



# Los Angeles County Children's Medical Services California Children's Services

## Provider Bulletin

**DATE:** July 29, 2014

**SUBJECT:** FAX NUMBER, FAX COVER SHEET / CLIENT SEPARATOR PAGE, AND SERVICE AUTHORIZATION REQUEST REQUIREMENTS

### **FAX NUMBER AND FAX COVER SHEET/CLIENT SEPARATOR PAGE**

Effective October 2013, providers were instructed to submit all fax requests for services and supporting medical documentation to Los Angeles County CCS at our new fax number 855-481-6821 using the new fax cover sheet/client separator page. This has enabled our office to a) implement a new fax system which digitally receives and processes your faxed documents to our CCS staff, and b) accurately track the status of all faxed documents.

**In order to receive/process your faxed documents, they must:**

- 1) Be faxed to fax number (855) 481-6821; AND**
- 2) Have a CCS Client Separator Page (fax cover sheet) for each CCS patient.**
  - a. The client separator page functions as a fax cover sheet for each individual patient. **Do not intermingle patients under one CCS Client Separator Page.**
  - b. **ALL OF THE PROVIDER INFORMATION AND CLIENT INFORMATION SECTIONS MUST BE COMPLETED AND MUST BE TYPED or PRINTED IN ALL CAPS.** Optical scanners are used to recognize and organize your documents for review by our staff. Whenever possible, please complete the PDF fillable form using your computer. Include the client's CCS# if known.
  - c. **To ensure that your documents are processed correctly, each letter and number must be entered separately into each box.** Please see attached samples for correctly completing the CCS Client Separator Page. You are not required to complete the Comments section, but that information will be used by our case management staff if provided. Faxes/Documents received that do not adhere to these requirements, will be delayed and may not be processed.
  - d. The CCS Client Separator Page is available as a PDF fillable form on our website at: <http://publichealth.lacounty.gov/cms/docs/CCSCSP.pdf>.

### **SERVICE AUTHORIZATION REQUESTS (SARs)**

**A Service Authorization Request (SAR) must accompany all requests/referrals from CCS providers for CCS services.** These forms are available on the [State's website](#) under "Requesting Services". A SAR is considered incomplete and will not be processed if any of the following information is omitted:

- a) client's first and last name, date of birth, address, and telephone number;
- b) parent or legal guardian's first and last name;
- c) a statement listing the services requested for the client; and
- d) the name and address of the individual or agency requesting the CCS services.

A SAR is not required when submitting supplemental documents for an authorized service on an existing case.

If you have any questions about this process, please feel free to contact our office at 800-288-4584.



# fax cover sheet

ONE COVER SHEET PER CLIENT - UPPERCASE ONLY

To: Los Angeles County California Children's Services  
Fax: (855) 481-6821



Number of Pages: 10  
(Including Cover Sheet)

## Provider Information

Name: DR. SMITH

Organization: ABC CLINIC

Phone: 888-555-5555 Return Fax: 888-111-2222



## Client Information

Last Name: JONES

First Name: ANGELA

Gender: F

CCS #: 1234567



Date of Birth: 01-01-2000  
(MM/DD/YYYY)

Comments:

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Number of Pages:  
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1

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