DEPARTMENT OF HUMAN SERVICES

DHS-3642-ENG 2-19

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Emergency Medical Assistance – Care Plan Certification Request

ASSIGNED AUTHORIZATION NUMBER FROM MN–ITS (if applicable)	REQUESTED START DATE

Provider: Use this form to request a care plan certification (CPC) for emergency medical assistance (EMA). This form is not needed to treat an emergency medical condition in an emergency room or hospital. Fax the form to 844-472-3779 with relevant medical documentation and, for home care services, the most recent assessment. Keep your fax receipt in the member's file as proof that you sent the form. **You must complete all sections of the form. An incomplete form may result in a technical denial.** It may take up to 20 business days to process the EMA CPC Request.

Member Information

LAST NAME	FIRST NAME	MI	MHCP MEMBER ID #	DATE OF BIRTH

STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

Provider Information

PROVIDER NAME	PROVIDER NPI

STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

CONTACT NAME	PHONE NUMBER

FAX NUMBER	EMAIL ADDRESS

Guardian or Responsible Party Information (if applicable)

GUARDIAN OR RESPONSIBLE PARTY LAST NAME	FIRST NAME	MIDDLE NAME

STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER

Emergency Medical Diagnosis Information

ICD Diagnosis Code	Diagnosis Description	Emergency Room or Inpatient Hospitalization Start/End Dates	Plan of Care
		–	
		–	
		–	
		–	
		–	
		–	
		–	

Describe how the treatment services or medications are of such a nature that if discontinued, would cause the member's condition to deteriorate so rapidly that the absence of immediate medical attention would reasonably be expected to result in quickly placing the member's health (typically within 48 hours), in serious jeopardy, or cause serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Nursing Facilities

ADMISSION DATE	EXPECTED DISCHARGE DATE	RUG CODE
SERVICE DESCRIPTION		

Medical Information Required to Process EMA CPC Request

Required medical documentation. *Check and submit all that apply.*

- ☐ Emergency department records
- ☐ History and physical
- ☐ Consults
- ☐ Procedure notes
- ☐ Pathology reports
- ☐ Supporting diagnostic studies
- ☐ Therapy evaluations and recommendations – physical therapy, occupational therapy, speech and language therapy, other therapy
- ☐ Discharge summary
- ☐ Clinic notes

Is the patient currently hospitalized and awaiting discharge pending the EMA CPC certification?

◯ Yes ◯ No

Physician or Dentist Information

By signing this form, I hereby declare that the facts as stated on this form are true and complete.

CLINIC NAME				
STREET ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
PHYSICIAN OR DENTIST NAME	PHYSICIAN OR DENTIST SIGNATURE			DATE

Emergency Medical Assistance Care Plan Certification Request – User Guidance

Please note:

- Incomplete EMA CPC Requests will result in an Administrative Denial.
- Failure to provide medical information with the EMA CPC Request will result in an Administrative Denial.

Form Fields

1. Assigned Authorization Number from MN–ITS: Include Authorization Number if you have obtained one for services included on this EMA CPC Request.
2. Requested Start Date: Requested start date for the EMA CPC.
3. Member Information: Complete all fields.
4. Provider Information: Complete all fields.
5. Guardian or Responsible Party Information: If the member has a guardian, complete this section.
6. ICD code and diagnosis(es): Include only diagnoses that are emergency medical diagnoses. Do not include every diagnosis from the patient's medical history.
7. Emergency room or inpatient hospitalization date: Date the emergency medical diagnosis(es) began.
8. Plan of care: Include the treatment plan specific to the diagnosis. Providing this information helps KEPRO to approve an appropriate EMA CPC time span. The treatment plan may include, but is not limited to, prescriptions, outpatient testing, clinic visits and planned procedures. Refer to the Requested Emergency Diagnosis(es) section below for additional guidance regarding the Plan of Care.
9. Describe how the impact of not receiving services would result in quickly placing the person's health in serious jeopardy. You must complete this field.
10. Nursing Facilities: Provide the information requested.
11. Medical Information to Process EMA CPC Request: This field lists the medical information that is **required** to complete the EMA CPC Request review and determine the outcome. If the clinical information submitted with the request is incomplete, KEPRO may be unable to determine the outcome. This could result in the request being pended for incomplete information or an Administrative Denial.
12. Is the patient currently hospitalized and awaiting discharge pending the approval of the EMA CPC: Check the appropriate box. If the answer is Yes, the EMA CPC Request is considered an expedited review.

Requested Emergency Medical Diagnosis(es)

ICD Diagnosis Codes and Descriptions

List only relevant emergency medical qualifying diagnosis(es). A qualifying diagnosis is one, that if not treated, will likely result in an acute and serious deterioration of the patient's condition, typically within 48 hours, placing the patient in immediate jeopardy. The treatment plan for each diagnosis must be included.

The Drug Prior Authorization process is separate from the EMA CPC Request process. For each medication requested to treat the qualifying diagnosis(es) listed in the Plan of Care, follow the Drug Prior Authorization process and submit the Drug Prior Authorization Form (DHS-4424) as outlined on the form and in the Minnesota Health Care Programs (MHCP) Provider Manual.

Emergency Medical Assistance coverage is also provided for patients requiring dialysis for end-stage renal disease and individuals with a diagnosis of cancer not in complete remission. The National Cancer Institute defines complete remission as when all signs and symptoms of cancer have disappeared, although cancer may still be in the body.

Examples of emergency medical diagnosis information

ICD Diagnosis Code	Diagnosis Description	Emergency Room or Inpatient Hospitalization Start/End Dates	Plan of Care
J96.02	Acute Respiratory Failure with Hypercapnia	4/5/2016 – 4/7/2016	1. Prednisone 40 mg: Take 2 tablets PO for 5 days. 2. Outpatient Pulmonary Function Tests 3. Primary care physician office visits 4. Pulmonologist outpatient care or office visits
J44.1	COPD with acute exacerbation	12/15/2016 – 12/20/2016	1. Albuteral 0.083% Inhalation Neb solution: Nebulize 1 vial 3ml q 3h PRN 2. Ventolin HFA: 1-2 puffs q 4 hour PRN 3. Advair Diskus: Inhale 2 puffs twice daily. Rinse mouth afterward. 4. Benzonatate 100 mg PO TID