This Computes!

Department of Health Care Services
Children's Medical Services Network
(CMS Net) - Information Bulletin #347

Service Code Group (SCG) 51
(CCS Numbered Letter 02-0210)
Questions and Answers

1. Is SCG 51 for surgeries scheduled for date of service beginning 7/1/2010? If so will the 01 SARs we currently have for surgeries schedule after 6/30/2010 service dates be reissued as 51 SARS?

   Response
   Current 01 SARs issued for surgeries scheduled on or after 7/01/10 will not be systematically reissued. Two main purposes of this SCG 51 are to decrease workload for CCS case management staff by not having to include every surgery procedure in the SAR, and also by not having to issue another SAR at the time of surgery because more procedure codes were determined to be needed once the child is in the OR. However, if a provider has an O1 SAR with surgical procedure codes added or has a surgery specific SAR for a surgery scheduled on or after 7/01/10 and it is determined that additional codes are highly likely to be necessary at the time of the surgery, then the 01 SAR with surgical procedures added or the surgery specific SAR should be canceled and replaced with a 51 SAR.

2. When a SCG 51 is issued, there is a 90 day follow-up period and services provided to the patient in that period will be covered under the SCG. If the SCG 51 is issued on 7/1/2010 and the surgery does not occur until 7/15/2010 will we need to request a revision to the SCG 51 or an extension for the additional follow-up days up to the 90 days?

   Response
   At the end of the 90 day authorization if additional follow-up services are needed, then at the request of the provider, the county or Regional Office would need to modify the SCG 51 SAR with a new end-date.

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3. If the surgery includes procedure(s) related to the CCS eligible condition and other procedures that are not related to the CCS eligible condition, will these procedures have to be billed separately?

   Response
   Yes. CCS can only be billed for procedures authorized for and related to the CCS eligible condition. CCS cannot be billed for any procedures not related to the CCS eligible condition.

4. One independent CCS county has advised a major provider that it refuses to issue SCG 51 SARS for the county's CCS clients. The county indicates that it will only issue SCG 01 SARS with specific procedure codes for authorization of surgeries. Does a county CCS program have the option to opt out from issuing SCG 51 SARS?

   Response
   Section 123850 of the Health and Safety Code authorizes the State CCS Program to establish standards related to the local administration of the Program. SCG 51 was implemented on a statewide basis for CCS County Programs and State Regional Offices pursuant to this authority in order to streamline the cumbersome, workload intensive process for issuing authorizations for surgeries. Generally, SCG 51 has been received as a welcome tool for expediting the authorization of surgeries and the redirection of CCS and provider staff from unproductive control and process focused functions associated with the old surgery authorization methodology.

   One County CCS program is advising providers that the county has chosen not to issue SCG 51 SARS and that it will continue to only issue procedure specific SARS for surgeries. The SCG 51 SAR is now the CCS administrative standard for the authorization of surgery. While there may be case specific special circumstances in which a SCG 51 SAR is not practicable, a County CCS Program does not have the authority to decline across the board to issue SCG 51 SARS.

Questions received after 7/6/10

5. The provider has requested that I authorize SCG 01 and SCG 51 on the same SAR. Can this be done?

Response:

CMS Net will not allow the authorization of SCG01 and SCG51 on the same SAR. These are two different types of SCGs: **Include** SCGs and **Exclude** SCGs.
Include and Exclude SCGs are mutually exclusive by design and can not be combined on the same SAR. [A SAR for SCG 51 can not include any other

SCG or any additional specific procedure codes]. If the authorization of SCG 01 and SCG 51 are both indicated, separate SARS are required.

6. Should a SCG 51 be issued in addition to the CPT code for a solid organ transplant, for which “global” reimbursement is provided?

Response

The only organ transplant code that currently provides “global” reimbursement (reimbursement for all physician surgical procedures done at the time of the transplant) is the liver transplant code, 47135. Thus when 47135 is authorized using a procedure specific SAR, a SCG 51 SAR should **not** also be authorized. For other organ transplants that do not have “global” reimbursement, if it is indicated, a SCG 51 can also be issued.