



2025 Authorization and Notification Requirements

UCare's Minnesota Senior Health Options (MSHO) | UCare Connect + Medicare

General information

UCare requires that providers obtain prior authorization or notification for the services addressed below. This list contains prior authorization (PA) and notification requirements for inpatient and outpatient services, as referenced in the [UCare Provider Manual](#). PA does not guarantee payment. To provide PA or notification, complete the appropriate request form with supporting clinical documentation as needed and submit by fax or email to UCare according to the return information noted on each form.

Upcoming changes to PA requirements are published in the monthly *Health Lines* provider newsletters, which are part of the [UCare Provider News Library](#). The CPT or HCPCS codes listed are included for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

Important information

- Allow up to 14 calendar days for a non-urgent authorization decision.
- All services are subject to member eligibility and benefit coverage.
- For services that require authorization, failing to obtain the authorization in advance may result in a denied claim.
- Inclusion or exclusion of a code listed does not constitute or imply member coverage or provider reimbursement.
- Providers may request a copy of the criteria used to make a medical necessity determination on [UCare's Authorization page](#).
- Provider of service qualifications, eligibility and licensure requirements must be met to provide services and submit claims to UCare.
- Not all plans offer out of network benefits. Call the UCare Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll-free for questions related to member eligibility, benefits and network status.

Authorization and notification forms

- [Medical Authorization and Notification Forms](#)
- [Mental Health and Substance Use Disorder Authorization and Notification Forms](#)

Prescription drugs and medical injectable drugs

- The [Medical Drug Policy library](#) is a list of medical injectable drugs that require prior authorization and the policies that contain coverage criteria.
- The formulary indicates which drugs are covered under the pharmacy benefit. Formularies are available by clicking the plan name on the [Pharmacy page](#).

Delegated services

[UCare's Authorization page](#) provides information on how to request authorization for the following services. Unless noted otherwise within delegated services, UCare is the contract resource for all authorization service requests, concerns and questions.

- Chiropractic
- Dental
- Pharmacy

Requirement definitions

Approval authority	UCare, or an organization delegated by UCare, to approve or deny prior authorization requests.
Notification	The process of informing UCare, or delegates of UCare, of a specific medical treatment or service prior to, or within a specified time period after, the start of the treatment or service.
Prior authorization	An approval by an approval authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary, an eligible, appropriate, expense and that other alternatives have been considered.

Notification only requirements

Service category	Requirements
Inpatient Hospital Notifications: Acute Inpatient Medical Admissions Inpatient Mental Health Admissions	<i>If you are an enrolled provider with the UCare Encounter Alert System (EAS), notification of Inpatient Hospital Admissions is not required.</i> <ul style="list-style-type: none">- Notification within 24 hours of admission if you are not enrolled with the UCare EAS system.- Discharge summary to be sent within 72 hours of discharge.- Fax information for Acute Inpatient Medical Admissions to 612-884-2499 or 1-866-610-7215 toll-free.- Fax information for Inpatient Mental Health Admissions to 612-884-2033 or 1-855-260-9710 toll-free.
Inpatient Substance Use Disorder Admission	<ul style="list-style-type: none">- Notification within 24 hours of admission.- Discharge summary to be sent within 72 hours of discharge.- Fax information to 612-884-2033 or 1-855-260-9710 toll-free.
Transplants	<ul style="list-style-type: none">- Step one: Notification for transplant consult or evaluation.- Step two: Notification for transplant listing.- Step three: Notification within 24 hours of inpatient hospital admissions.

Authorization requirements

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Acute Inpatient Rehabilitation	<p>Notification required within 24 hours of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	N/A	Yes	Yes	<p>InterQual: LOC Rehabilitation Appropriate subset will be chosen based on the reason and diagnosis for acute inpatient rehabilitation admission</p> <p>Medicare Benefit Policy Manual: Chapter 1: Inpatient Hospital Services Covered Under Part A</p>
Adult Rehabilitative Mental Health Services (ARMHS)	Treatment exceeding calendar year thresholds will require a prior authorization.	<p>90882 - Authorization is required for more than 72 sessions per calendar year.</p> <p>H0034 - Authorization is required for more than 26 hours or 104 units per calendar year.</p> <p>H2017 - Authorization is required for more than 300 hours or 1200 units per calendar year.</p> <p>Add HM, HQ, U3 or U3 HM modifiers as appropriate.</p>	Yes	Yes	<p>Minnesota Health Care Programs Provider Manual: Mental Health Services, ARMHS</p>
Adult Residential Crisis Stabilization Services	Treatment exceeding 10 days in a calendar month will require authorization.	H0018	Yes	Yes	<p>InterQual Behavioral Health (BH) Adult and Geriatric Psychiatry Residential Crisis Program</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Back (Spine) Surgery - Lumbar Spinal Fusion - Sacroiliac Joint Fusion	Prior authorization required prior to service. Authorization not required for: - Emergency surgery for trauma - Acute transverse myelopathy - Tumors - Cervical and Thoracic Back Surgery	22533, 22534, 22558, 22585, 22586, 22612, 22614, 22630, 22632, 22633, 22634, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 27279, 27280	Yes	Yes	InterQual: Medicare Procedures: Minimally Invasive Sacroiliac (SI) Joint Fusion InterQual: Care Plan (CP) Procedures: - Lumbar Spinal Fusion - Decompression +/- Fusion, Lumbar Medicare Local Coverage Determination: - Minimally invasive Surgical (MIS) - Fusion of the Sacroiliac Joint L36406 Minnesota Health Care Programs Provider Manual: No criteria listed for Lumbar Fusion and Sacroiliac Joint Fusion
Bariatric Surgery (Gastric Bypass)	Prior authorization required prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43845, 43846, 43847, 43848	Yes	Yes	InterQual Medicare Procedures: Bariatric Surgery InterQual Care Plan (CP) Procedures: Bariatric or Metabolic Surgery Medicare National Coverage Determination (NCD): Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1) Minnesota Health Care Programs Provider Manual: No criteria listed for Bariatric or Metabolic Surgery

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Cosmetic Procedures Examples include: <ul style="list-style-type: none"> - Abdominoplasty - Breast reduction surgery - Gynecomastia - Mammoplasty - Panniculectomy - Removal of breast implant(s) or replacement of breast implants - Rhinoplasty or Septorhinoplasty - Skin peel(s) 	Prior authorization required prior to service. Note: Photographs are not required to be submitted when requesting authorization for cosmetic or reconstructive surgeries. If UCare determines photographs are needed the Utilization Review Specialist will call to request them. Authorization not required for: Breast reconstruction associated with breast cancer	11960, 15780, 15781, 15782, 15783, 15786, 15787, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15877, 15878, 15879, 17106, 17107, 17108, 17340, 17360, 17380, 19300, 19316, 19318, 19325, 19328, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, 21296, 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30540, 30545, 30560, 30620, 40500, 67900, 67912, 69090, 69300, 69320	Yes	Yes	InterQual Medicare Procedures: Appropriate subset will be chosen based on requested procedure. Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested procedure. InterQual Care Plan (CP) Procedures: Appropriate subset will be chosen based on requested procedure Minnesota Health Care Programs Provider Manual, Physician and Professional Services: <ul style="list-style-type: none"> - Physician and Professional Services - Plastic and Reconstructive Surgery

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	<p>Prior authorization required prior to service.</p> <p>Vagus Nerve Stimulation mental health diagnosis, send to Mental Health and Substance Use Disorders fax line.</p>	64553, 64568, 64569, 64582	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea - Vagus Nerve Stimulation - Peripheral Nerve Stimulation - Deep Brain Stimulation (DBS) <p>Medicare:</p> <p>National Coverage Determination (NCD):</p> <ul style="list-style-type: none"> - Vagus Nerve Stimulation (VNS) (160.18) - Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (160.24) - Stereotaxic Depth Electrode Implantation (160.5) <p>Local Coverage Determination (LCD)</p> <p>Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387)</p> <p>InterQual Care Plan (CP) or BH Procedures:</p> <p>Vagus Nerve Stimulation</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<p>Durable Medical Equipment (DME)</p> <p>See also: <i>Wheelchairs and Accessories</i></p> <p>UCare reserves the right to determine rental vs. purchase.</p> <p>Repair or replacement of rental equipment is the provider's responsibility.</p>	<p>Prior authorization required prior to delivery or dispensing of DME items that require authorization.</p>	<p>E0483 - High Frequency Chest Wall Oscillation System</p> <p>E0652 - Pneumatic Compression Device</p> <p>E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications</p> <p>E0749- Osteogenesis stimulator, electrical, surgically implanted</p> <p>E0764 - Functional Neuromuscular Stimulator (rental only item)</p> <p>E0766 - Electrical Stimulation Device (rental only item)</p>	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested DME item</p> <p>Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item</p> <p>InterQual Care Plan(CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested DME item</p> <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies: Appropriate coverage criteria for equipment will be chosen based on requested DME item</p>
<p>Early Intensive Developmental and Behavioral Intervention (EIDBI)</p>	<p>Prior authorization required prior to service.</p>	<p>0373T UB, 97153 UB, 97154 UB, 97155 UB, 97156 UB, 97157 UB</p>	No	Yes	<p>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Genetic or Molecular Diagnostic Tests for the following: <ul style="list-style-type: none"> - Breast cancer - Ovarian cancer - Colorectal cancer (excluding Fecal DNA test) - Pancreatic cancer - Prostate cancer - All cancer panels (i.e., gene sequencing, whole genome, or exome sequencing) 	Prior authorization required prior to ordering test.	0037U, 81162, 81163, 81164, 81165, 81166, 81167, 81210, 81212, 81215, 81216, 81217, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81415, 81416, 81432, 81433, 81435, 81436, 81437, 81438, 81445, 81460, 81479, 81500, 81503, 81504, 81506, 81518, 81520, 81521, 81523, 81525, 81535, 81536, 81539, 81540, 81541, 81551	Yes	Yes	InterQual Medicare Molecular Diagnostics & Lab Appropriate subset will be chosen based on requested genetic testing Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested service InterQual Care Plan (CP): Molecular Diagnostics Appropriate subset will be chosen based on requested genetic testing Minnesota Health Care Provider Manual, Lab/Pathology, Radiology & Diagnostic Services: <ul style="list-style-type: none"> - Lab or Pathology Services - Genetic Testing

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Home Health Care - Skilled Nurse Visits (SNV) - Home Health Aide (HHA)	<p>Notification is required prior to the first date of service within a member's CADI waiver approval span.</p> <p>Providers must contact the CADI case manager to request homecare services.</p> <p>The CADI case manager is required to submit the DHS-5841-ENG form to UCare.</p>	SNV - T1030, T1031 HHA - T1021	Yes If member is open to a CADI Waiver, notification is required	Yes If member is open to a CADI Waiver, notification is required	N/A
Home Care Nursing (Formerly known as Private Duty Nursing)	<p>Prior authorization required prior to first visit.</p>	MSHO: T1002, T1003	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service - contact member's county.	Minnesota Health Care Programs Community Based Services Manual: - Home Care - Home Care Nursing (HCN)
Intensive Residential Treatment Services (IRTS)	<p>Treatment exceeding 90-days will require authorization.</p> <p>Readmission within 15 days counts toward 90-day treatment total.</p>	H0019	Yes	Yes	InterQual Adult and Geriatric Psychiatry: Residential Treatment Center

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Long-Term Acute Care (LTAC)	<p>Notification required within 24 hours of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	N/A	Yes	Yes	InterQual: LOC Long Term Acute Care Appropriate subset will be chosen based on reason for LTAC admission
<p>Nursing Facility Admission (for Custodial Care)</p> <p>UCare requires alphabetical RUG rates for authorization.</p>	<p>Notification required within 24 hours of admission.</p> <p>Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home.</p>	N/A	Notification within 24 hours of admission. Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home.	Notification within 24 hours of admission. Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home.	N/A

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<p>Personal Care Assistant (PCA) and Community First Services and Supports (CFSS)</p> <p>An in-person assessment conducted by a UCare care coordinator, waiver case manager or a contracted agency is required before a determination can be made to approve services.</p> <ul style="list-style-type: none"> • PCA Services • CFSS Services including: <ul style="list-style-type: none"> - Agency and Budget Model Service Delivery - Consultation Services - CFSS Goods and Services - CFSS, Personal Emergency Response (PERS) Services 	<p>Prior authorization required prior to service.</p>	<p>Reference DHS procedure codes Community First Services and Supports codes/Minnesota Department of Human Services</p>	<p>Yes</p>	<p>Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.</p>	<p>Minnesota Health Care Programs Provider Manual: PCA Services</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	Yes	Yes	<p>InterQual Medicare Procedures: Proton Beam Therapy</p> <p>Medicare: Local Coverage Determination (LCD): Proton Beam Therapy (L35075)</p> <p>InterQual Care Plan (CP) Procedures: Proton Beam Radiotherapy (PBRT) Proton Beam Radiotherapy</p> <p>Minnesota Health Care Programs Provider Manual: No criteria available for proton beam therapy</p>
Psychiatric Residential Treatment Facilities (PRTF)	<p>Notification required within 24 hours of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	N/A	No	Yes	<p>Minnesota Health Care Programs Provider Manual: Psychiatric Residential Treatment Facilities</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<p>Skilled Nursing Facility (SNF) or Swing Bed Admission</p> <p>Medicare-covered Skilled Nursing Facility coverage for members who have their Medicare coverage through UCare.</p>	<p>Notification required within 24 hours of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	N/A	Yes	Yes	<p>InterQual: LOC Subacute or SNF: Appropriate subset will be chosen based on reason for SNF admission</p> <p>Medicare Benefit Policy Manual: Chapter 8: Coverage of Extended Care SNF Services Under Hospital Insurance</p>
<p>Spinal Cord Stimulation</p>	<p>Prior authorization required prior to trial and prior to permanent placement.</p>	63650, 63655, 63663, 63664, 63685	Yes	Yes	<p>InterQual Medicare Procedures: Spinal Cord Stimulator</p> <p>Medicare: National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)</p> <p>InterQual Care Plan (CP) Procedures: Spinal Cord Stimulator (SCS) Insertion</p> <p>Minnesota Health Care Programs Provider Manual: No criteria listed for SCS</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Substance Use Disorder Outpatient Treatment	<p>Treatment exceeding six hours per day or 30 hours per week will require a prior authorization.</p> <p><i>Note: hours are calculated in a rolling seven-day time span.</i></p> <p>Authorizations can be given for up to a 28-day time span.</p>	H2035	Yes	Yes	InterQual: American Society of Addiction Medicine
Substance Use Disorder Residential Treatment	<p>Notification within 5 days of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	N/A	Yes	Yes	InterQual: American Society of Addiction Medicine
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	Yes	Yes	InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
Vein Procedures	Prior authorization required prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	<p>InterQual Medicare Procedures: Varicose Veins</p> <p>Medicare: Local Coverage Determination (LCD): for Varicose Veins of the Lower Extremity, Treatment of (L33575)</p> <p>InterQual Care Plan (CP) Procedures:</p> <ul style="list-style-type: none"> - Ablation, Endovenous, Varicose Veins - Ambulatory Phlebectomy, Varicose Vein - Sclerotherapy, Varicose Veins <p>Minnesota Health Care Programs Provider Manual: No criteria listed for Vein Procedures</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<p>Wheelchair Accessories - Purchase and Rental</p> <p>Repair or replacement of rental equipment is the DME provider's responsibility.</p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Prior authorization is required before delivering or dispensing accessories or items that require authorization, including new, replacement or repaired accessories.</p>	<p>E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1030, E2204, E2227, E2228, E2298, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2376, E2609, E2617</p>	<p>Yes</p>	<p>Yes</p>	<p>InterQual Medicare Durable Medical Equipment: -Appropriate subset will be chosen based on requested wheelchair item</p> <p>Medicare: -Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item</p> <p>InterQual Care Plan (CP): Durable Medical Equipment Appropriate subset will be chosen based on requested wheelchair item</p> <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies: Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<p>Wheelchair - Rental</p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Prior authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs for items that require authorization.</p> <p>All months must be authorized.</p>	<p>K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898</p>	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair</p> <p>Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair</p> <p>InterQual Care Plan (CP): Durable Medical Equipment Appropriate subset will be chosen based on requested wheelchair</p> <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies: Appropriate coverage criteria for equipment will be chosen based on requested wheelchair</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<p>Wheelchair - Purchase</p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Prior authorization is required prior to purchase K0005 - K0007, E1161, all power-operated vehicles and power wheelchairs.</p> <p>See <i>Wheelchair Accessories</i> for purchase, repair, and replacement authorization requirements. Prior authorization is required before delivering or dispensing accessories or items that require authorization, including new, replacement or repaired accessories.</p>	<p>K0005 - K0007, E1161, all power-operated vehicles and power wheelchairs</p>	<p>Yes</p>	<p>Yes</p>	<p>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair</p> <p>Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair</p> <p>InterQual Care Plan (CP): Durable Medical Equipment Appropriate subset will be chosen based on requested wheelchair</p> <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies: Appropriate coverage criteria for equipment will be chosen based on requested wheelchair</p>

Contact information

UCare contact	Service area	Phone	Fax	Website or email
Medical Services	Medical Authorizations	1-877-447-4384 toll-free 612-676-6705	612-884-2499	UCare's Medical Services Authorizations page
Clinical Pharmacy Intake	Medical Drug - Non-PAR and MultiPlan Providers	612-676-6504	612-617-3948	UCare's Pharmacy page
Mental Health and Substance Use Disorder Services	Mental Health and Substance Use Disorder Authorizations	1-833-276-1185 toll-free 612-676-6533	1-855-260-9710 toll-free 612-884-2033	UCare's Mental Health and Substance Use Disorder Services Authorizations page MHSUDservices@ucare.org
Provider Assistance Center (PAC)	Member Eligibility or Benefits and Network Status	1-888-531-1493 toll-free 612-676-3300	N/A	UCare's Provider home page
Delegate contact	Service area	Phone	Fax	Website
DentaQuest	Dental	1-888-260-5152	N/A	DentaQuest
Fulcrum Health	Chiropractic	1-877-886-4941 toll-free	N/A	Fulcrum Health
Navitus	Pharmacy Drug Prior Authorizations	1-833-837-4300 toll-free	1-855-668-8552 toll-free	CoverMyMeds Surescripts