South Country HEALTH ALLIANCE

Fax Request to: 507-431-6329

Children's Therapeutic Services and Supports (CTSS) Authorization

Providers are required to submit this form with supporting clinical documentation after benefit threshold has been met. Please visit https://mnscha.org to view the Provider Prior Authorization grid for threshold limits.

Member Information	
Name:	
Address:	
ID Number:	Date of Birth:
Provider Information	
Facility Name:	
Facility Address:	
Facility City / State:	Facility Zip:
Facility NPI:	Facility TIN:
Facility Phone Number:	Facility Fax Number:
Clinical Information	
Date of most recent Diagnostic Assessment (DA):	
Date of most recent Functional Assessment (FA):	
Primary diagnosis:	Secondary diagnosis:

Service Information

Service Code:	Modifiers:			Units:	Start Date	End Date:

Please submit the following with this request:

- Diagnostic Assessment and Functional Assessment
- Individual Treatment Plan (ITP): form DHS-7109 containing treatment goals, treatment objectives and outcomes
- Rationale for additional units of service – describe medical necessity for continued service
- Discharge criteria – indicate member's overall discharge plan and expected date of achievement

Please follow government thresholds and authorization requirements for continued services.

Prior authorization or predetermination confirms medical necessity only and does not guarantee payment. Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefits. Plan coverage must be in effect for the member at the time services are rendered.

Contact the Provider Contact Center for questions related to claims.

South Country Health Alliance
6380 West Frontage Road
Medford, MN 55049

Reset Form

Behavioral Health: 888-633-4051
Provider Call Center: 888-633-4055