Medica Referral Request Form
Minnesota Restricted Recipient Program

INSTRUCTIONS

Important: Please read all instructions and information before completing the form

Overview:

The following form applies to Medica members in the Minnesota Restricted Recipient Program (RRP). Medica requires that providers complete this form ***before*** a member can be authorized by the Restricted Recipient Program to receive medications or services from a provider that practices outside the member's designated primary care clinic.

Please note: this form is not a traditional referral

Referrals *Required* from Designated PCP	*No* Referrals from Designated PCP
The designated PCP must submit a referral before a restricted recipient receives services from a provider that is not one of the enrollees' designated providers. All restricted enrollees will have a designated: ▪ Primary Care Provider (PCP) ▪ Clinic ▪ Hospital ▪ Pharmacy	Restricted recipients may directly access the services listed in the column below without needing a Restricted Recipient Referral.
▪ All **Specialty care** services, including providers at the designated primary care clinic ▪ **Hospital** services not provided in the designated hospital *Note: Only one referral necessary for all services during an inpatient stay.* ▪ **Emergency** department services provided by a non-designated hospital**,** except for services that meet the definition of "Emergency" in the Rule: *"Emergency" means a condition including labor and delivery that if not immediately diagnosed and treated could cause a person serious physical or mental disability, continuation of severe pain, or death.* ▪ **Behavioral health** services provided by a psychiatrist, clinical nurse specialists, or any mental health provider ordering medications. ▪ **Vision care** provided by an ophthalmologist. ▪ **Methadone clinic** ▪ **Suboxone** prescriber ▪ **Pain clinic** providers, including anesthesiologists ▪ **Urgent care**	▪ **Partners** (family practice/internal medicine) of the designated primary care provider at the same clinic/practice location ▪ Emergency services at the designated hospital; this includes physician services ▪ Long term care facilities ▪ Annual routine eye exam by optometrist and one pair of glasses ▪ Services performed by an audiologist and hearing aids ▪ Behavioral health **therapists or counselors, psychologists** ▪ **Routine dental services**, except for services by oral surgeons. Note: Prescriptions written by dentists require special handling. • PCA and Assessment for PCA services • **PT/OT, speech therapy, respiratory therapy** • Home care services • **Radiology, imaging services** (X-ray, CT, MRI, ultrasound, etc.) • DME and supplies • **Laboratory** services • Chiropractor • Dietician • Rule 25 Assessment

Prior authorization is required for all non-network services by physicians/providers.
Prior authorization may also be required for certain services provided by network providers. The most current Medica Prior Authorization list can be found on medica.com at Providers > Policies and Guidelines > UM Policies and Prior Authorization > Prior Authorization

If a member requests a Restricted Recipient Referral for services previously rendered, a retro referral may be submitted to Medica and backdated. *Medica will not accept any retro referral for a date-of-service more than 90 days in the past.*

Requirements:

- The following form **must** be filled out *completely* in order to be processed. Any Restricted Recipient Referral Request Form not completely filled out will not be processed and sent back requesting further information.

- Medica's RRP team will not accept a Restricted Recipient Referral for an out-of-network provider. Please contact customer service to confirm the provider that the member is being referred to is part of Medica's provider network.

- The provider filling out the form authorizing the member to see another provider/facility *must* be the designated primary care provider (or covering partner) for the RRP enrolled member.

- Start and end dates will be determined by the primary care provider and can be for any length of time. If a form is sent to Medica without a start and/or end date, it is Medica's policy to approve the referral for 1 year only. After a referral has expired, the primary care provider will need to submit a new referral to Medica's Restricted Recipient Program.

- Restricted Recipient Referrals cannot be approved for ER visit(s) at a non-designated hospital for more than a single visit. Medica does not accept 'blanket' referrals for services by a non-designated hospital.

- A signature is required by the primary care provider. Any referral submitted without a signature will be considered incomplete and sent back to the clinic.

- It is the responsibility of the primary care clinic to inform the member of the referral details.

- The completed referral form *must* be faxed to Medica's RRP team. Forms sent to providers cannot be approved by the Restricted Program staff. **Medica's Restricted Recipient Program fax # is 952-992-3117**.

Restricted Recipient Program Referral Request

Medica

☒ Restricted Recipient on a Minnesota Health Care Program

Today's Date	Patient Birthdate (mm/dd/yy)
Patient Name	Medica ID or PMI Number

A. PROVIDER INFORMATION

Referred To:	**Referred By:**
Provider Name	PCP Name
NPI #	NPI #
Clinic	Clinic
Address	Address
City State Zip	City State Zip
Phone	Phone
Fax	Fax

NOTICE:
This referral is only valid for the physician office, provider and services listed. Only services covered by the enrollee's benefit document are covered by this referral even if ordered by the primary care physician. Reimbursement for services is subject to enrollee eligibility and benefit document at the time of service.

B. REFERRAL DETAILS

Place of Service (check one): ☐ Office ☐ Inpatient ☐ Outpatient ☐ ER

Valid for _____ visits (#) Dates: From _____ Through _____

Diagnosis/ICD 10 Code(s):

Care Level: ☐ 1. Consult ☐ 2. Consult & Diagnose ☐ 3. Consult, Diagnose & Treat (includes medications)

C. INFORMATION FOR REFERRALS

NOTE: Referrals are not accepted more than 90 days after the date of service.

D. INSTRUCTIONS FOR THE PRIMARY CARE PROVIDER

Please fax referrals to the Medica Restricted Recipient Program at 952-992-3117

Questions? Call 1-888-906-0970

_____ _____
Signature of PCP (or covering partner) Printed Name

_____ _____
Name of staff filling out form Return Fax #