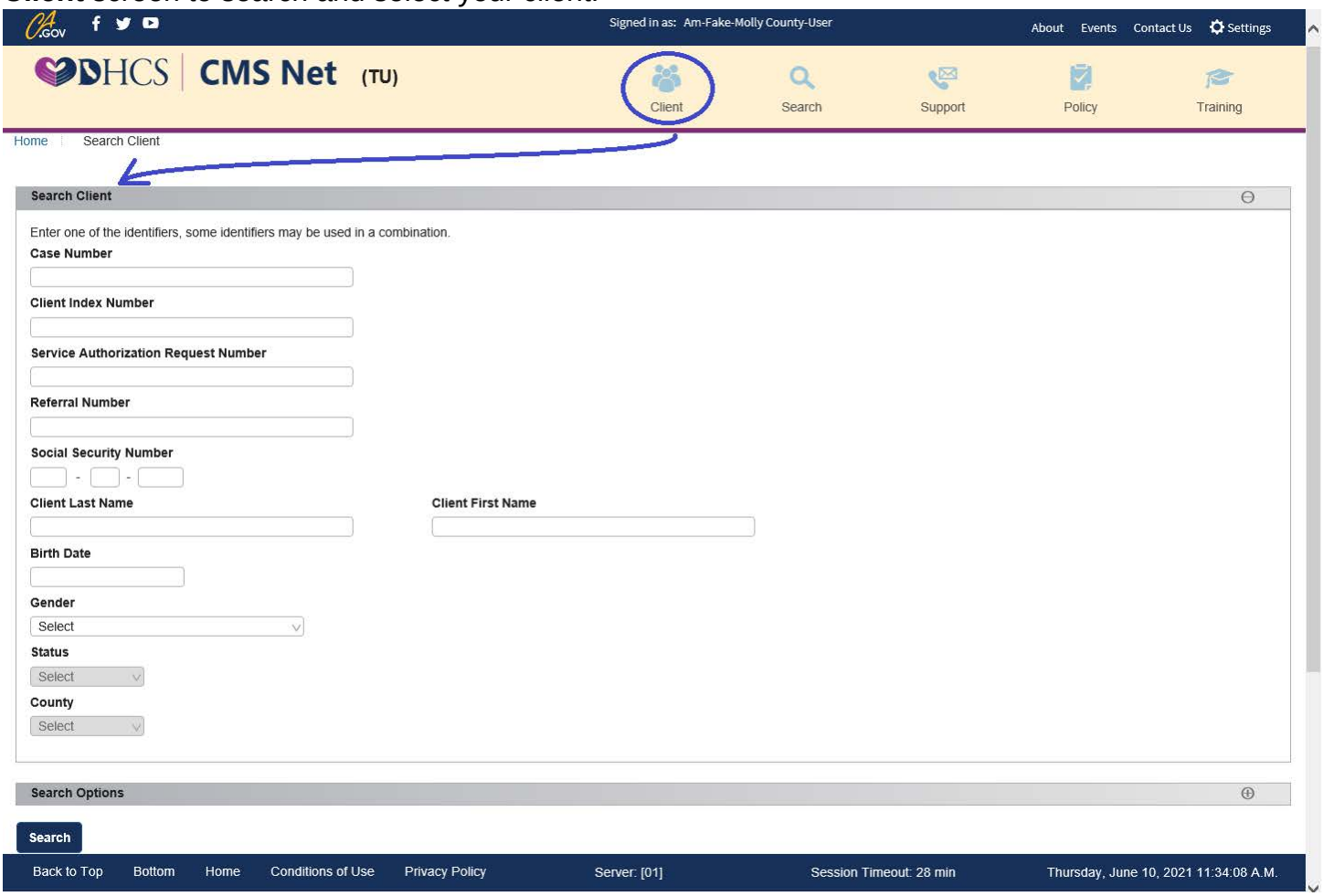


Figure 6-4 Client Menu

Note: To learn how to search for a client in more details, go to the Search Client manual. This manual assumes you already know how to search for a client and will cover the basic only.

Basic Client Search:

To search for client, enter your search criteria and click the **Search** button.

On unique fields below, you may use **Enter** key to initiate search in replace of the “Search” button.

- Case Number

- Client Index Number
- Service Authorization Request Number
- Referral Number
- Social Security Number

Once you have search for your client and your client is found. Click on the client's name hyperlink to select the client.

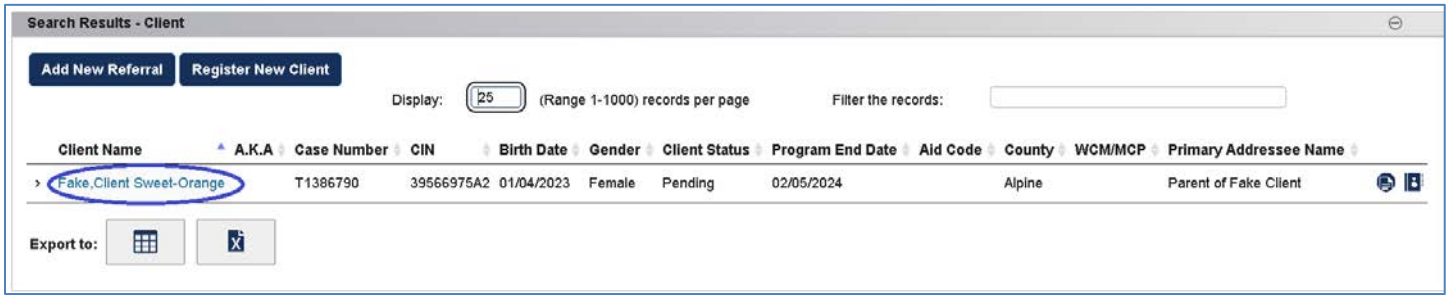


Figure 6-5 Client's Name Hyperlink

System will then take you to the **Modules for Client** screen. From the **Modules for Client** screen, click **Authorization** menu. This will take you to the Authorization Screen for the client.

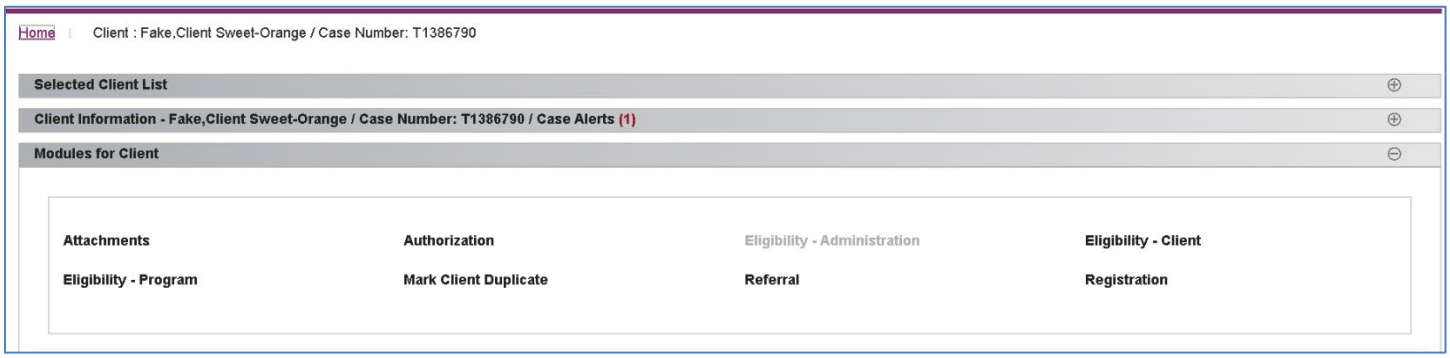


Figure 6-6 Modules for Client

6.2.2 Selected Client List

If the **Selected Client List** widget on home page already has your client on the list, then click on the Client's Name Hyperlink and system will take you to the **Modules for Client** page.

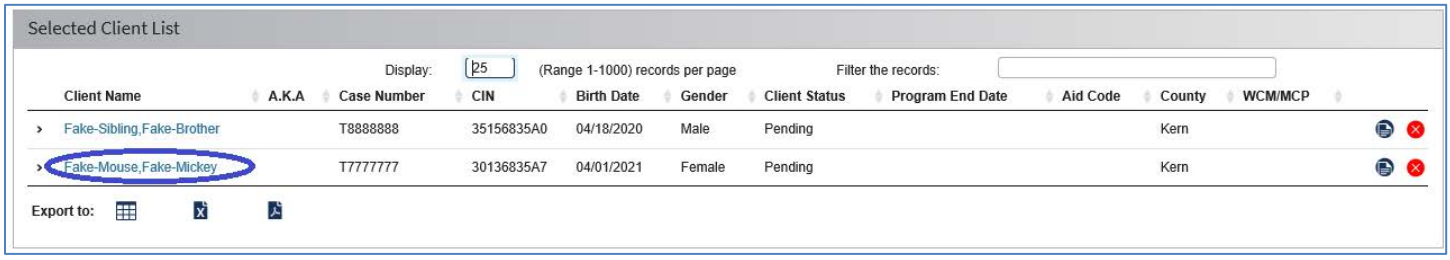


Figure 6-7 Selected Client List

System will then take you to the **Modules for Client** screen. From the **Modules for Client** screen, click **Authorization** menu. This will take you to the Authorization Screen for the client.

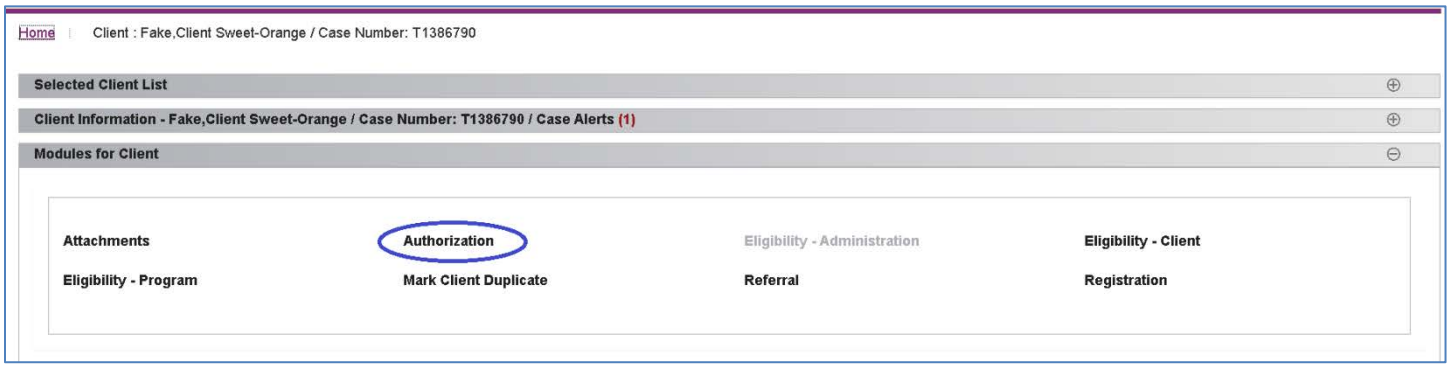


Figure 6-8 Modules for Client

6.2.3 Registration Widget

Click on one of the Registration widget links to get to the search result page for pending or reopen pending clients you have access to. Click on the client's name hyperlink to select the client.

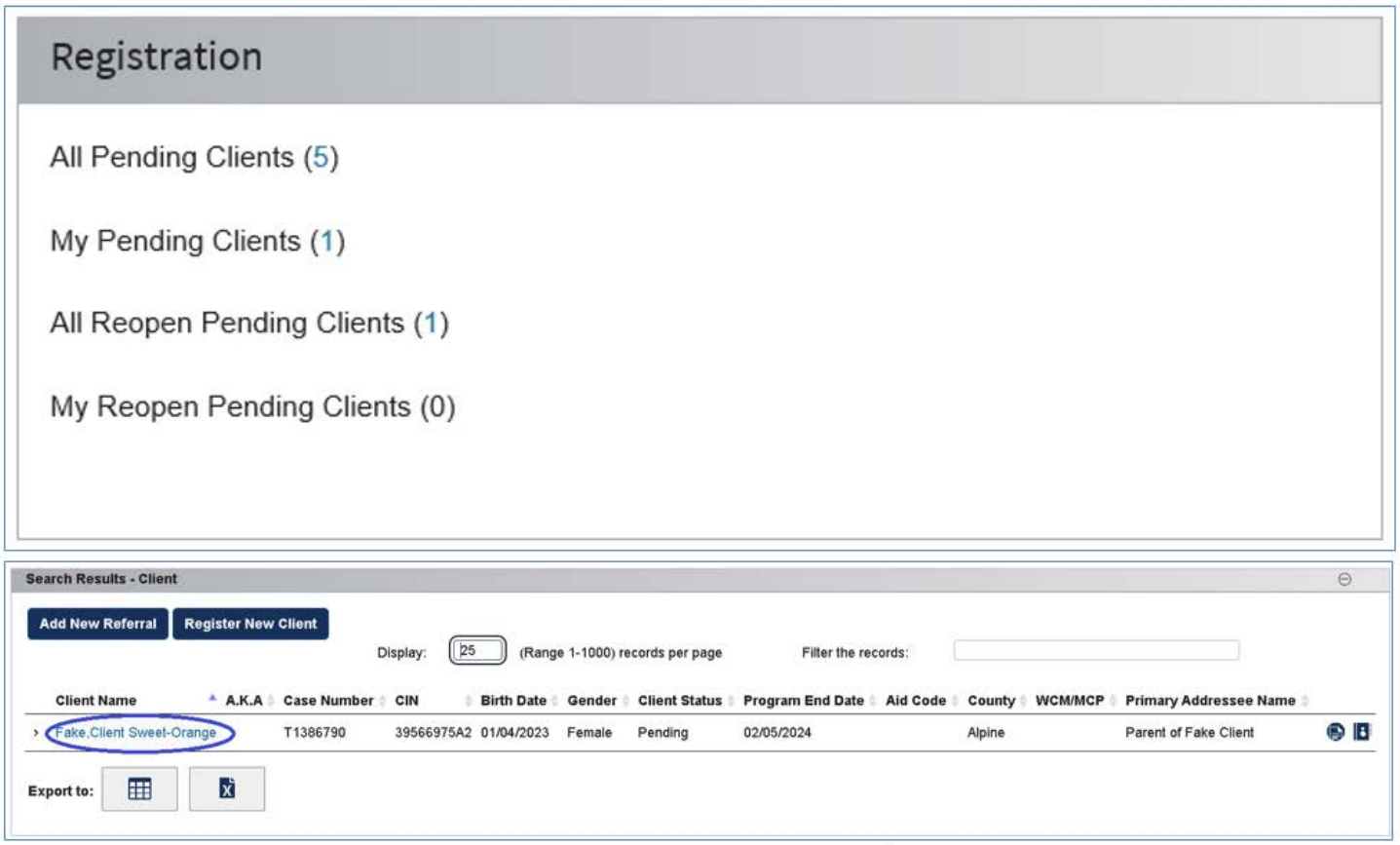


Figure 6-9 Registration widget

System will then take you to the **Modules for Client** screen. From the **Modules for Client** screen, click **Authorization** menu. This will take you to the Authorization Screen for the client.

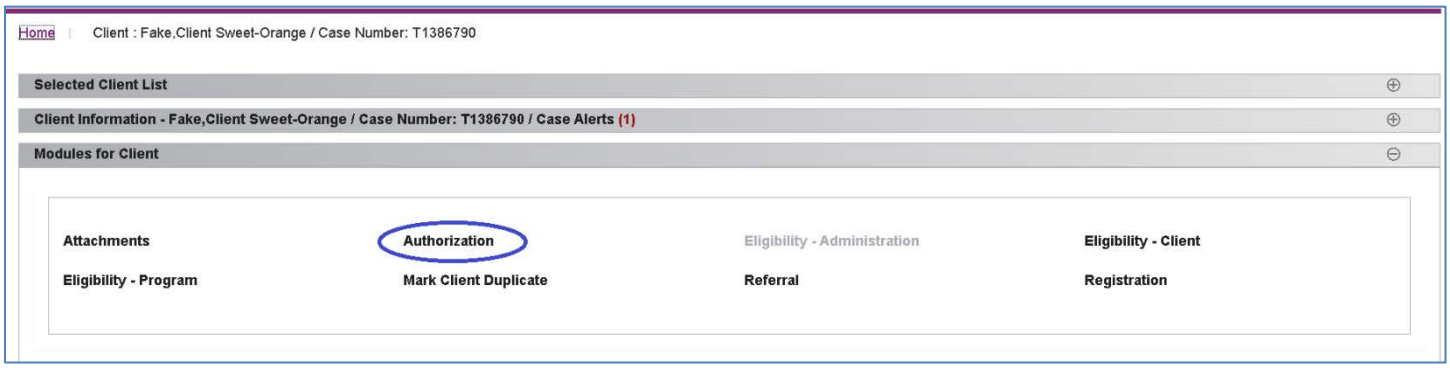


Figure 6-10 Modules for Client

6.3 By Service Code/Formulary and Medical Supplies Inquiry

6.3.1 Service Code/Formulary and Medical Supplies Inquiry

Users can use the **Search** to search for service code/formulary and medical supplies inquiry selecting between several classifications.

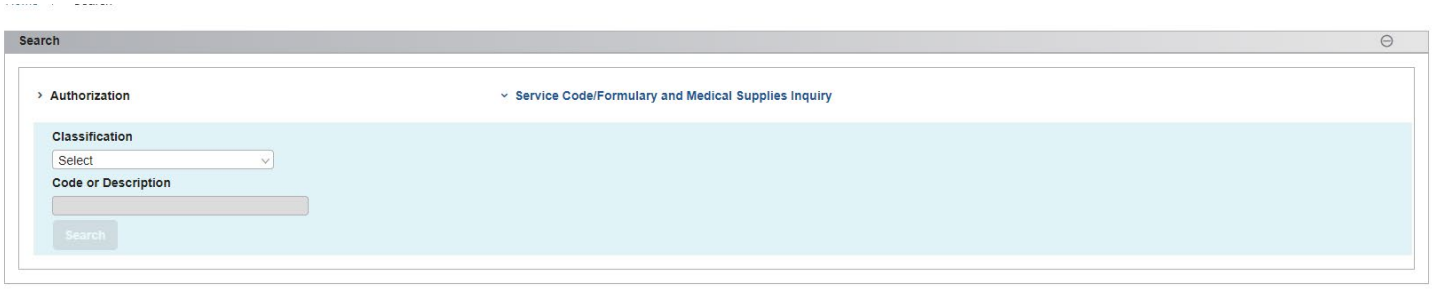


Figure 6-11 Service Code/Formulary and Medical Supplies Inquiry

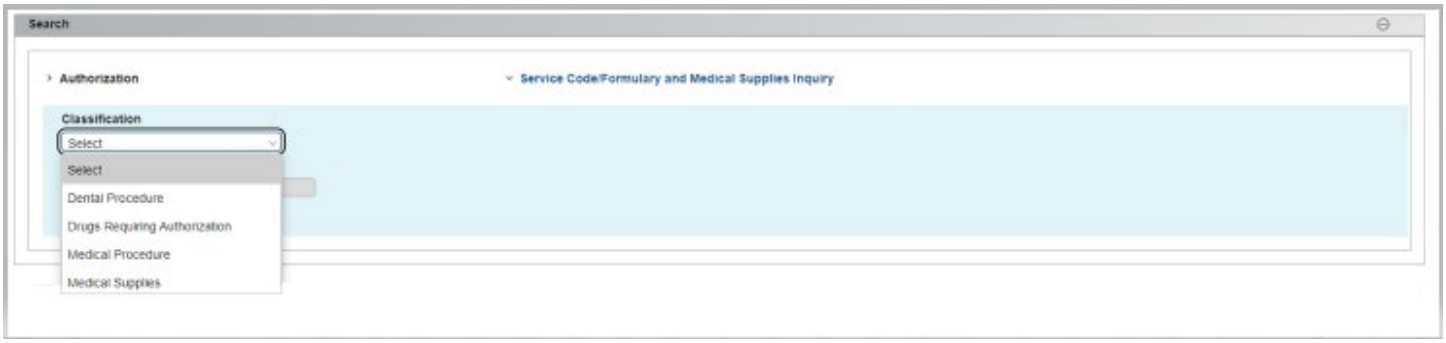


Figure 6-12 Service Code/Formulary and Medical Supplies Inquiry-Classification

6.3.2 Search Results- Service Code/Formulary and Medical Supplies Inquiry

Users can select a specific classification i.e. Medical procedure and input a code or description and click search to see Service Code/Formulary and Medical Supplies details.

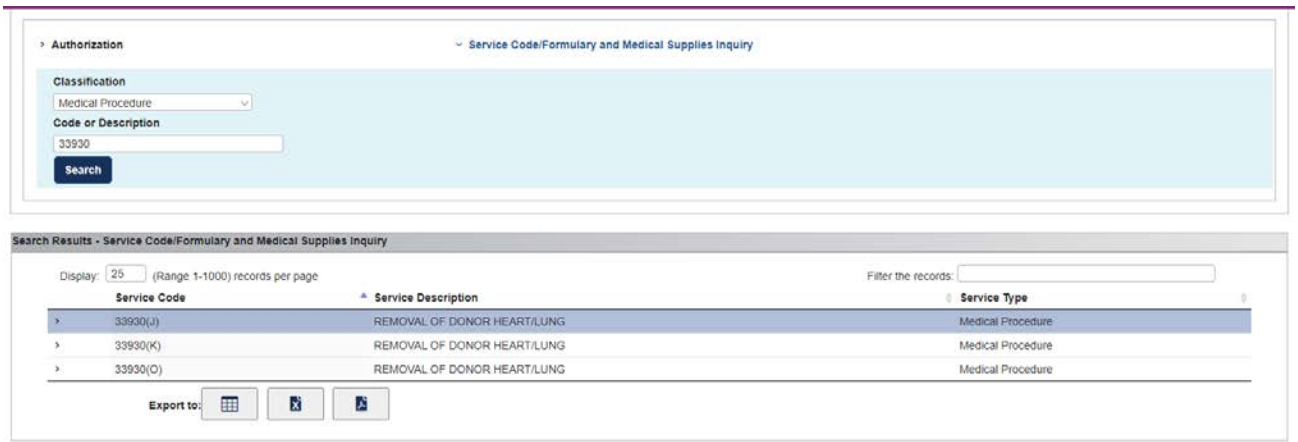


Figure 6-11 Service Code/Formulary and Medical Supplies Inquiry-Search results

Search result details will display as a list of Service Code/Formulary and Medical Supplies based on information inputted within the Code or Description field. The caret next to the service code should be expanded to view the service code details.

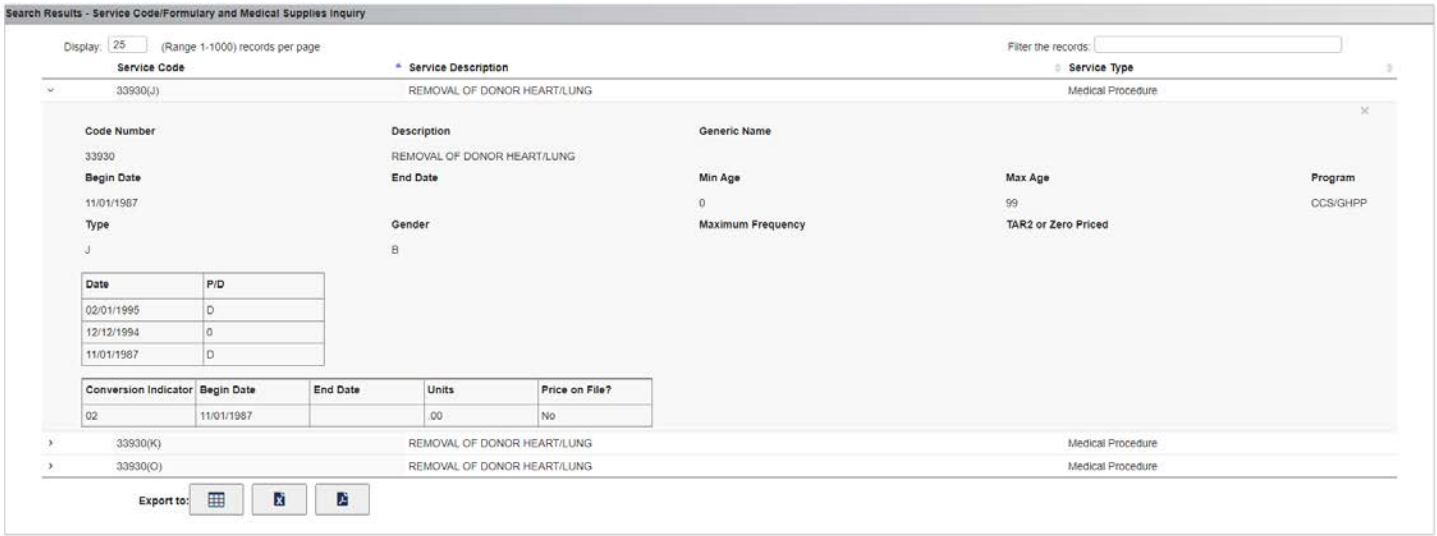


Figure 6-14 Service Code/Formulary and Medical Supplies Inquiry- Service code details

Procedure Type -The type associated with the Medical Procedure

Type	Procedure Type description
E	Local Educational Agency
F	EAPC
G	AIDS Waiver
I	Injection
J	Anesthesia
K	Primary Surgery
L	Radiology
M	Pathology and Clinical Laboratory
N	Medicine
O	Assistant Surgeon
P	Podiatrist
Q	Psychology Services for Mental Health Expansion
T	EPSDT
1	Allied Health and other programs
3	Vision Care

Pend/Deny Indicator- Indicates whether the procedure should be suspended for manual review or denied as non-covered benefits.

Type	P/D description
O	Default-no suspension or denial is applicable
P	Pend for Medical Review.
S	Suspend if billed amount is over calculated file Price.

D	Deny claim. Not a covered benefit
T	Deny Claim. Obsolete Code
M	Manual review(e.g., not Medical review
R-X	Over Correlation Procedure only
U	The Code will not be subjected to the automated MAX UVS cutback

7 AUTHORIZATION SEARCH RESULTS SECTION

The Authorization Search Results will display after the user navigates to this screen from any of the methods shown in Section 6 (Navigating to Authorization Search Results). Results on this screen will differ based on the method taken to get to this screen.

The columns on the search results reflect the permanent SAR if two SARs are listed together on the same row. A permanent SAR is a SAR that was accepted by CMS Net and has an 11-digit SAR Number instead of a 7-digit SAR ID.

Service Request Search Results

Add SAR

Display: 25 (Range 1-1000) records per page

Filter the records:

SAR Number	Associated SAR Number	Create Date	Request Date	Case Nr/Caseload	Case Status	Client Name	Provider ID	Provider Name/Type	SAR County	Status	Service Begin Date	Service End Date	Review Status	Attachments
97094263020		06/23/2021 3:51 PM	06/23/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1265411979	Stephenson, Jacob T MD Physician	Alpine	Denied	06/23/2021	07/04/2021		
97094262910	9746150 (Processed)	06/22/2021 8:44 PM	06/22/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1073811378	Kaiser Foundation Hospitals Community Hospital - Inpatient	Alpine	Authorized (M)	06/22/2021	07/28/2021		
97094262830		06/22/2021 8:42 PM	06/22/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1205856937	Chin, Craighton MD Physician	Alpine	Denied	06/20/2021	06/30/2021		
97094259780		05/26/2021 2:19 PM	05/26/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR		Fred Flintstone	Alpine	Denied	05/26/2021	06/05/2021		
97094258990	9746148 (Processed) 9745733 (Processed)	05/24/2021 8:18 AM	05/24/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1518167857	Smith, Sarah E Do Physician	Alpine	Authorized (M)	05/24/2021	06/30/2021		
97094259000	9746151 (Processed)	05/24/2021 8:38 AM	05/24/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1528139383	Dohil, Magdalene A MD Physician	Alpine	Authorized (M)	05/24/2021	06/30/2021		
97094258870 9746149	9745732 (Processed) 9745720 (Processed)	05/21/2021 10:06 AM	05/21/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1518167857	Smith, Sarah E Do Physician	Alpine	Authorized (M)	05/21/2021	06/04/2021		
97094258780		05/20/2021 9:18 AM	05/20/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR		Fake Provider-Can only Deny	Alpine	Pending	05/19/2021	05/28/2021		
97094259770		05/26/2021 2:15 PM	05/26/2021	13066330 02Z19	Active	Fake-Client,Fake-Elig-SAR	1750393617	Nakaguchi, Peter M MD Physician	Alpine	Authorized (M)	05/19/2021	06/05/2021		

Export to:

Figure 7-1 Authorization Search Results

Items to note:

- Add SAR button
  - Visible if you have already selected a client. Clicking this button will take you to add a new SAR for the selected client.
- Caret (>)

- Click on this to view the SAR details.

97094262910	9746150 (Processed)	06/22/2021 8:44 PM	06/22/2021	1306633002Z19	Active	Fake-Client,Fake-Elig-SAR	1073811378	Kaiser Foundation Hospitals Community Hospital - Inpatient	Alpine	Authorized	06/22/2021	07/30/2021	

Linked Referral Information

Referral Tracking Number

Provider Information

Service Provider or Organization Name	Identifier	County	Telephone
Kaiser Foundation Hospitals	1073811378	Placer	(222) 222-2222

Address

1600 Eureka Road Roseville,CA 95661

Paneled Non- PMF Provider

Provider Type

Community Hospital - Inpatient

PEDI Associated Organizations

Service Request Information

Service Request Number	Status	Service Begin Date	Service End Date
97094262910	Authorized	06/22/2021	07/30/2021
Request Date	**Number of Days**	**EPSDT**	**State Funded**
06/22/2021	1	N	N
Service Category	**Service Request County**	**CCS Indicator**	**State Approved**
	Alpine	Y	
Funding Category	**PEDI User's Name**	**PEDI User's Phone**	
Treatment	PHOM,MOLLY	(111) 111-1111	

Diagnoses

Diagnosis Code	Description	Diagnosis Type	Priority
W61.69XD	Other contact with duck, subsequent encounter	ICD 10	1
W53.21XD	Bitten by squirrel, subsequent encounter	ICD 10	2

Service Code Information

Service Code	Type	Modifier	Service Description	Alternate Code	Alternate Description	Units	Quantity	Negotiated Price

Special Instruction

FURTHER AUTHORIZATION FOR LENGTH OF STAY IS CONTINGENT UPON RECEIPT OF DISCHARGE SUMMARY.

Figure 7-2 View SAR (1)

Attachments

	Attachment Name	Attachment Report Type Code	AKA	Source / Received Date/Time
›	Attachment - No PHI (Test).pdf (43738 bytes)	Admission Summary		MOLLY'S FAKE PROVIDER DOMAIN / 06/22/2021 8:44 PM
›	Attachment - No PHI (Test2).pdf (44013 bytes)	Admission Summary Discharge Summary		County-User, Am-Fake-Molly / 06/23/2021 10:58 AM
›	IESettings.pdf (406926 bytes)	Physician's Report Orders and Treatments Document Physician Order		MOLLY'S FAKE PROVIDER DOMAIN / 06/24/2021 2:18 PM

Total Attachments : 3 **Total File Size :** 494677 byte

Review Status Information

Review Status	Follow-up Date

Review Status History

Updated Timestamp	Old Review Status	New Review Status	Updated By
06/23/2021 10:56 AM		Intake Team Review	Am-Fake-Molly County-User

Authorization Details

First Authorized Date	Latest Authorized Date	Authorized By	Funding Category
06/23/2021	07/02/2021	Am-Fake-Molly County-User	Treatment

Denial Details

Cancellation Details

Figure 7-3 View SAR (2)

Associated Service Request Information

SAR Number	Status	Service Begin Date	Service End Date
9746150	Processed	06/22/2021	07/30/2021
Provider Identifier	**Provider Name**	**Number of Days**	**Number of Attachments**
1073811378	Kaiser Foundation Hospitals	1	2
Review Status	**Follow-up Date**		

Service Code Information

Attachments

Rejection Details

Other Details

Last Update By	Last Update Date
TBrenda Testing	07/02/2021 2:02 PM
Last Sent Fiscal Intermediary Status	**Last Date Sent To Fiscal Intermediary**
Modified	06/25/2021

Case Notes History

Figure 7-4 View SAR (3)

- SAR Number
  - There will be a hyperlink if you can edit the SAR.
  - Note: If there are two SARs listed on a row you can click, one of them is the Awaiting Review SAR (modification request) from PEDI. Click on the SAR ID (smaller number) to see the modification request.
- Attachments
  - Paperclip icon will be visible if the SAR has an attachment.
- Print Icon
  - Click this icon to Print SAR or correspondence for the SAR. Icon will be grey if there is no SAR or correspondence to print.

8 AUTHORIZATION SECTIONS

8.1 Service Request Maintenance Quick links

Service Request Maintenance Quick links section allows users to navigate to desired section without having to scroll up and down.

Click on the quick link hyperlink name (ex: Service Request Information) to be taken to that section header.

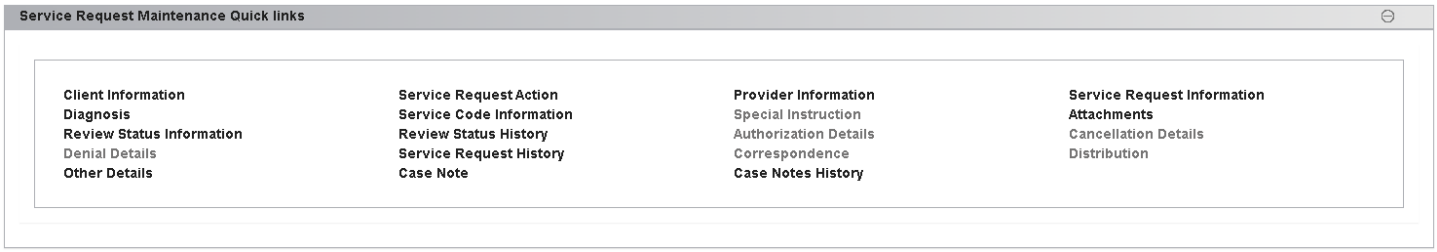


Figure 8-1 Service Request Maintenance Quick links

Note: Certain links are disabled and disabled based on “SAR Status”.

8.2 Client Information

Client Information header for the selected client.

Case Alerts are also in this section. View the Case Alerts Manual for information on how to use Case Alerts.

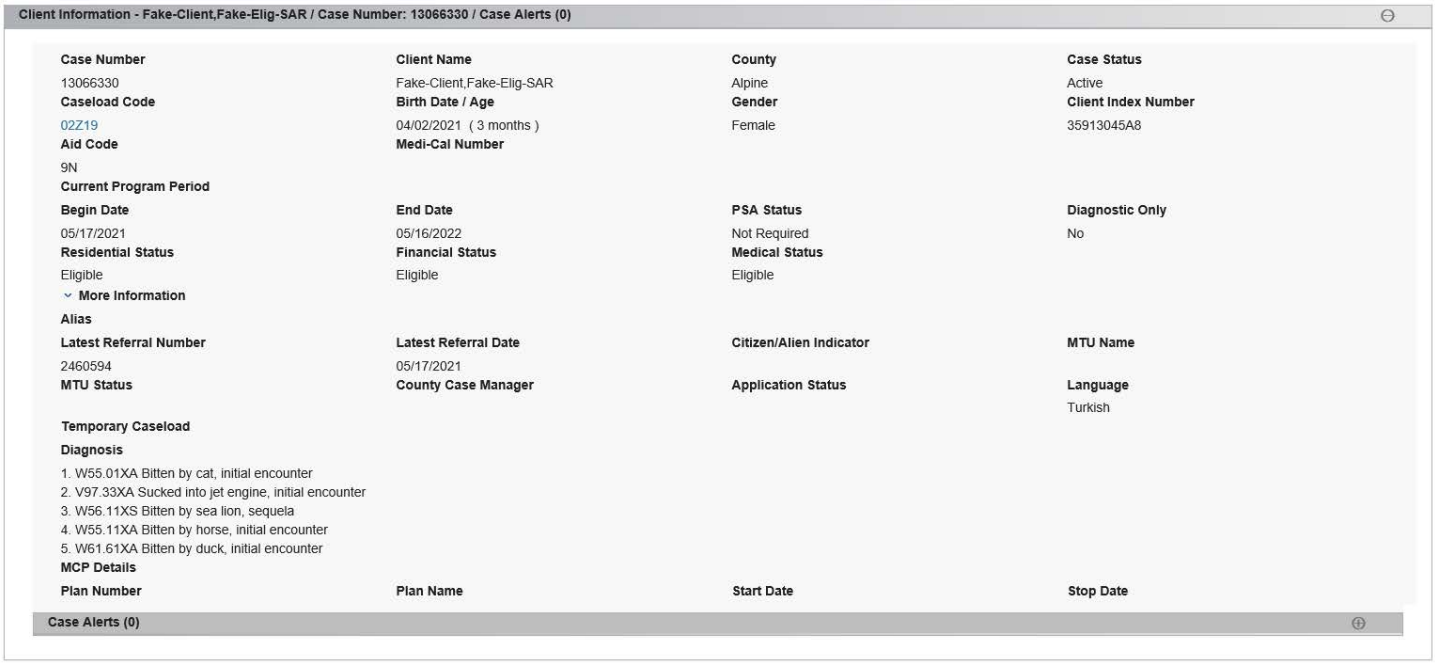


Figure 8-2 Client Information

8.3 Service Request Action

This section is where you change the status of the SAR. Available options will be based on the current SAR Status and the client's case status.

Figure 8-3 Service Request Action

8.3.1 Awaiting Service Review

eSARs from PEDI with Service request action as Awaiting Service Review have not yet been accepted by a CMS Net user. CMS Net users can set Review Status Information, add an Attachment, or add Case Notes to these SARs.

Awaiting Service Review SARs can be changed to:

- Deleted
- Pending
- Request-Approval
- Authorized
- Denied

8.3.2 Deleted

A SAR that was deleted (usually because of input or submission error). Deleted SARs are view only (cannot be modified) once saved.

8.3.2.1 Deleted eSAR

Upon choosing to delete an eSAR, the Rejection Reasons overlay will appear. Select one or more reasons the eSAR is rejected from the Rejection Reason List. Enter comments to the PEDI provider regarding the deletion in the Comments section. Clicking **Continue** will delete the eSAR and take the user back to the Authorization Search Results page. Clicking **Cancel** will not delete the eSAR and the user will remain on the Service Request page for that SAR.

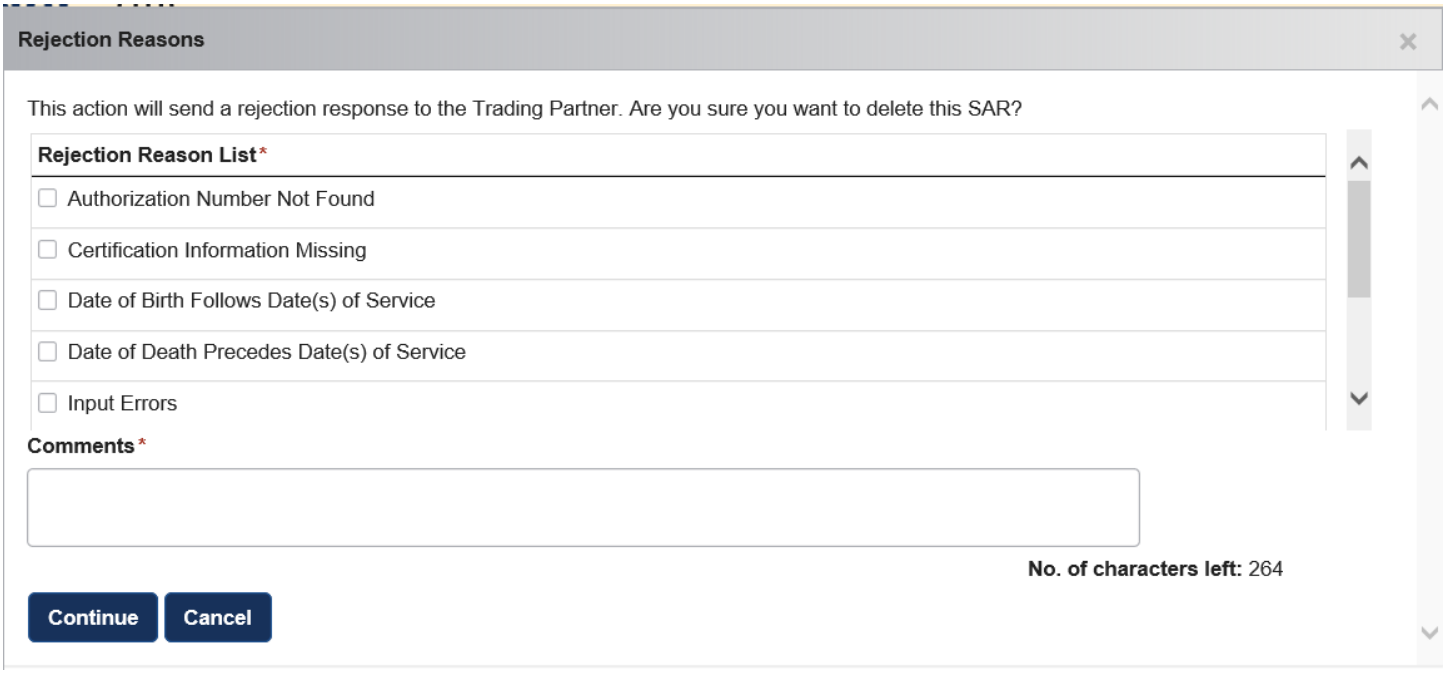


Figure 8-4 Rejection Reasons Overlay

8.3.2.2 Deleted SAR from CMS Net

Upon choosing to delete a SAR, a Confirmation overlay will appear. Clicking **Yes** will delete the SAR and take the user back to the Authorization Search Results page. Clicking **No** will not delete the SAR and the user will remain on the Service Request page for that SAR.

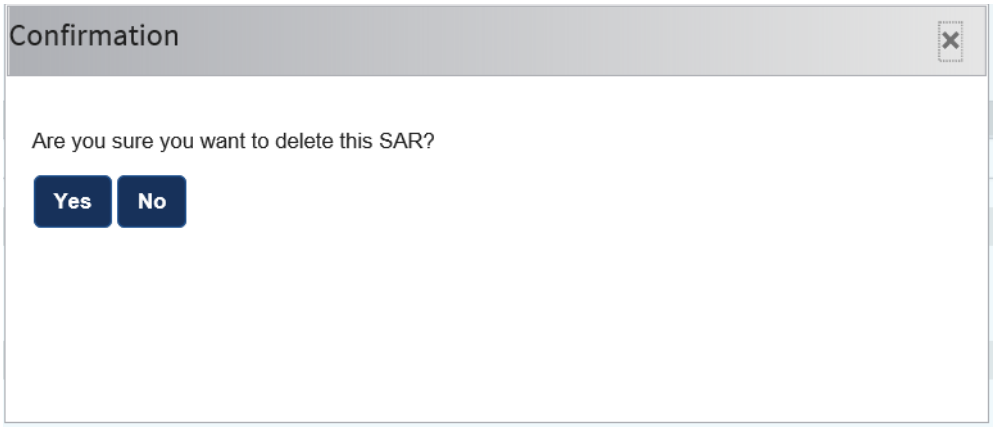


Figure 8-5 Delete Confirmation Overlay

8.3.3 Pending

Pending SARs are SARs that were entered by CMS Net users or eSARs accepted by CMS Net users.

Pending SARs can be changed to:

- Deleted

- Request-Approval
- Authorized
- Denied

8.3.4 Request-Approval

Request Approval is an EPSDT SAR requiring State Approval. Client coverage should be Full Scope Medi-Cal with no Share of Cost. The EPSDT checkbox must be checked under the Service Request Information section. Under the Service Request Information section the Service Category must under be one of the following options:

- Cochlear Implant Evaluation
- Cochlear Implant Surgery and/or Follow-up Services
- Diaphragmatic Pacer
- Eye Prostheses which include Part of the Face
- Investigational Non-FDA Approved Drugs
- Medical Foods
- Medical Nutrition Therapy for Ketogenic Diet
- Miscellaneous Non-Benefit Items
- New Treatment Modalities and Interventions
- Non-Benefit DME
- Other Audiology Surgically Implanted Devices
- Weight Management Program

Request-Approval SARs can be changed to:

- Deleted
- Approved-Y
- Approved-N
- Authorized
- Denied

8.3.5 Authorized

A SAR that was Authorized. Authorized SARs are sent to the Fiscal Intermediary and can be utilized by provider(s) to bill. The Authorization Details section must be completed to authorize the SAR.

Authorized SARs can be changed to:

- Cancelled

8.3.6 Denied

A SAR that was denied. Denied SARs are view only (cannot be modified) once saved. The Denial Details section must be completed to deny the SAR.

8.3.7 Cancelled

A SAR that was cancelled. Cancelled SARs are able to be billed against through the cancellation Effective Date. The Cancellation Details section must be completed to cancel the SAR.

Cancelled SARs can be changed to:

- Authorized

8.3.8 Approved-Y

Set by ISCD. This is an EPSDT SAR that was reviewed and approved to be authorized.

ISCD sets this field by changing the State Approved radio button to **Yes** under the Service Request Information section.

Approved-Y SARs can be changed to:

- Deleted
- Request-Approval
- Approved-N
- Authorized
- Denied

8.3.9 Approved-N

Set by ISCD. This is an EPSDT SAR that was reviewed and not approved to be authorized. ISCD sets this field by changing the State Approved radio button to **No** under the Service Request Information section.

Approved-N SARs can be changed to:

- Deleted
- Request-Approval
- Approved-Y
- Authorized
- Denied

8.3.10 Changing the Service Request Action field

If the Service Request Action field is changed and then changed again without saving the SAR (example: accidentally selecting the wrong status), the system will ask you to confirm the change.

Clicking **Continue** will remove unsaved changes on the SAR and change the SAR Service Request Action to the new SAR Status. Clicking **Cancel** will not change the SAR Service Request Action and will keep any unsaved changes on the screen.

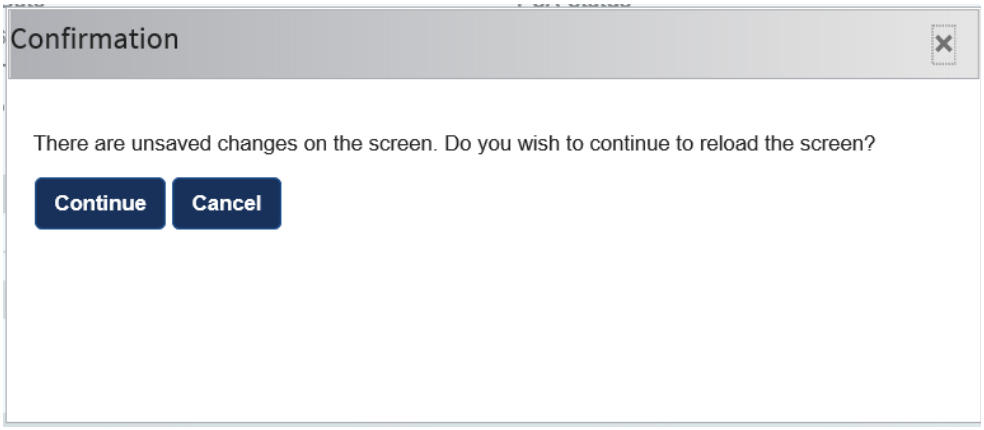


Figure 8-6 Service Request Action Confirmation

8.4 Provider Information

The Provider Information Section is where users enter the provider for the SAR. Users can enter this information while entering a SAR and when the SAR Service Request Action is Pending, Request-Approval, Approved-Y, and Approved-N.

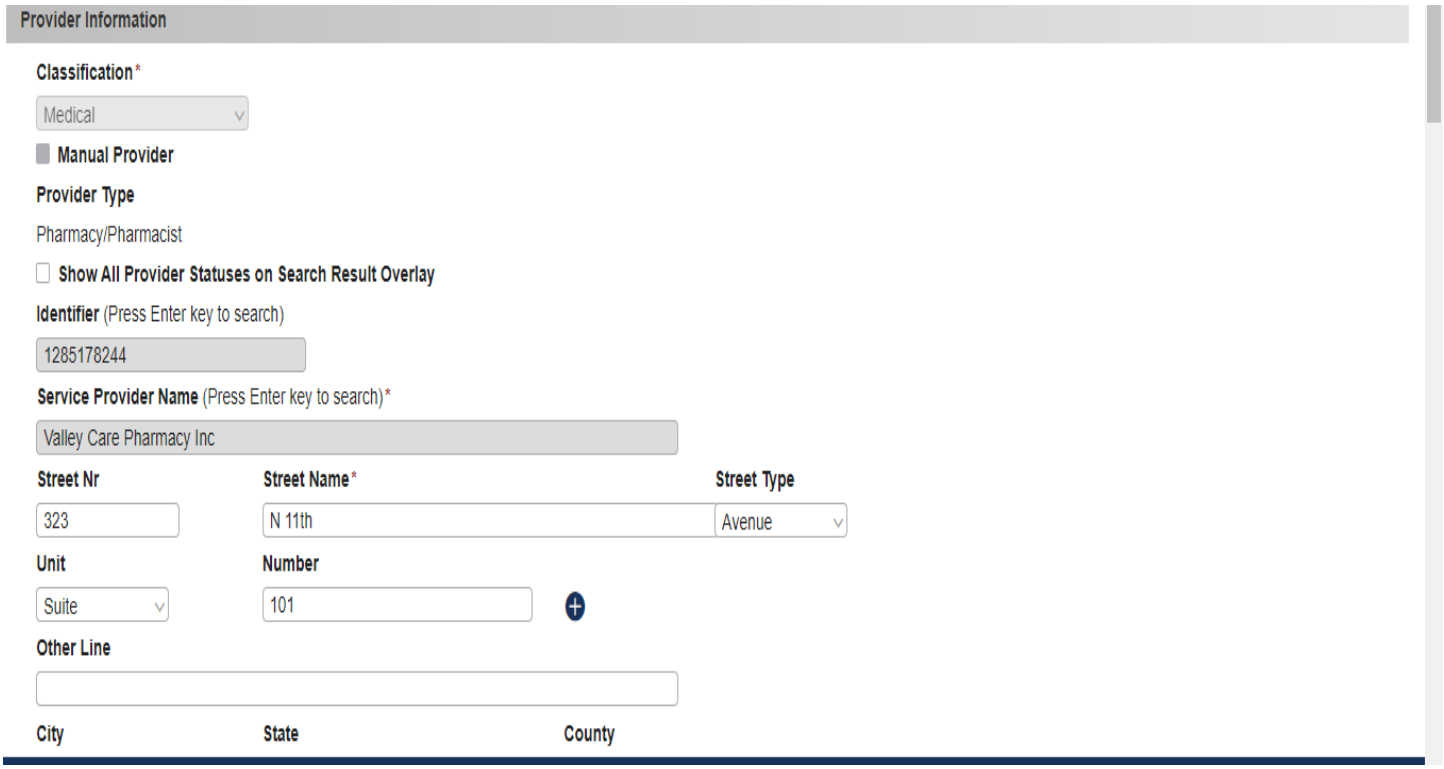


Figure 8-7 Provider Information

Use the Classification drop down to select if the provider is a Medical, Dental, or SCC provider. Classification drop down can only be changed when initially entering the SAR.

Check the Manual Provider checkbox if you wish to manually enter the Provider Information fields.

Check the Show All Provider Status on Search Result Overlay if you wish to take action on an authorized or pending SAR. The Provider Overlay will appear with all of the matches (Active and Inactive statuses). Click the caret (v) to view begin and end dates for the provider. If the provider was active and the begin/end dates are valid during the period of the authorization, the system will allow the user to authorize or pend the SAR.

Search for a SCC, Dental PMF, or Medical PMF provider by the Identifier or Service Provider Name. Pressing enter will automatically enter the provider if there is a 1:1 match. The Provider Overlay will appear if there is more than one match. Click the Hyperlink name of the provider to add the provider to the SAR.

	Name / Address	Identifier	Type	Paneled / Approved	Specialty / Sub-Specialty	County	Paneling Effective Date	Paneling Termination Date	✖
›	Children's Hospital Los Angeles CCS Patient Authorization 4650 Sunset Boulevard MS 61 Los Angeles,CA 90027	7.09.03B	Endocrine Center	Approved		Los Angeles			
›	Choc Children's Main Campus-Orange Endocrine Center 1201 W La Veta Avenue Orange,CA 92868	7.09.04B	Endocrine Center	Approved		Orange			
›	Choc Children's Main Campus-Orange CCS Authorizations 1201 W La Veta Avenue Orange,CA 92868-3835	7.09A.2	Endocrine/Metabolic (PKU) Center	Approved		Orange			

Figure 8-8 Provider Search Results Overlay

Click the code hyperlink for the provider you would like to add to the SAR. The overlay will automatically close once you choose the provider.

Click the caret (>) next to PEDI Associated Organizations to see all organizations in PEDI that have access to SARs for this provider.

Search for a Paneled Non-PMF Provider using the Paneled Non-PMF Provider field. Typing the Non-PMF Provider's name and pressing enter will automatically enter the provider if there is a 1:1 match. The Provider Overlay will appear if there is more than one match. Click the Hyperlink name of the provider to add the provider to the SAR. Note: This is an informational field and is not sent to Medi-Cal or Denti-Cal. You must also enter a primary (PMF or manually entered) provider/facility on the SAR in order to use the Paneled Non-PMF Provider field.

8.5 Service Request Information

The Service Request Information section contains the SAR service dates, the number of days for the SAR, EPSDT-specific fields, the State Funded checkbox, and the SAR County.

The Urgent checkbox flags the SAR as an authorization for urgent review. PEDI providers and CMS Net users can check and uncheck this box on an Awaiting Service Review or Pending SAR. Urgent SARs appear as a section on the CMS Net home page under the Authorization widget and also under the Review Status column on all SAR search results.

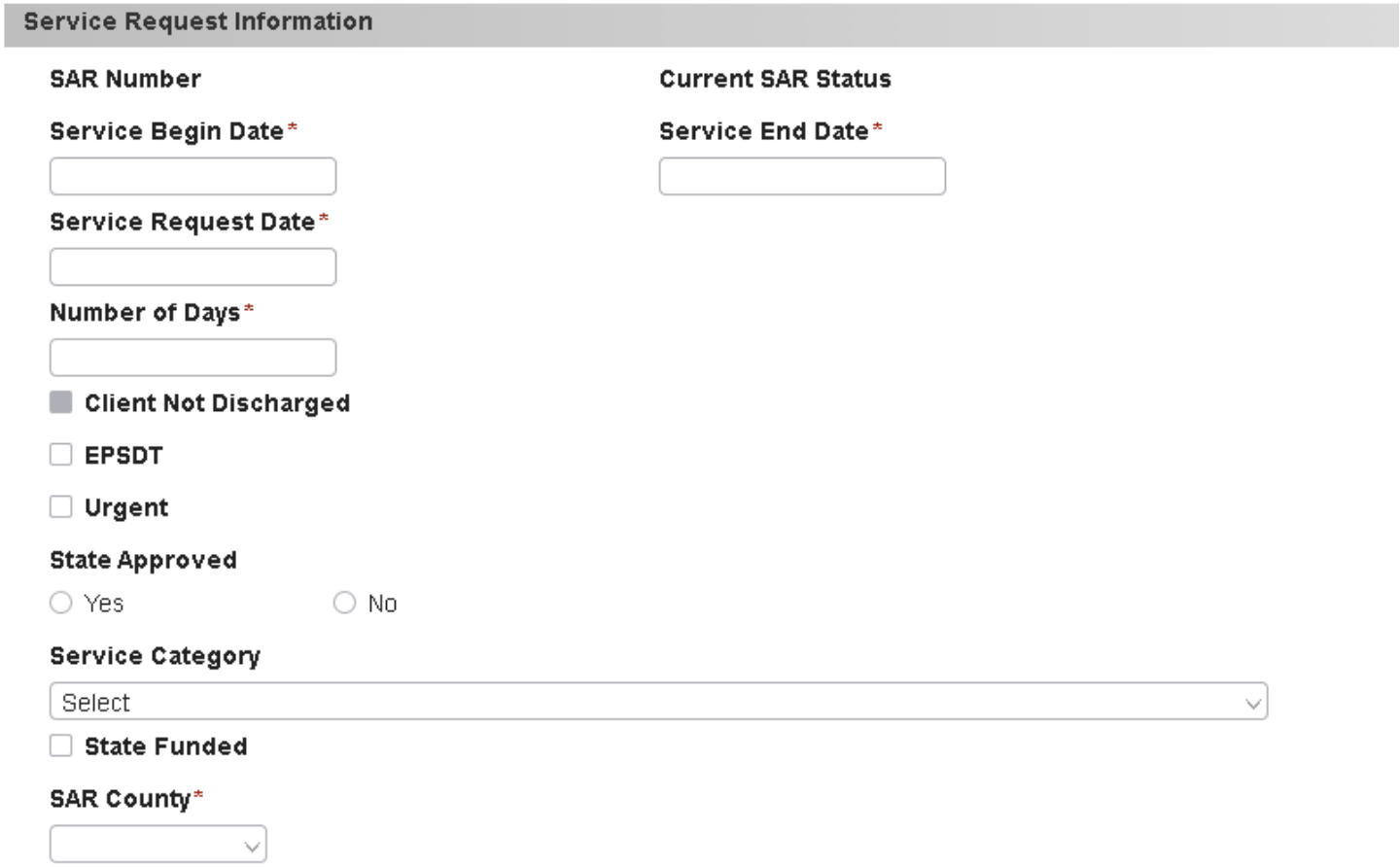


Figure 8-9 Service Request Information

8.6 Diagnosis

This Diagnosis section is a list of diagnosis codes currently assigned to the SAR. The SAR populates all diagnoses for the client by default when creating the SAR in CMS Net. You may add or delete a diagnosis or change the diagnosis priority as needed.

The section contains a search field and a list for displaying the client diagnoses.

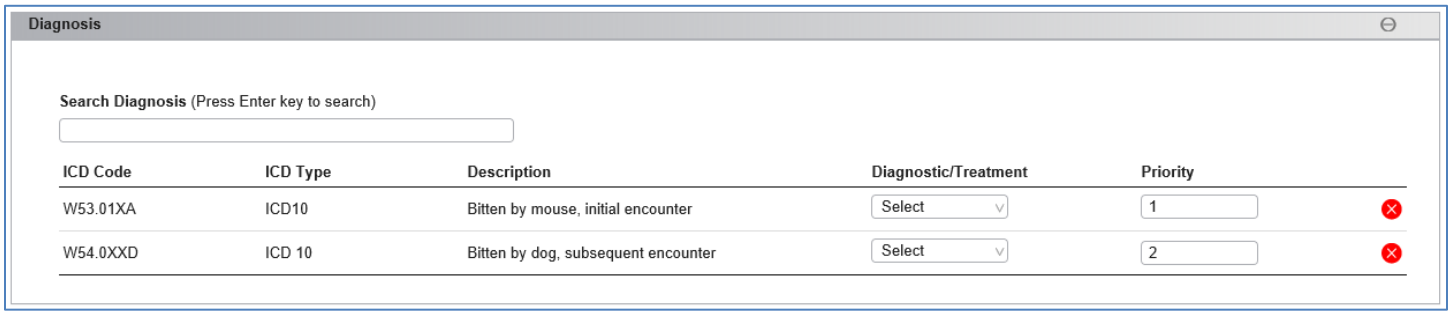


Figure 8-10 Diagnosis Section

- Search Diagnosis field

- This is a text field.
- Upon entry and pressing “Enter” key, search is performed to retrieve the diagnosis information. When a direct match is found, the value is appended in the list with the resulting information. When there are multiple matches, an inline overlay is presented to display the diagnosis information and upon selection, the list is appended with the selected diagnosis entry.

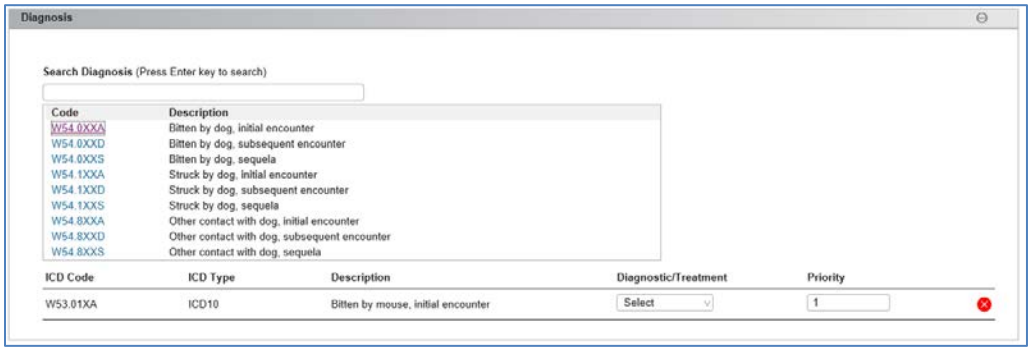


Figure 8-11 Diagnosis Search Result

- Diagnosis may be searched by code or description.
- Duplicate entries are not allowed and restricted while adding or selecting the codes.
- Any new entry is added to the bottom of the table with the next priority in the list.

- Diagnosis List
  - The diagnosis list contains the following fields:
    - ICD Code
      - Diagnosis code that identifies client's condition.
    - ICD Type
    - Description
      - Description of diagnosis code that identifies client's condition.
    - Diagnostic/Treatment
      - This is an optional drop down using the select control.
      - The two dropdown values are hardcoded as "Diagnostic" and "Treatment".
      - Indicates if corresponding diagnosis code is approved for Diagnostic only or Treatment.
    - Priority
      - This is a required text field.
      - The maximum characters length is three.
      - User may not enter the same priority twice. Value must be unique.
      - Only real numbers may be used.
      - When the priority value is changed, the list is resorted based on the priority value in ascending order. The values are reset to start from 1 (top to bottom).
    - Remove icon
      - Click the X icon to remove diagnosis from list.
      - When row is removed, the list is resorted based on the priority value in ascending order.

8.7 Service Code Information

Enter the service codes for the client in this section.

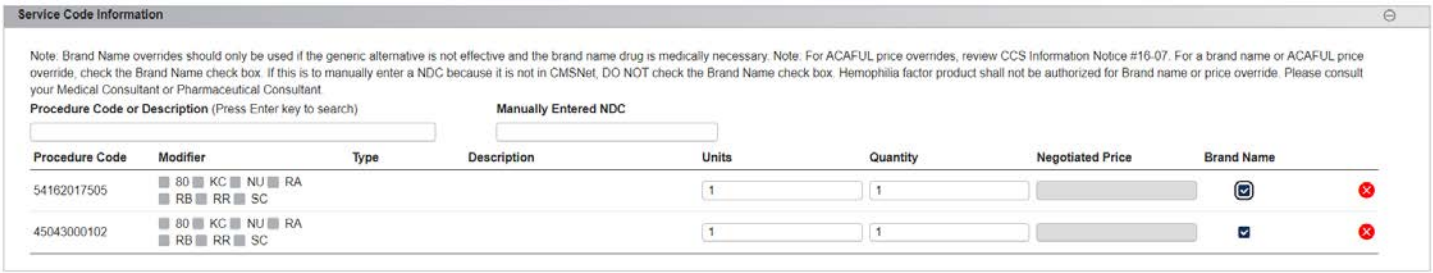


Figure 8-12 Service Code Information Section

Type the code or description in the Procedure Code or Description and press the enter key to search for the code. Pressing enter will automatically enter the code if there is a 1:1 match. The Service Code Overlay will appear if there is more than one match.

Click the caret (>) next to the code to see the details for that code, including code begin and end dates and Pend/Deny indicators for the code.

Service code	Service Description	Service Type
34401 (J)	REMOVAL OF VEIN CLOT	Medical Procedure

Code Number	Description	Generic Name		
34401	REMOVAL OF VEIN CLOT			
Begin Date	**End Date**	**Min Age**	**Max Age**	**Program**
11/01/1987		0	99	CCS/GHPP
Type	**Gender**	**Maximum Frequency**	**TAR2 or Zero Priced**	
J	B			

Date	P/D
05/01/1998	T
06/01/1994	U
11/01/1987	U

Conversion Indicator	Begin Date	End Date	Units	Price on File?
02	08/01/1999		3.00	Yes
02	10/01/1992	07/31/1999	3.00	Yes
02	11/01/1987	09/30/1992	3.00	Yes

34401 (K)	REMOVAL OF VEIN CLOT	Medical Procedure
34401 (O)	REMOVAL OF VEIN CLOT	Medical Procedure
34421 (J)	REMOVAL OF VEIN CLOT	Medical Procedure

Figure 8-13 Service Code Information Overlay

Click the code hyperlink for all codes you would like to add to the SAR, and then click the X on the upper right corner to close the overlay.

Add modifiers, units, quantity, and negotiated price for the code. Click the red X icon to the right of the code if you would like to remove the code.

Manually Entered NDC field is enabled for Users with SAR override. Users may manually enter a NDC that is not in CMSNet.

Users may choose if manually entered NDC(s) has a brand/price override by checking the “Brand Name” checkbox. Checking the box will make the SAR end in a “1”.

Note: Brand Name overrides should only be used if the generic alternative is not effective and the brand name drug is medically necessary.

8.8 Special Instruction

SAR Special Instructions are notes to the provider to assist them when providing the services on a SAR to a CCS or GHPP client. Special instructions automatically populate based on the provider selected in Provider Information.

Special Instruction

Search Special Instruction Text/Category (Press Enter key to search. Input '*' to search for all instructions.)

Special Instruction Text

IN ORDER FOR THIS PROGRAM TO AUTHORIZE SERVICES TIMELY, PLEASE SEND FINDINGS, RECOMMENDATIONS, TREATMENT PLAN AND PROGRESS REPORTS AT LEAST EVERY 6 MONTHS TO A YEAR.

SAR INCLUDES COVERAGE FOR PRESCRIBED MEDICATION TO TREAT OR AMELIORATE A CCS MEDICALLY ELIGIBLE CONDITION, EXCEPT THOSE RESTRICTED BY THE CCS PROGRAM.

WHEN BILLING FOR EMERGENCY SERVICES, PROVIDERS MUST INDICATE EMERGENCY TREATMENT ON THE CLAIM AND SUBMIT A STATEMENT THAT DESCRIBES THE NATURE OF THE EMERGENCY, INCLUDING RELEVANT CLINICAL INFORMATION ABOUT THE PATIENT'S CONDITION AND WHY THE EMERGENCY SERVICES RENDERED WERE CONSIDERED TO BE IMMEDIATELY NECESSARY. IT MUST BE COMPREHENSIVE ENOUGH TO SUPPORT A FINDING THAT AN EMERGENCY EXISTED. THE STATEMENT MUST BE SIGNED BY THE PROVIDER. A MERE STATEMENT THAT AN EMERGENCY EXISTED IS NOT SUFFICIENT. REFER TO THE CLAIM COMPLETION SECTION OF THE APPROPRIATE MEDI-CAL MANUAL FOR SPECIFIC CLAIM FORM INSTRUCTIONS.

No. of characters left: 14063

Figure 8-14 Special Instructions Section

Use the Search Special Instruction Text/Category to add a prepared special instruction to the SAR. Search by a key word in the special instruction or use * to view all special instructions. Press Enter to search the special instructions. Pressing enter will automatically enter the special instruction if there is a 1:1 match. The Special Instructions Overlay will appear if there is more than one match.

Category	Long Description
COHS	Partnership Health Plan; Carve-In Counties Marin, Solano, Napa and Yolo. For clients enrolled in Medi-Cal Managed Care - (Have full scope Medi-Cal or have met their Medi-Cal share of Cost on the date of service); please bill Partnership Health Plan of California (PHC) electronically or send claims to Partnership Health Plan at PO Box 1368, Suisun City, CA 94585-1368.
COHS	San Mateo: For clients participating in the Health Plan of San Mateo who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service; please send paper claims to the CCS office: CCS San Mateo County,701 Gateway Blvd, Suite 400, South San Francisco, CA 94080.Send authorized claims to Medi-Cal/ACS for processing.
COHS	Santa Barbara Health Inititative: For clients participating in the Santa Barbara Health Initiative Medi-Cal, who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service; please send claims to Santa Barbara Regional Health Authority, PO Box 37649, Phoenix, AZ 85069-7649. Send authorized claims to Medi-Cal/ACS for processing.
COHS	CenCal HEALTH: For clients participating in CenCal HEALTH Medi-Cal, who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service, please send claims to: CenCal HEALTH, PO Box 1818, BellFlower, CA 90707-1818. Send authorized claims to Medi-Cal/ACS for processing.
COHS	Sonoma County CCS is carved out of Partnership Health Plan of California. Please send claims directly to Medi-Cal/ACS.

Figure 8-15 Special Instructions Overlay

Click the Category hyperlink for all special instructions you would like to add to the SAR, and then click the X on the upper right corner to close the overlay.

Users can also free text enter special instructions to the provider or edit any special instruction text already on the SAR. Maximum characters for special instructions: 15,000.

8.9 Attachments

Expand the Attachments section to view all attachments for the SAR.

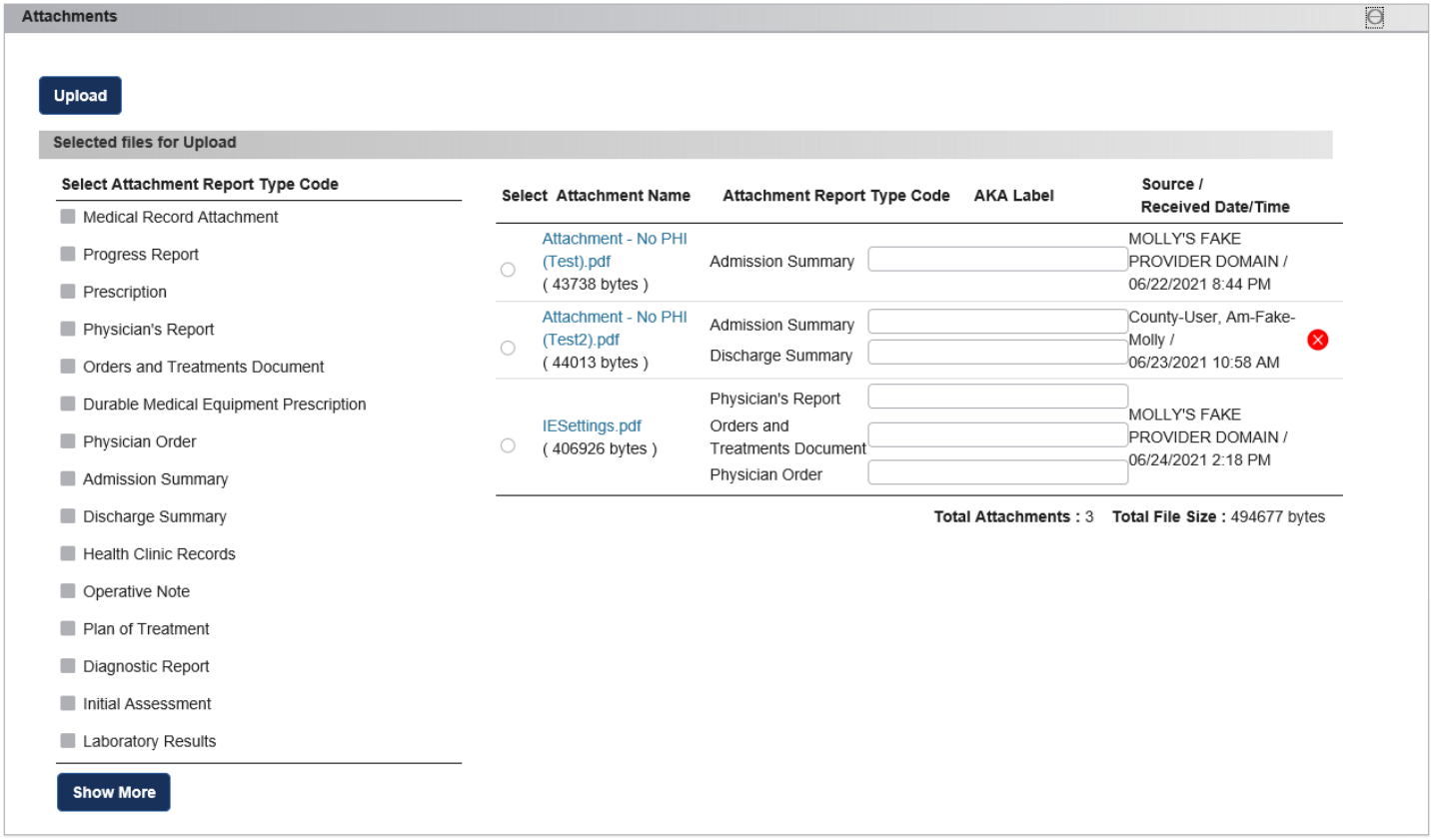


Figure 8-16 Attachments Section

Click the **Upload** button to add an attachment.

Note: Only PDF, JPG, and TIF/TIFF files can be uploaded. Each individual attachment may not exceed 15 MB in file size, 150MB combined file size for all attachments per SAR.

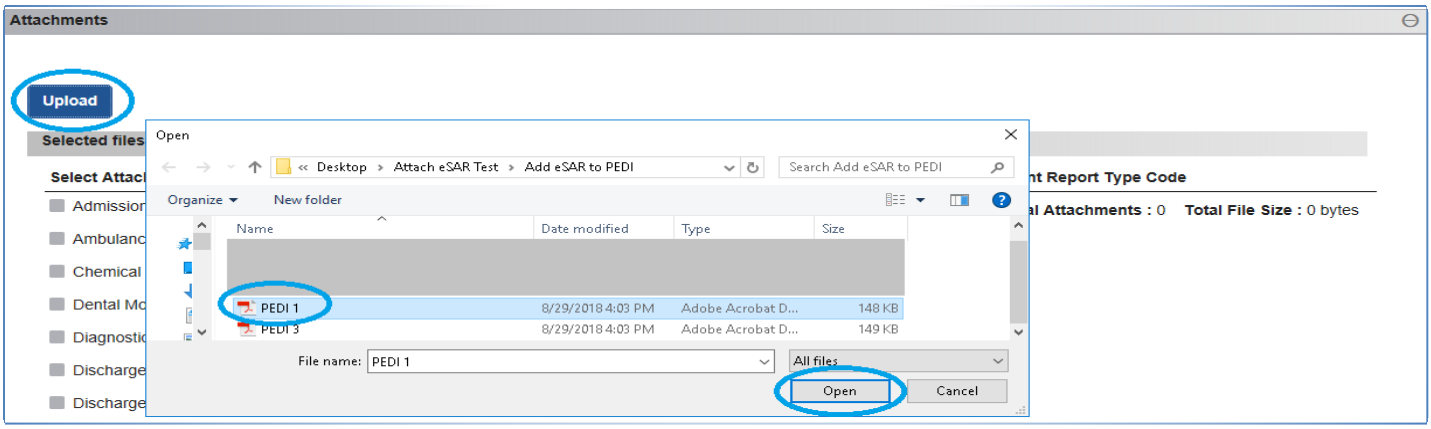


Figure 8-17 Upload Attachment

Once an attachment is selected, it appears on the right side of the Attachments section.

The attachment is auto selected upon appearing on the screen for you to add the attachment report type.

Select Attachment Report Type Code: select the attachment report type(s) that apply to the attachment. Click **Show More** button to see all attachment report types.

The report type selected appears on the attachment. Uncheck the report type to remove it from the attachment when added in error.

Click the red X icon to remove the attachment. Note: CMS Net users cannot remove PEDI attachments.

8.9.1 Attachments – Reviewed Checkbox

Expand the Attachments section to view all attachments for the SAR.

The Attachments section has a columned called: Reviewed.

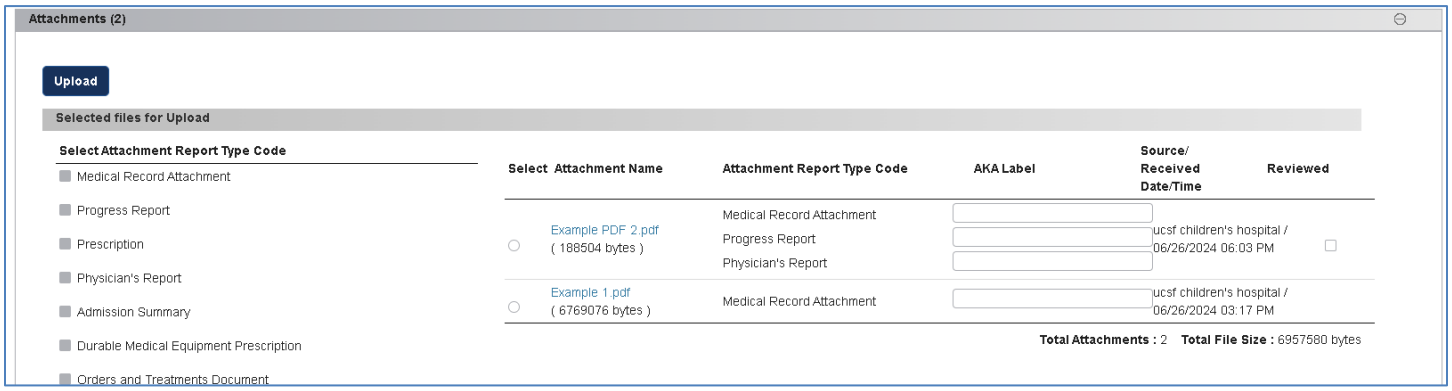


Figure 8-18 Attachments Section with Reviewed Checkbox

The "Reviewed" checkbox is enabled on the SAR when an attachment is added from PEDI application for either an Awaiting Service Review or Permanent SAR after the [Last Update Date] on the SAR. In addition, the new attachment flag is set on the [All New Attachments] and/or [My New Attachments] based on user's caseload.

The "Reviewed" check box is removed when CMSNet user checks the "Reviewed" check box of the attachment uploaded by PEDI eSAR user via the View SAR Detail and Service Request page. Checkbox disappears after the checkbox is checked and page is saved successfully.

- SAR in Pending, Pending-Approval, Authorized, or Awaiting Service Review: CMS Net user shall manually check the "Reviewed" checkbox and save page to remove review flag on "each" attachment.

- SAR in Deleted, Denied, or Cancelled: the flag is auto-removed upon successful saving of page when the SAR is deleted, denied or cancelled.

8.10 Review Status Information

View the current review status of the SAR or set the review status. This field is used by counties and the State for SAR routing. The Follow-up date is optional.

Figure 8-19 Review Status Information

8.11 Review Status History

View the review status history for the SAR.

Figure 8-20 Review Status History

8.12 Authorization Details

Enter/view the Authorization details for the SAR.

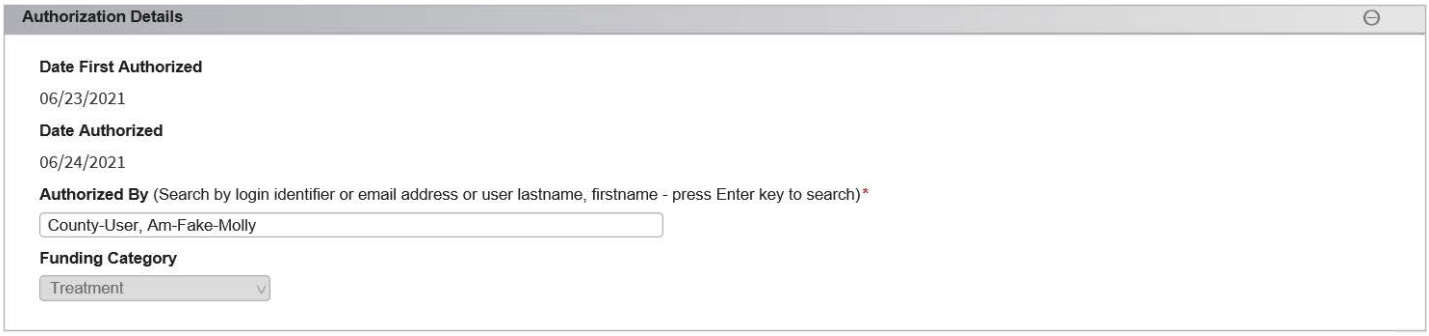


Figure 8-21 Authorization Details Section

Authorized By and Funding Category are required to authorize the SAR and enabled when the Service Request Action changes to Authorized.

Authorized By is defaulted to the logged in user. If the SAR is authorized by a different person, remove the name, type the correct name, and then press Enter to search for another CMS Net user.

8.13 Cancellation Details

Enter/view the Cancellation Details for the SAR.

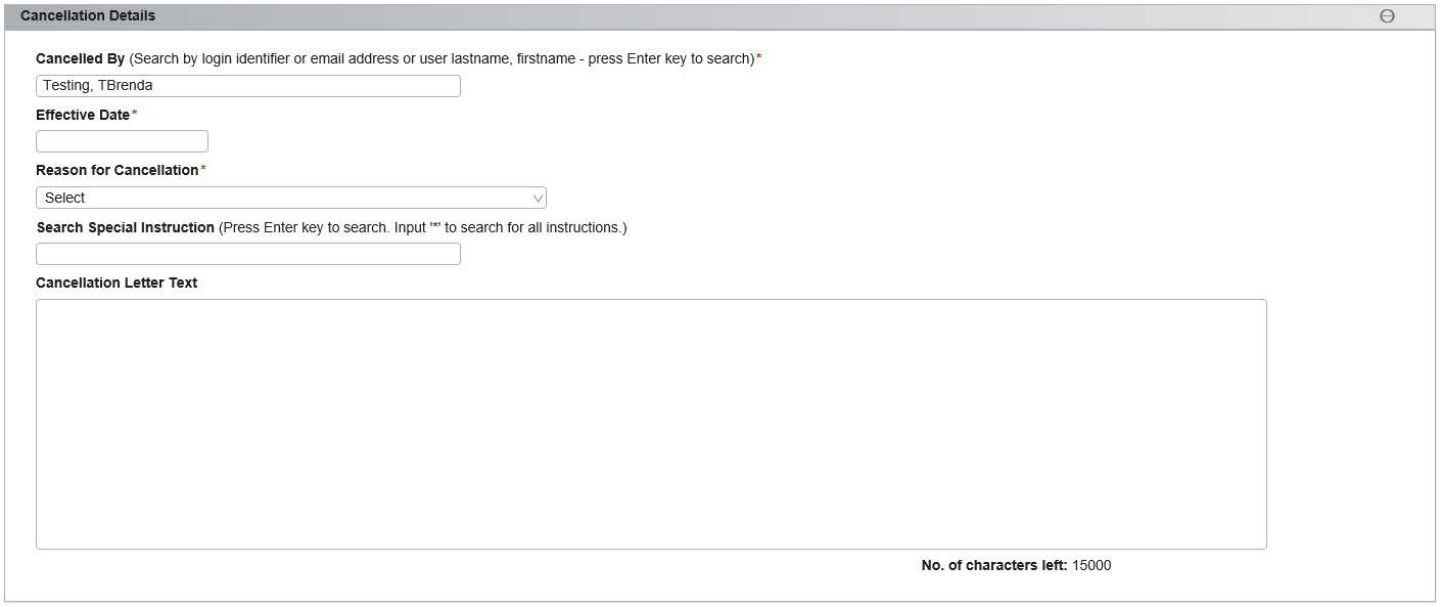


Figure 8-22 Cancellation Details Section

Cancelled By, Effective Date, and Reason for Cancellation are required to cancel the SAR and enabled when the Service Request Action changes to Cancelled.

Cancelled By is defaulted to the logged in user. If the SAR is cancelled by a different person, remove the name, type the correct name, and then press Enter to search for another CMS Net user.

Use the Search Special Instruction to add a prepared special instruction to the Cancellation Letter Text. Search by a key word in the special instruction or use * to view all special instructions. Press Enter to search the special instructions. Pressing enter will automatically enter the special instruction if there is a 1:1 match to the Cancellation Letter Text box. The Special Instructions Overlay will appear if there is more than one match.

Category	Long Description
Cardiology	NON-EPSDT-SS SAR approval for Z5999 for the Melody Transcatheter Pulmonary Valve and Delivery System implanted by {INSERT DOCTOR'S NAME HERE}. For this 'By-Report' Z5999 code, the provider must submit and attach the following items: a. Claim (CMS 1500 or current accepted form). b. A copy of the CCS authorization. c. Invoices related to the Melody Valve and Delivery System (for which there are currently no payable codes). d. Invoice COST of the devices must be on the invoice. The claim and invoices for the Melody Valve and Delivery System must be submitted directly to: Kimie Kagawa, M.D. California Department of Health Care Services Systems of Care Division; Children s Medical Services 1515 K Street, Suite 400; Sacramento, CA 95814-4040 Note to the Provider: Do not submit other procedure codes on the claim. They will be deleted.
Cardiology	EPSDT-SS SAR approval for miscellaneous code Z5999 for the Melody Transcatheter Pulmonary Valve and Delivery System implanted by {INSERT AUTHORIZED PHYSICIAN NAME}. For this 'By-Report' Z5999 code, the provider must submit and attach the following items for reimbursement: (1) Original claim (CMS 1500); (2) A copy of the CCS service authorization request; (3) Copies of invoices related to the Melody Valve and Delivery System (for which there are currently no payable codes); and (4) Invoice cost of the devices must be on the invoice. Note: the original claim and items 1 through 4 above invoices for the Melody Valve and Delivery system must be submitted directly to: California Department of Health Care Services, Systems of Care Division; CCS Operations Section, 1515 K Street, Suite 400; Sacramento, CA 95814: Do not submit other procedure codes on the claim as the fiscal intermediary will not be able to process for reimbursement. All other procedure codes should follow the guidelines in the Medi-Cal procedure manual.
COHS	Partnership Health Plan; Carve-In Counties Marin, Solano, Napa and Yolo. For clients enrolled in Medi-Cal Managed Care - (Have full scope Medi-Cal or have met their Medi-Cal share of Cost on the date of service); please bill Partnership Health Plan of California (PHC) electronically or send claims to Partnership Health Plan at PO Box 1368, Suisun City, CA 94585-1368.

Figure 8-23 Cancellation Special Instruction Overlay

Click the Category hyperlink for all special instructions you would like to add to the SAR, and then click the X on the upper right corner to close the overlay.

Cancellation Letter Text:

- Maximum characters for Cancellation Letter Text: 15,000.
- Special Instructions populates to text box.
- User may enter free text comment.
- **Note:** Once SAR is cancelled, if necessary, user may edit the “Cancellation Letter Text” comment via the CMS Net Legacy – Correspondence module by reissuing the letter.

8.14 Denial Details

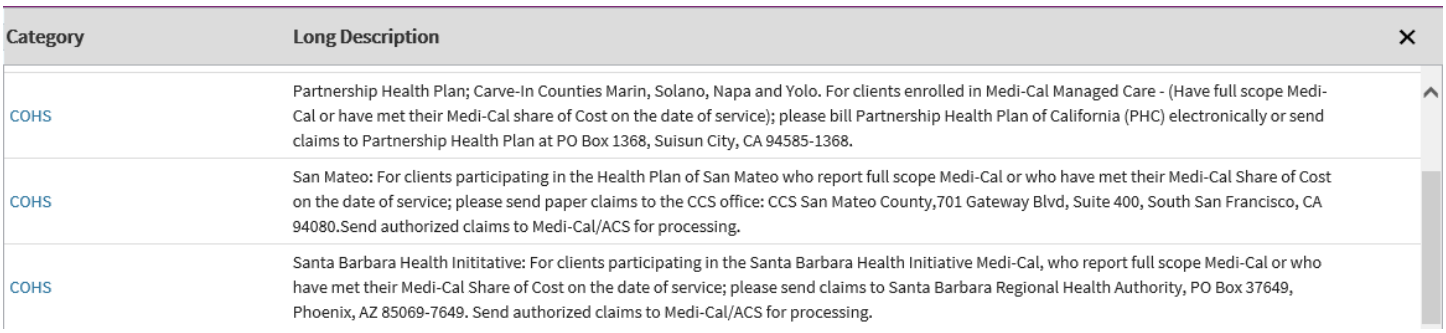
Enter/view the Denial Details for the SAR.

Figure 8-24 Denial Details Section

Denied By, Effective Date, and Reason for Denial are required to deny the SAR and enabled when the Service Request Action changes to Denied.

Denied By is defaulted to the logged in user. If the SAR is denied by a different person, remove the name, type the correct name, and then press Enter to search for another CMS Net user.

Use the Search Special Instruction to add a prepared special instruction to the Denial Letter Text. Search by a key word in the special instruction or use * to view all special instructions. Press Enter to search the special instructions. Pressing enter will automatically enter the special instruction if there is a 1:1 match. The Special Instructions Overlay will appear if there is more than one match.



Category	Long Description
COHS	Partnership Health Plan; Carve-In Counties Marin, Solano, Napa and Yolo. For clients enrolled in Medi-Cal Managed Care - (Have full scope Medi-Cal or have met their Medi-Cal share of Cost on the date of service); please bill Partnership Health Plan of California (PHC) electronically or send claims to Partnership Health Plan at PO Box 1368, Suisun City, CA 94585-1368.
COHS	San Mateo: For clients participating in the Health Plan of San Mateo who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service; please send paper claims to the CCS office: CCS San Mateo County,701 Gateway Blvd, Suite 400, South San Francisco, CA 94080.Send authorized claims to Medi-Cal/ACS for processing.
COHS	Santa Barbara Health Inititative: For clients participating in the Santa Barbara Health Initiative Medi-Cal, who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service; please send claims to Santa Barbara Regional Health Authority, PO Box 37649, Phoenix, AZ 85069-7649. Send authorized claims to Medi-Cal/ACS for processing.

Figure 8-25 Denial Special Instruction Overlay

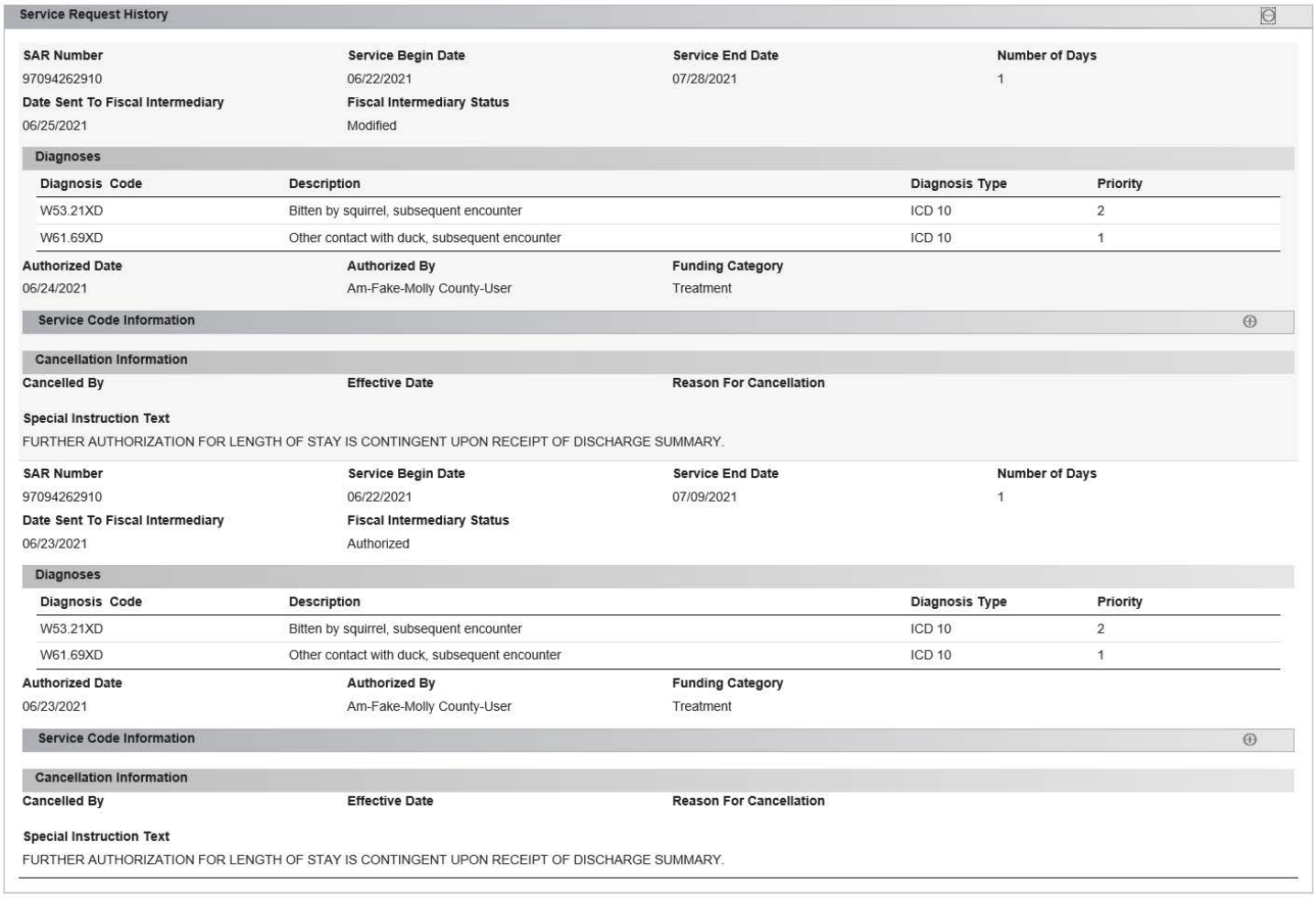
Click the Category hyperlink for all special instructions you would like to add to the SAR, and then click the X on the upper right corner to close the overlay.

Denial Letter Text:

- Maximum characters for Cancellation Letter Text: 15,000.
- Special Instructions populates to text box.
- User may enter free text comment.
- **Note:** Once SAR is denied, if necessary, user may edit the “Denial Letter Text” comment via the CMS Net Legacy – Correspondence module by reissuing the letter.

8.15 Service Request History

View-only history of the SAR, including when the SAR was sent to the fiscal intermediary.



Service Request History

SAR Number	Service Begin Date	Service End Date	Number of Days
97094262910	06/22/2021	07/28/2021	1

Date Sent To Fiscal Intermediary	Fiscal Intermediary Status
06/25/2021	Modified

Diagnoses

Diagnosis Code	Description	Diagnosis Type	Priority
W53.21XD	Bitten by squirrel, subsequent encounter	ICD 10	2
W61.69XD	Other contact with duck, subsequent encounter	ICD 10	1

Authorized Date	Authorized By	Funding Category
06/24/2021	Am-Fake-Molly County-User	Treatment

Service Code Information

Cancellation Information

Cancelled By	Effective Date	Reason For Cancellation

Special Instruction Text

FURTHER AUTHORIZATION FOR LENGTH OF STAY IS CONTINGENT UPON RECEIPT OF DISCHARGE SUMMARY.

SAR Number	Service Begin Date	Service End Date	Number of Days
97094262910	06/22/2021	07/09/2021	1

Date Sent To Fiscal Intermediary	Fiscal Intermediary Status
06/23/2021	Authorized

Diagnoses

Diagnosis Code	Description	Diagnosis Type	Priority
W53.21XD	Bitten by squirrel, subsequent encounter	ICD 10	2
W61.69XD	Other contact with duck, subsequent encounter	ICD 10	1

Authorized Date	Authorized By	Funding Category
06/23/2021	Am-Fake-Molly County-User	Treatment

Service Code Information

Cancellation Information

Cancelled By	Effective Date	Reason For Cancellation

Special Instruction Text

FURTHER AUTHORIZATION FOR LENGTH OF STAY IS CONTINGENT UPON RECEIPT OF DISCHARGE SUMMARY.

Figure 8-26 Service Request History

8.16 Print Service Request

Will open the PDF of the SAR. This section will not expand/open if there is no SAR to print.

8.17 Correspondence

Lists the correspondence tied to the SAR.

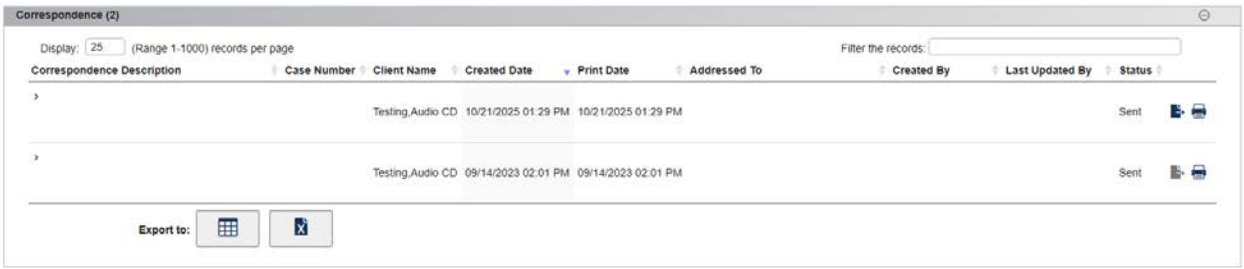


Figure 8-27 Correspondence Section

- Caret: Clicking on the caret icon will expand the Correspondence Details.
- Case Number: Case number of client.
- Created Date: Date letter was generated.
- Correspondence Description: Correspondence Template Number, Letter Name, and unique Letter ID. Clicking on the Hyperlink will navigate the user to the Correspondence Maintenance Page.
    - Hyperlink is Disabled if Correspondence status is Sent, Cancelled, Reissued, Deleted, Waiting for Approval, or if the user does not have the privilege to edit the Correspondence.
- Print Date: Date letter was printed/sent
- Addressed to: Primary addressee of letter.
- Created By: User who generated the letter.
- Last Updated By: User who last updated the letter.
- Status: Status of letter (Incomplete, Ready to Send, Waiting for Approval, Sent, Cancelled, Deleted)
- Create First Level Appeal Letter for this NOA Icon: Clicking on the icon will navigate user to the Correspondence Maintenance page to create a first level appeal letter for the NOA.
- Print Icon: Disabled if Correspondence Status is Incomplete, Waiting For Approval or Deleted, else enabled. Clicking on the icon will download a PDF of the letter for the user to view.

8.17.1 Printing Correspondence

If a letter is generated and the SAR is not denied or deleted, the system displays the success message.

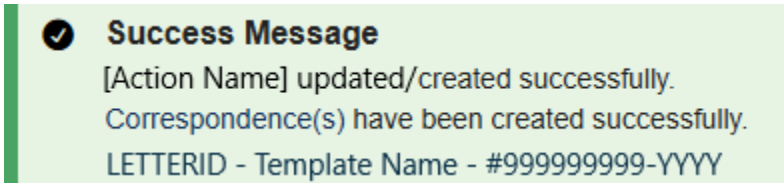


Figure 8-28 Success Message

- [Action Name] updated/created successfully.: [Action Name] will be replaced with whatever action on the screen was updated/created.
- Correspondence(s) have been created successfully.: Clicking on the Correspondence(s) link expands the Correspondence section of the current screen. Appears if correspondence has been created.
- Correspondence description link: Will either download letter or navigate user to maintenance page based on letter status. Appears if correspondence has been created.
    - If letter is in "Sent" status, clicking on the Correspondence description link downloads a PDF of the letter for the user to view.
    - If letter is "Incomplete" or "Ready to Send" status, clicking on the Correspondence description link navigates to Correspondence maintenance page.

Note: Deleting or denying the SAR takes the user to the Authorization Search Results section on the Modules for Client page. Use the print icon in this section to print the correspondence.

Batch Correspondence FYI: In addition, for letters to display in “Batch Correspondence” for counties that participate in auto batch printing (Los Angeles & Orange County for example), letter(s) will not be placed in the batch unless user puts the letter to “ready to send” or “sent” status.

8.18 Distribution

Distribute/send the SAR to the entities chosen in this section.

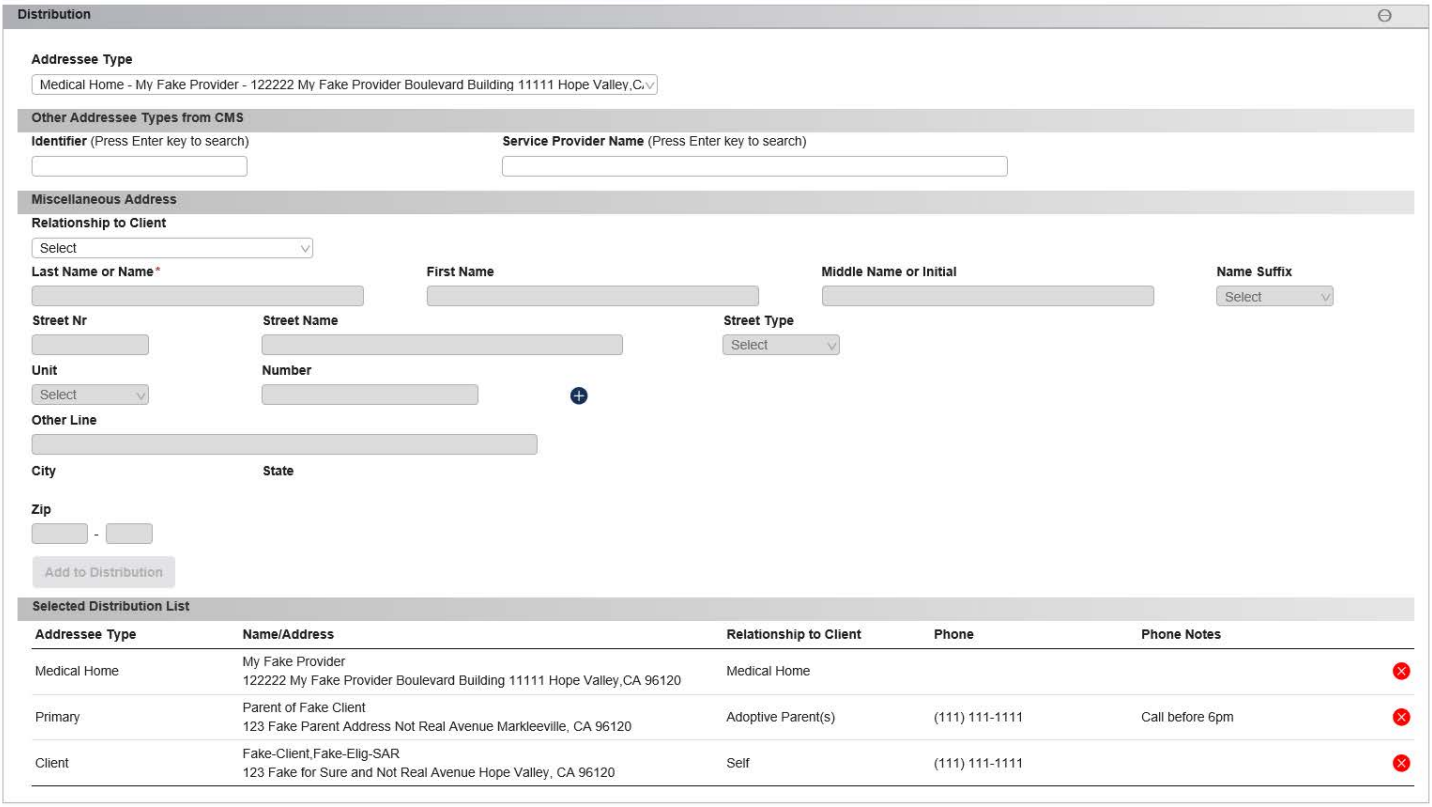


Figure 8-29 Distribution Section

8.18.1 Addressee Type

Select existing addresses assigned to the client from Registration. The address will automatically be added to the Selected Distribution List once it is chosen.

8.18.2 Other Addressee

Search for a provider by the Identifier or Service Provider Name. Pressing enter will automatically enter the provider if there is a 1:1 match. The Provider Overlay will appear if there is more than one match. Click the Hyperlink name of the provider to add the provider to the Selected Distribution List.

	Name / Address	Identifier	Type	Paneled / Approved	Specialty / Sub-Specialty	County	Paneling Effective Date	Paneling Termination Date	✖
›	Children's Hospital Los Angeles CCS Patient Authorization 4650 Sunset Boulevard MS 61 Los Angeles,CA 90027	7.09.03B	Endocrine Center	Approved		Los Angeles			
›	Choc Children's Main Campus-Orange Endocrine Center 1201 W La Veta Avenue Orange,CA 92868	7.09.04B	Endocrine Center	Approved		Orange			
›	Choc Children's Main Campus-Orange CCS Authorizations 1201 W La Veta Avenue Orange,CA 92868-3835	7.09A.2	Endocrine/Metabolic (PKU) Center	Approved		Orange			

Figure 8-30 Other Addressee Overlay

8.18.3 Miscellaneous Address

Enter an address not already tied to a client's record. The address will be added to the Selected Distribution List for the SAR.

8.18.4 Selected Distribution List

List of entities chosen to receive the SAR. Click the red X icon to the right of the address if you would like to remove the address from the distribution.

8.19 Other Details

This section displays when the SAR was last updated and last sent to the fiscal intermediary.

Other Details

Last Update By	**Last Update Date**
Am-Fake-Molly County-User	06/28/2021 11:34 AM
Last Sent Fiscal Intermediary Status	**Last Date Sent To Fiscal Intermediary**
Authorized	06/28/2021

Figure 8-31 Other Details Section

8.20 Case Note

You may enter case note in this section.

To edit or delete a case note entered on the same day (draft case note): Navigate to the Case Notes module in CMS Net Legacy and select the case note to edit or delete.

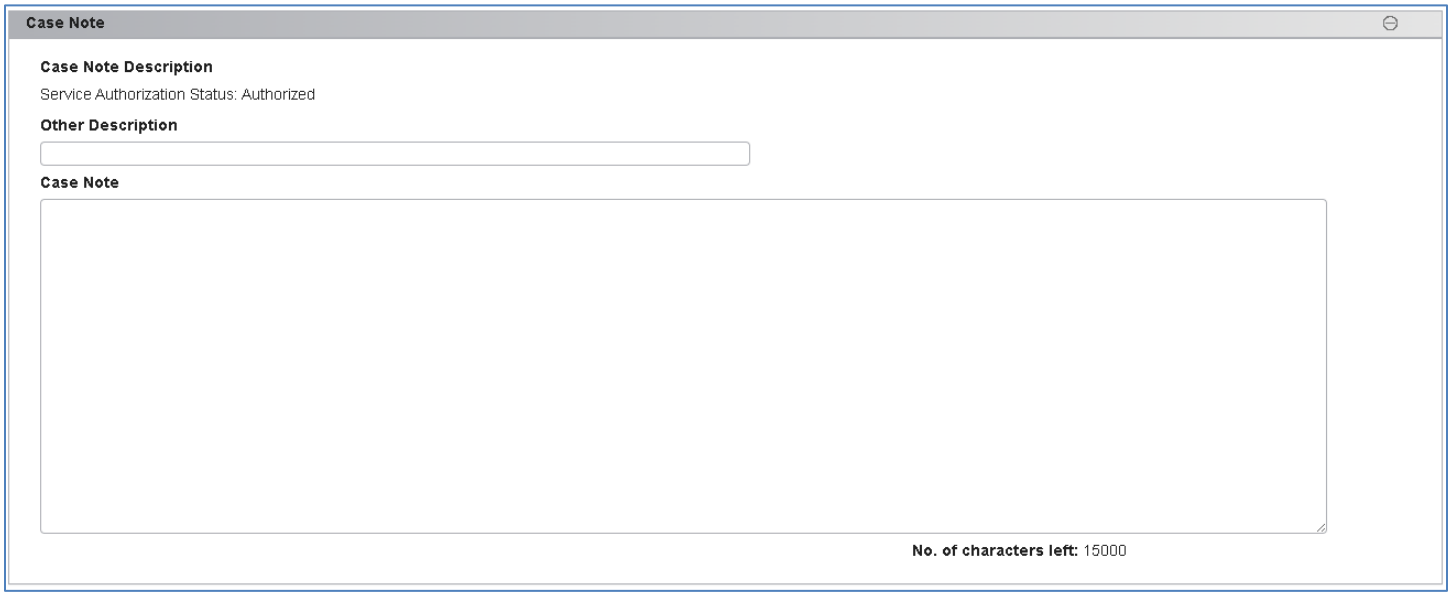


Figure 8-32 Case Note Section

- Case Note Description: Defaults to the case note subject based on SAR status.
- Other Description: Free Text field and optional. When new text is entered into field, upon saving, the new text replaces the existing case note subject description text on case note modules (legacy) and for CMS2020 Case Notes History, it displays underneath the default subject code in the subject column. Maximum characters allowed = 60 characters.
- Case Note Text
  - This is an optional field.
  - The maximum characters length is 15,000.
  - Authorization case note is created when user enters case note comments in the Case Note textbox.
  - The subject code is set depending on the Service Request Action Status at the time the note is saved.

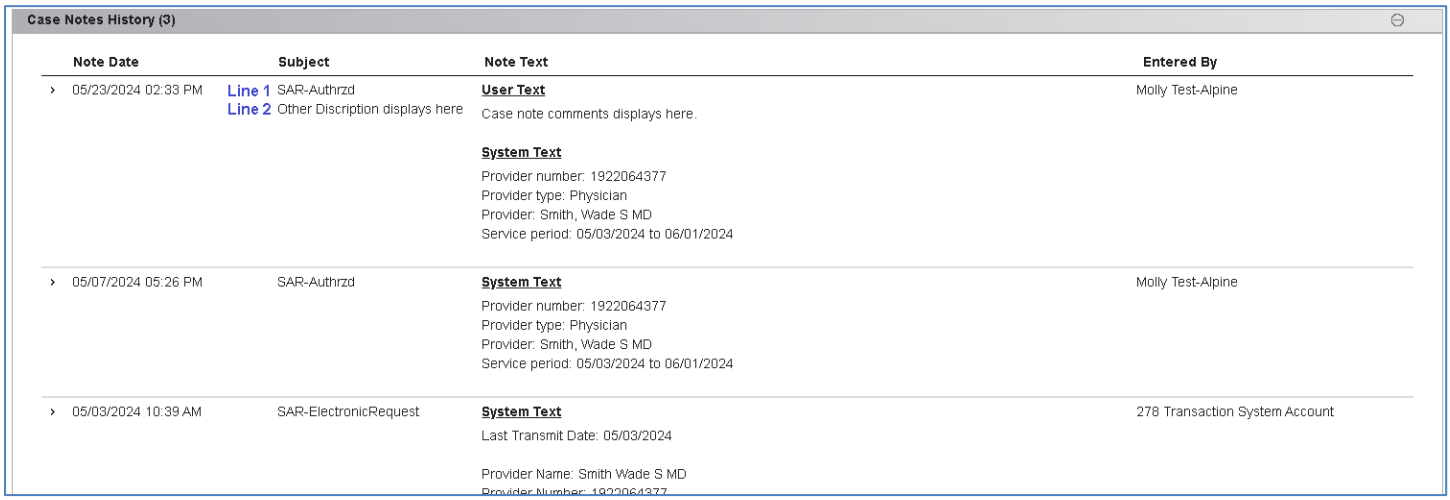
Case note is created depending on the Service Request Action field and if a case note has been entered.

Service Request Action Changing to…	Case Note Text Entered	No Case Note Text Entered
Pending	Note created with user and system text.	No note created.
Request-Approval	Note created with user and system text.	Note created with system text.
Authorized	Note created with user and system text.	Note created with system text.
Cancelled	Note created with user and system text.	Note created with system text.
Denied	Note created with user and system text.	Note created with system text.
Deleted		Note created with system text.
Deleted eSAR	Note created with user and system text.	
Approved-Y	Note created with user and system text.	Note created with system text.
Approved-N	Note created with user and system text.	Note created with system text.

Note: Changing the Service Request Action field more than once per day will replace the old case note with an updated case note.

8.21 Case Notes History

This Case Notes History section contains a list of historical case notes associated with the SAR.



Case Notes History (3)

Note Date	Subject	Note Text	Entered By
05/23/2024 02:33 PM	Line 1 SAR-Authrzd Line 2 Other Discription displays here	**User Text** Case note comments displays here. **System Text** Provider number: 1922064377 Provider type: Physician Provider: Smith, Wade S MD Service period: 05/03/2024 to 06/01/2024	Molly Test-Alpine
05/07/2024 05:26 PM	SAR-Authrzd	**System Text** Provider number: 1922064377 Provider type: Physician Provider: Smith, Wade S MD Service period: 05/03/2024 to 06/01/2024	Molly Test-Alpine
05/03/2024 10:39 AM	SAR-ElectronicRequest	**System Text** Last Transmit Date: 05/03/2024 Provider Name: Smith Wade S MD Provider Number: 1922064377	278 Transaction System Account

Figure 8-33 Case Notes History Section

This section is an accordion and by default is collapsed. You may expand to view.

The list has the following fields:

- Note Date
  - This is a timestamp with (MM/DD/YYYY HH:MM AM/PM) format.
- Subject:
  - Line 1: Case note subject code
  - Line 2: Other Description (if entered from Case Note – Other Description field)
- Note Text: displays user text and system text.
- Entered By: user's name that entered case note.

8.22 Action Buttons

8.22.1 Save

Save all changes on the SAR.

8.22.2 Add SAR for same Client

Create a new SAR for the same client as the current SAR.

9 WEBINARS

The Video/Webinar manual contains recordings related to Authorizations, including scenarios/steps on how to create and process SARs.
https://cmsprovider.cahwnet.gov/cms/manuals/section64_webinarvideos.pdf

10 REFERENCE

10.1 Pend/Deny Indicator

Indicates whether the procedure should be suspended for manual review or denied as non-covered benefits.

Type	Pend/Deny Indicator Description
O	Default-no suspension or denial is applicable
P	Pend for Medical Review.
S	Suspend if billed amount is over calculated file Price.
D	Deny claim. Not a covered benefit
T	Deny Claim. Obsolete Code
M	Manual review(e.g., not Medical review
R-X	Over Correlation Procedure only
U	The Code will not be subjected to the automated MAX UVS cutback

10.2 Procedure Type

The type associated for the Medical Procedure

Type	Procedure Type Description
E	Local Educational Agency
F	EAPC
G	AIDS Waiver
I	Injection
J	Anesthesia
K	Primary Surgery
L	Radiology
M	Pathology and Clinical Laboratory
N	Medicine
O	Assistant Surgeon
P	Podiatrist
Q	Psychology Services for Mental Health Expansion
T	EPSDT
1	Allied Health and other programs
3	Vision Care

10.3 SAR Special Instructions

10.3.1 COHS

10.3.1.1 Partnership Health Plan

Partnership Health Plan; Carve-In Counties Marin, Solano, Napa and Yolo. For clients enrolled in Medi-Cal Managed Care - (Have full scope Medi-Cal or have met their Medi-Cal share of Cost on the date of service); please bill Partnership Health Plan of California (PHC) electronically or send claims to Partnership Health Plan at PO Box 1368, Suisun City, CA 94585-1368.

10.3.1.2 San Mateo

San Mateo: For clients participating in the Health Plan of San Mateo who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service; please send paper claims to the CCS office: CCS San Mateo County,701 Gateway Blvd, Suite 400, South San Francisco, CA 94080.Send authorized claims to Medi-Cal/ACS for processing.

10.3.1.3 Santa Barbara Health Initiative

Santa Barbara Health Initiative: For clients participating in the Santa Barbara Health Initiative Medi-Cal, who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service; please send claims to Santa Barbara Regional Health Authority, PO Box 37649, Phoenix, AZ 85069-7649. Send authorized claims to Medi-Cal/ACS for processing.

10.3.1.4 CenCal Health

CenCal HEALTH: For clients participating in CenCal HEALTH Medi-Cal, who report full scope Medi-Cal or who have met their Medi-Cal Share of Cost on the date of service, please send claims to: CenCal HEALTH, PO Box 1818, BellFlower, CA 90707-1818. Send authorized claims to Medi-Cal/ACS for processing.

10.3.1.5 Sonoma County

Sonoma County CCS is carved out of Partnership Health Plan of California. Please send claims directly to Medi-Cal/ACS.

10.3.2 Dental

10.3.2.1 Delta Dental

Delta Dental will review all requests for authorization of dental services for clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements.

10.3.2.2 Initial Authorization

Initial authorization for examination/HDL Index only; subsequent services pending Delta Dental approval.

10.3.2.3 Fax Completed Forms

Fax/send completed HLD Index scored forms with less than 26 points and no automatic qualifying condition to this program office.

10.3.2.4 Denti-Cal Eligibility Determination

Denti-Cal will determine for the program whether this patient is medically eligible for dental/orthodontic services. If services are denied, the family may appeal by following the instructions on the back of the denial notice sent by Denti-Cal.

10.3.3 DME/Medical Supplies

10.3.3.1 Rental Regulations

Refer to the Medi-Cal Provider manual and, Title 22, California Code of Regulations, Section 51321, for rent to purchase regulations regarding durable medical equipment.

10.3.3.2 By-Report Items

DME 'By-Report' items: Model/Number: Manufacturer: Other: Please submit the following with your claim: 1. A copy of the program authorization; 2. Manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer name; 5. Model number; 6. Catalog number.

10.3.3.3 Z5999

Miscellaneous code Z5999 Non-DME. For this 'By-Report' code please submit the following items: 1. A copy of the program authorization; 2. Medical report that describes the procedure, and or detailed description and itemization of the services provided; 3. Cost of the service provided.

10.3.3.4 Documentation

As required for medical supply claims, all manufacturer codes and catalog numbers must be documented. Please refer to the Medi-Cal manual for billing instructions.

10.3.3.5 Rental Reimbursement

When rental reimbursement paid to date for this requested DME item has reached or exceeded the Medi-Cal program allowable purchase price, as per California Code of Regulations, Title 22, Section 51321(c)(C), no further rental reimbursement shall be authorized, and the item is considered purchased. Please provide the client's family with maintenance and care information for the equipment, and warranty information, of any. CCS will authorize and reimburse for necessary service/repairs, supplies and accessories for all purchased DME.

10.3.3.6 DME/Medical Supplies

The CCS program may elect to purchase rented DME at any time. If rental reimbursement reaches or exceeds the Medi-Cal program allowable purchase price, no further rental reimbursement shall be authorized and the item will be considered purchased.

10.3.3.7 Medical Supply Billing

Effective 06/25/2005, medical supply codes (except those with NDCs) may be billed as follows: SARs issued with only a 5-digit medical supply code (without 2-digit manufacturer code), can be used to bill any valid manufacturer of the supply. SARs issued with a 7-digit code (5-digit medical supply code and 2 digit manufacturer code), can only be used to bill for the manufacturer listed on the SAR. If a different manufacturer code is billed other than the one on the SAR, the claim will deny.

10.3.3.8 Rental Reimbursement Limits

Rental reimbursement paid to date for this DME item has reached or exceeded the Medi-Cal program limits. Per California Code of Regulations, Title 22, Section 51321(c)(c), the item is considered

purchased. Please provide the client with care, maintenance, and warranty information. GHPP will authorize necessary service/repairs, supplies and accessories for purchased DME.

10.3.3.9 GHPP DME

GHPP may elect to purchase rented DME at any time. If rental reimbursement reaches or exceeds the Medi-Cal program allowable purchase price, no further rental reimbursement shall be authorized and the item is considered purchased. Please submit the following information with your claim: 1. A copy of the GHPP authorization; 2. The manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer's name; 5. Model number; 6. Catalog number.

10.3.3.10 Oxygen

Oxygen concentrator (E1390 QF) portable oxygen gas system (EQ431 RR). Provider will be reimbursed for only one of the systems, not both.

10.3.4 General Instructions

10.3.4.1 Progress Reports

In order for this program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months to a year.

10.3.4.2 HRIF

Eligible for High Risk Infant Follow-Up until 3 years of age.

10.3.4.3 Turning 21

Client will turn 21 years of age on next birthday and will no longer be eligible for CCS services.

10.3.4.4 Primary Care Provider

Primary Care Provider. This patient is assigned to following Special Care Center (SCC): {Name of the Center}:{Address of Center}:{Phone number of Center}. You are Authorized to Provide healthcare services related to your patient's program medically eligible condition in conjunction with the physicians at the above noted Special Care Center.

10.3.4.5 Cancelled SAR

Authorization is CANCELLED. Please see the expiration date for the effective date of cancellation.

10.3.4.6 HMO Scope of Coverage Denial

Services must have a scope of coverage denial from the client's HMO in order to be covered by the program.

10.3.4.7 Diagnostic Services Only

SAR is for diagnostic services only, as necessary to establish the presence of a program medically eligible condition.

10.3.4.8 Medically Eligible Condition

SAR includes coverage for prescribed medication to treat or ameliorate a CCS medically eligible condition, except those restricted by the CCS Program.

10.3.4.9 SCG 51 SAR

This SCG 51 SAR cannot be used for billing medical supplies which are over the Medi-Cal threshold or for billing DME when the purchase price is greater than $100. Medical supplies and DME of these types require a separate SAR.

10.3.4.10 Emergency Services

When billing for emergency services, providers must indicate emergency treatment on the claim and submit a statement that describes the nature of the emergency, including relevant clinical information about the patient's condition and why the emergency services rendered were considered to be immediately necessary. It must be comprehensive enough to support a finding that an emergency existed. The statement must be signed by the provider. A mere statement that an emergency existed is not sufficient. Refer to the claim completion section of the appropriate Medi-Cal manual for specific claim form instructions.

10.3.4.11 MEDS Hospice Services Message

Disregard the MEDS screen message indicating that the client is restricted to receiving only hospice services for the terminal condition that makes them eligible for hospice.

10.3.4.12 Election of Hospice Form

Disregard any statement appearing on the Election of Hospice form stating that the family/client, by electing hospice, waives the right to receive curative/treatment services.

10.3.4.13 Pharmacy Prescription

Please note the pharmacy is responsible for obtaining a current/valid prescription before dispensing refills of medication.

10.3.4.14 Progress Notes / Discharge Summary

Please submit medical provider's progress notes or discharge summary with the request for extension of services. Authorization for extended Inpatient Hospitalization is contingent upon documentation of medical necessity.

10.3.4.15 GHPP Renewal Application

Please remind the client to submit the GHPP renewal application.

10.3.4.16 GHPP Annual Team Evaluation

Please fax Annual Team Evaluation to GHPP at (916) 440-5318.

10.3.4.17 GHPP Team Conference Report

For In-Patient Rehabilitation, please fax weekly Team Conference Report to GHPP at (916) 440-5318.

10.3.4.18 PT/OT Progress Reports

Please submit PT/OT progress reports with request for extension of service.

10.3.4.19 Claim Forms

For reimbursement for this SAR send the original claim forms to: California MMIS Fiscal Intermediary 820 Stillwater Road West Sacramento, CA 95605-1630 (800) 541-5555

10.3.4.20 GHPP Eligibility

Authorization to the end date of current GHPP eligibility. Please encourage the client to submit all requested documentation, including their tax information and other income data sources, required for the annual eligibility review.

10.3.4.21 SCC

Consult: This patient is assigned to the following Special Care Center (SCC): {Name of the center} :{ Address of Center} :{ Phone number of Center}. You are authorized to provide consult services in collaboration with the physicians at the above noted Special Care Center. An extension of service request must include a consult/progress/note.

10.3.4.22 SCG SAR

A SCG SAR authorized to a physician or SCC may be shared for reimbursement by other health care providers from whom the physician has requested services, such as referrals to specialists both initial and follow-up clinic visits, laboratory, pharmacy, or radiology providers.

10.3.4.23 Pharmacy NDC

Pharmacy must confirm that the NDC approved above is payable by submitting an electronic claim and obtaining proof of payment, before dispensing the product. Retroactive payments for dispensed product when the claim is denied will not be granted.

10.3.5 Hearing

10.3.5.1 Hearing Aid Batteries

Hearing Aid Batteries: Please submit the manufacturer's invoice indicating the cost of each battery.

10.3.5.2 Newborn Hearing Screening Program

Newborn Hearing Program/Newborn Hearing Screening Program: Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim.

10.3.5.3 Hearing Aid Repair/Modification

Hearing aid repair/modification claims submitted using this authorization are limited to $25 per unit. Please request a separate authorization for more extensive repairs. 2. Hearing aid accessory claims submitted using this authorization are limited to $50 per unit. Please submit a request, including medical necessity documentation, for more costly items.

10.3.5.4 Z5946

EPSDT-SS Hearing aid (Z5946): Please submit the following with your claim: 1. A copy of the CCS authorization; 2. A patient specific manufacturer's invoice, indicating manufacturer's name, model type, and number of hearing aids purchased. Please note reimbursement is manufacturer's invoice cost (after discounts) + 60%.

10.3.5.5 Hearing Aid Batteries and Supplies

Hearing Aid Batteries and Supplies: Please submit the manufacturer's invoice indicating the cost of each battery; on the claim form enter the number of each cell dispensed for each hearing aid on separate lines, not to exceed 96 cells per hearing aid per line. Hearing aid repair/modification claims submitted using this authorization are limited to $25.00 per unit. Please request a separate authorization for more extensive repairs. Hearing aid accessory claims submitted using this authorization are limited to $50 per unit. Please request a separate authorization for more costly items.

10.3.5.6 Hearing Aid Rentals

Hearing aid rentals: Claims for hearing aid rentals are submitted as one unit = one day of rental. The CCS program is not responsible for replacement or repair of a hearing aid used for hearing aid rental.

10.3.6 HF/Medi-Cal/OHC

10.3.6.1 Medi-Cal Eligibility

This authorization is valid only as long as client's Medi-Cal eligibility is active. If client does NOT have Medi-Cal eligibility on the date services are rendered, the claim will NOT be paid. To avoid non-payment, you must verify client's Medi-Cal eligibility before rendering any services. Authorized services must be billed directly to the Medi-Cal Fiscal Intermediary. Please contact the local CCS office for questions or assistance.

10.3.6.2 Mother’s Medi-Cal

Infant covered under Mother's Medi-Cal only.

10.3.6.3 OHC

Provider must bill other health insurance (OHC) first and submit Explanation of Benefits (EOB) with claim.

10.3.6.4 EPSDT-SS

EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate.

10.3.6.5 Medicare

Medicare is the primary payer for client having Medi-Cal and Medicare.

10.3.6.6 Medi-Cal Eligibility

This authorization is valid only as long as the client's Medi-Cal eligibility is active. Client did not submit a program renewal application; therefore, program benefits will discontinue with loss of Medi-Cal eligibility.

10.3.7 Inpatient Hospital

10.3.7.1 Progress Notes

Further authorization for length of stay is contingent upon receipt of progress notes.

10.3.7.2 Discharge Summary

Further authorization for length of stay is contingent upon receipt of discharge summary.

10.3.8 Medical Foods/Nutrition

10.3.8.1 Assessment

Current medical nutrition assessment is required every 6 months.

10.3.8.2 Special Instructions

List each specific food in the Special Instructions Section with the following items: Item Number, Medical Food Product Name, Amount, and Price.

10.3.8.3 Medical Nutrition Therapy

Medical Nutrition Therapy. Please submit the following information with your claim: 1. A copy of the program authorization; 2. A detailed description and itemization of the services provided; 3. Cost of the service provided. If reauthorization is to be requested, please instruct the clinician to submit a progress report one month before authorization expires that includes the following: 1. Completed Service Authorization Request form; 2. A copy of the progress notes, including progress made on previous goals; 3. A copy of the current nutritional plan of treatment, including therapeutic goals, and anticipated time for achievement; 4. Parent/legal guardian and/or patient agree(s) to cooperate with the proposed medical nutrition therapy plan.

10.3.8.4 Reauthorization

For consideration of reauthorization, the program will need: 1) Request for Enteral Nutrition Products Form; 2) Most current MD report; and 3) Most current RD assessment/plan documenting need/effectiveness of the product and explaining why the client cannot be advanced to more normalized food products.

10.3.8.5 CDC Growth Chart

Submit CDC growth chart with dates of heights and weights.

10.3.8.6 Client Contact

Please contact the client before the delivery of any item. All medical foods must be received in person by the client or his/her designee.

10.3.8.7 Nutritional Assessment

Please submit a complete nutritional assessment from the special care center. Assessment must be completed within six months of this request.

10.3.9 Pharmacy

10.3.9.1 Prescription

Pharmacy is responsible for obtaining a current and valid prescription before dispensing the medication(s).

10.3.9.2 Excess Quantity

Excess quantity of requested medications cannot be authorized.

10.3.9.3 Prescribed Medications

This authorization covers all prescribed medications listed on the Medi-Cal Formulary, except those classified as restricted. Please refer to the Pharmacy section of the Provider manual on the Medi-Cal website for a listing of the restricted medications and approved formulary.

10.3.10 Special Care Center

10.3.10.1 GHPP Documentation

Please provide the SCC Team Assessments and Evaluation, Outpatient Visits, X-rays, lab work, PFTs and Annual Dexa Scan X1 and Annual CT scan X1 as medically necessary. Please fax Annual Team Evaluation to GHPP at (916)440-5318.

10.3.10.2 GHPP Documentation

Please include SCC Annual Team Assessment and Evaluation, Outpatient visits, X-rays and lab work as medically necessary. Please fax Annual Team Evaluation to GHPP at (916)440-5318.

10.3.10.3 GHPP Documentation

Please provide SCC Annual Team Assessment and Evaluation only. All other requests for authorizations of service must go to the managed care plans. Please fax Annual Team Evaluation to GHPP at (916)440-5318.

10.3.10.4 UCD/CHCC Hemophilia/VonWillebrand Clients

UCD/CHCC Hemophilia/VonWillebrand clients: This authorization is valid for services rendered by Children's Hospital Central Valley in accordance with agreement #S-07-00224V.

10.3.11 Therapy

10.3.11.1 PT

Services to be provided by a CCS paneled PT.

10.3.11.2 OT

Services to be provided by a CCS paneled OT.

10.3.11.3 Paneled Physician

Services to be provided as prescribed by a CCS paneled physician or according to an approved CCS Medical Therapy Plan.

10.3.11.4 Claims

Claims for services provided to clients with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the program for the services. A denial of payment from the third-party payer must accompany the claim.

10.3.11.5 E0483

High frequency chest compressions device (ThAIRapy Vest) E0483 RR. Renewing rental equipment is dependent upon compliance documentation which includes demonstrating a minimum daily usage frequency based on the recommended parameters.

10.3.11.6 Exjade

A two-month trial period of Exjade (deferasirox) therapy. Please send documentation of client's response to the Exjade therapy with a request for extension of services. Please submit a therapy plan including duration and frequency. Therapy goals and expected outcome are required if more visits are needed.

10.3.11.7 Orthotist

Services to be provided by a CCS paneled Orthotist.

10.3.12 Transplant

10.3.12.1 GHPP Pre-Lung Transplant Care

Please provide Pre-lung Transplant Care including Outpatient Visits, Team Evaluations, lab work and other medically necessary service per the Pre-Transplant protocol. Please coordinate care with client's Special Care Center to prevent duplication of services. Please fax the evaluation to GHPP at (916)440-5318.

10.3.12.2 GHPP Post-Lung Transplant Care

Please provide Post-lung Transplant Care including follow up appointments, Bronchoscopies, annual transplant test, and medically necessary procedures per Post-Transplant protocol. Please coordinate care with client's Special Care Center to prevent duplication of services. Please fax the evaluation to GHPP at (916)440-5318.

10.4 Confirmation Message

When authorizing a SAR with funding category as "Treatment", "Diagnostic" or "Therapy in lieu of MTU" when date of service falls during the program period where Medical DX Only is set to "Yes": System displays warning message overlay: "This case is open for a diagnostic evaluation only."

Overlay includes buttons to Continue / Cancel.

Continue = System authorizes SAR.

Cancel = System does not authorize SAR, takes user back to pending SAR.

11 REFERRAL RELATED

11.1 Identifiers check for Creating Awaiting Case Review & Incomplete Client

When PEDI user submits eSAR, system performs a search for an existing CCS client. If no matches are found, system creates an “incomplete” client.

Identifiers check: System performs a search for an existing CCS client based on the following identifiers.

- Identifier matches
  - CMS Net will attempt to match an eSAR to an existing case based on the combinations below.

    If no match is found for the first combination, the system will attempt to match on the second combination, etc.

    If there is no match found, the system will create a new case referral for the eSAR.

  - Identifier Combinations:
    1. CIN and Date of Birth
    2. Case# or Date of Birth Date
    3. Referral Tracking Number and Birth Date
    4. SSN and Date of Birth
    5. Client’s EXACT Name, Birth Date, & Gender
    6. Client’s EXACT Name, Date of Birth, Mom’s SSN/Medi–Cal #

- (CCS) If no match found, system does a zip code check.
  - Request is determined to be a new case referral to the zip code county.

- (CCS) If match found, system will check if a client eligibility period exists and place the client in the appropriate county based on the eSAR service dates.

11.2 Referral Type: Awaiting Case Review

11.2.1 When System Creates an Awaiting Case Review

1. When PEDI user submits eSAR, system performs a search for an existing CCS client. If no matches are found, system creates an “incomplete” client. In addition, an Awaiting Case Review referral type is created.

   Or

2. When a provider generates an eSAR for a closed, denied, not opened, or incomplete case, the system generates an "Awaiting Case Review" referral type when there is no other referral with an "Awaiting Case Review" referral type found.

11.2.2 Referral Type Changes from "Awaiting Case Review" to "Case"

The “Referral Type” changes from "Awaiting Case Review" to "Case" under the following condition:

- User uses the Referral to register or reopen case successfully.
- User manually switches "referral type" from "Awaiting Case Review" to "Case".
    - When referral type changes to Case, the referral is removed from the “Referral” widget.
- User changes "Referral Status" to "Deleted" or "Rejected as Inappropriate".
- When eSAR is processed (no longer in Awaiting Service Review status and goes to Request-Approval, Pending, Denied, Authorized)
- User rejects/deletes linked eSAR to the referral, which will also auto delete the linked Referral and auto-changes referral type to “Case”.

11.3 eSAR/Referral Scenarios – PEDI Related

11.3.1 Can two cases be merged?

Question: Can two cases be merged?
Answer: No. CMS Net currently does not have ability to merge incomplete case with on-going case.

11.3.2 Incomplete client/Referral created from eSAR submission. Client already exist in CMS Net with assigned Case

CMS Net currently does not have ability to merge incomplete case with on-going case.

Before marking case as duplicate of on-going case, user must decide what to do.

Option 1)
1. Go to on-going case: user manually keys in the SAR(s) onto on-going case.
2. After the SAR is entered on the ongoing case, then go mark incomplete case as a duplicate of on-going case.

Or

Option 2)
1. Go to incomplete case, reject/delete the eSAR from it.
    - When deleting the eSAR, the rejection overlay displays.
    - Add message to rejection comment box stating: Case already exist. Resubmit eSAR and input Case Number ######### in the Additional Information section on the eSAR fillable form.
2. Then go mark incomplete case as a duplicate of on-going case.