



## Prior Authorization Information

CPT Code(s)/HCPCS Code(s)

Care Level:

1. Consult in the office  
 2. Consult & Diagnose  
 3. Consult, Diagnose & Treat

Diagnosis/ICD-10 Code(s) \*\*must be a billable code

This referral request is valid for a maximum of \_\_\_\_\_ visits from \_\_\_\_\_ through \_\_\_\_\_

Have you attempted to find an in-network Medica provider?

Yes  No

Has the patient seen this out-of-network provider in the past?  Yes  No

If so, when was the last visit? \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Summary of in-network specialists this patient has seen related to above diagnosis:

Explain why the requested services can only be provided by this out-of-network provider.

## Complex Specialty Care Program (CSCP)

This program applies to members on the following plans: Altru Prime by Medica, Balance by Medica, Bold by M Health Fairview and Medica, Elevate by Medica, Empower by Medica, Engage by Medica, Essentia Choice Care with Medica for Individual and Family Business, Harmony by Medica, Inspire by Medica, Medica Applause, Medica Connect, Medica Individual Choice, Medica Insure, Medica with CHI Health, Medica with MU Health, North Memorial Acclaim by Medica, Ridgeview Distinct by Medica, and Select with Medica.

CSCP providers include: Mayo Clinic, University of Iowa Hospital, M Health Fairview

Complex care health services are services provided for the exclusive purpose of treating a complex health condition that involves one or more of the following elements: (i) is life threatening; (ii) may cause serious disability or other severe consequences, including risk of morbidity or mortality; (iii) affects multiple organ systems; (iv) the required treatments are technically challenging & carry a risk of serious complications; (v) is medically complex or rare; or (vi) previous treatments have failed or there is no known diagnosis for the condition. A condition may meet one or more of the above criteria but still not require complex care health services. Whether treatment of a condition requires the provision of complex care health services will be determined by your network provider & the designated facility, in consultation with Medica.

If based on the members current medical condition, and the member appears to meet the above elements, you may request a Complex Specialty Care Program review.

I am requesting a Complex Specialty Care Program review

## Rare Disease (for Minnesota members only)

- Please check here if based on your clinical opinion, this member has a rare disease as outlined by the State of Minnesota based on one of the following:
- A. The disease/condition affects fewer than 200,000 persons in the US and is classified as chronic, serious, life-altering or life threatening.
  - B. The disease/condition affects more than 200,000 persons in the US and/or a drug proposed for treatment has been designated as a drug for a rare disease or condition pursuant to the United States Code, title 21, section 360bb.
  - C. The disease/condition is labeled as a rare disease or condition on the Genetic and Rare Diseases Information Center list created by the National Institutes of Health available at: <https://rarediseases.info.nih.gov/diseases>
  - D. Other undiagnosed conditions that could potentially be a rare disease

**Please note that written documentation from the medical record, including photos in some cases, supporting the procedure must be submitted for all requests. Failure to do so may result in a delay of the decision. Unless this request is for genetic related testing, do not provide any genetic information. Genetic information includes any family medical history or information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the patient may be at risk.**

Submission of this completed form certifies that the information is true and accurate. All fields are required for processing your request. Submit form by:

- For group numbers that begin with IFB or C: Fax to 952-992-2836 or E-Mail to [ifbhealthmanagement@medica.com](mailto:ifbhealthmanagement@medica.com)
- For group numbers that begin with A (**excluding A0061 & A00500**): Fax to 952-992-2396 or E-Mail to [hpshealthmanagement@medica.com](mailto:hpshealthmanagement@medica.com)
- For all other group numbers (**including A0061 & A00500**): Fax to 952-992-3556 or E-Mail to [caremanagement@medica.com](mailto:caremanagement@medica.com)
- U.S. Mail to Medica, Utilization Management and Clinical Appeals, PO Box 9310, CP440, Minneapolis, MN 55440