

Medical Policy Coverage Exception Request

For extenuating clinical circumstances only



Do not use this form for:

- Services that require prior authorization.
- Urgent requests.

Please read this page before completing the form

A medical policy coverage exception request will be accepted **only** when:

- The member's diagnosis/condition is addressed in the clinical guidelines or medical policy criteria, but the provider believes coverage should be considered based on the member's unique circumstance
- The published clinical guidelines or medical policy criteria do not address the member's diagnosis/condition.

Complete the following steps prior to submitting a medical policy coverage exception request:

- **Verify the member's eligibility and benefits.** Make sure the member has active coverage with this plan and has benefit coverage for the service you are requesting.
- **Review the medical policy** for the requested services, if applicable, by using our [medical policy search](#) page. Additional resources related to clinical criteria used are available at bluecrossmn.com/providers/medical-policy-and-utilization-management under *Medical Policy*.
- **Check if prior authorization is required.**
 - Current and future prior authorization requirements can be found using the *Is Authorization Required* tool in the Availity Essentials® portal. Providers outside of Minnesota can access Availity through the out-of-area member router provided by each state's plan.
 - Providers without Availity access can refer to the prior authorization lists posted at bluecrossmn.com/providers/medical-policy-and-utilization-management under *Prior Authorization*

DO NOT use this form for:

- **Urgent requests.** Requests for medical policy coverage exceptions follow the standard review timeline. Do not delay urgently needed care if the standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Claims for these services will process through the claims system according to the member's benefits and can be appealed if the claim is rejected based on the medical policy coverage criteria.
- **Members with Medicare products or Federal Employee Plan members.** Requests for medical policy coverage exceptions for these members should be submitted following the prior authorization request process.

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Patient Information

Member ID: _____ Group number: _____
Member name: _____ Date of birth: _____
Member address: _____
Member city/state/ZIP: _____
Member phone: _____

Ordering Provider Information

Ordering provider name: _____
Ordering provider ID/NPI number: _____
Ordering provider address: _____
City/state/ZIP: _____
Ordering provider phone: _____ Ordering provider fax: _____

Services/Procedures/Items Requested

HCPC/ CPT Code	Code Description	ICD-10 Diagnosis Code	Start Date mm/dd/yy	End Date mm/dd/yy	DME Charge Information/MSRP

Reason for Exception Request

By submitting this request, I **attest** to the following items:

- I have verified the member's benefits and determined that this service is covered.
- I have verified that prior authorization is **not** required.
- I have reviewed the related medical policy/clinical criteria.

Medical policy/clinical criteria name and number: _____

Please describe the member's extenuating clinical circumstance for this exception request:

Servicing/DME Provider Information

Contact person: _____ Phone: _____
Servicing provider name: _____
Servicing provider ID/NPI number: _____
Servicing provider address: _____
City/state/ZIP: _____
Servicing provider phone: _____ Servicing provider fax: _____
Facility name: _____ Facility ID: _____

Fax this form with clinical documentation to support this review request to **(651) 662-6054** or mail to Utilization Management, P.O. Box 64265, St. Paul, MN 55164.