



## **Authorization and Notification Requirements - Effective June 1, 2025**

### **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
- Genetic Testing as of 7/1/25

## Requirement definitions

<b>Approval authority</b>	UCare, or an organization delegated by UCare, to approve or deny prior authorization requests.
<b>Notification</b>	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.
<b>Prior authorization</b>	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
<b>Inpatient Hospital Notifications:</b> 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"><li>- Notification within 24 hours of admission if you are not enrolled with the UCare EAS system.</li><li>- Discharge summary to be sent within 72 hours of discharge.</li><li>- Fax information for Acute Inpatient Medical Admissions to 612-884-2499 or 1-866-610-7215 toll-free.</li><li>- Fax information for Inpatient Mental Health Admissions to 612-884-2033 or 1-855-260-9710 toll-free.</li></ul>
<b>Inpatient Substance Use Disorder Admission</b>	<ul style="list-style-type: none"><li>- Notification within 24 hours of admission.</li><li>- Discharge summary to be sent within 72 hours of discharge.</li><li>- Fax information to 612-884-2033 or 1-855-260-9710 toll-free.</li></ul>

## Authorization requirements

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Air Ambulance Non-Emergent (fixed wing)</b>	Prior authorization required prior to service.  <b>Authorization is not required for emergent air transport.</b>	A0430, A0435	Yes	Yes	<b>Medicare Benefit Policy Manual:</b> Chapter 10  <b>Minnesota Health Care Programs Provider Manual:</b> Ambulance Transportation Services
<b>Acute Inpatient Rehabilitation</b>	Notification required within 24 hours of admission.  Concurrent review required for additional days.  Discharge summary required to be sent upon discharge.	N/A	Yes	Yes	<b>InterQual: LOC Rehabilitation</b> Appropriate subset will be chosen based on the reason and diagnosis for acute inpatient rehabilitation admission  <b>Medicare Benefit Policy Manual:</b> Chapter 1: Inpatient Hospital Services Covered Under Part A
<b>Adult Rehabilitative Mental Health Services (ARMHS)</b>	Treatment exceeding calendar year thresholds will require a prior authorization.	90882 - Authorization is required for more than 72 sessions per calendar year.  H0034 - Authorization is required for more than 26 hours or 104 units per calendar year.  H2017 - Authorization is required for more than 300 hours or 1200 units per calendar year.  Add HM, HQ, U3 or U3 HM modifiers as appropriate.	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> Mental Health Services, ARMHS

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Adult Residential Crisis Stabilization Services</b>	Treatment exceeding 10 days in a calendar month will require authorization.	H0018	Yes	Yes	<b>InterQual Behavioral Health (BH) Adult and Geriatric Psychiatry</b> Residential Crisis Program
<b>Back (Spine) Surgery</b> <ul style="list-style-type: none"> <li>- Lumbar Spinal Fusion</li> <li>- Sacroiliac Joint Fusion</li> <li>- Intracept</li> </ul>	Prior authorization required prior to service.  <b>Authorization is not required for:</b> <ul style="list-style-type: none"> <li>- Emergency surgery for trauma</li> <li>- Acute transverse myelopathy</li> <li>- Tumors</li> <li>- Cervical and Thoracic Back Surgery</li> </ul>	22533, 22534, 22558, 22585, 22586, 22612, 22614, 22630, 22632, 22633, 22634, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 27279, 27280, 64628, 64629	Yes	Yes	<b>InterQual: Medicare Procedures:</b> Minimally Invasive Sacroiliac (SI) Joint Fusion  <b>InterQual: Care Plan (CP) Procedures:</b> Lumbar Spinal Fusion Decompression +/- Fusion, Lumbar Neuroablation, Percutaneous  <b>Medicare Local Coverage Determination:</b> Minimally invasive Surgical (MIS) Fusion of the Sacroiliac Joint L36406  <b>Minnesota Health Care Programs Provider Manual:</b> No criteria listed for Lumbar Fusion and Sacroiliac Joint Fusion

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Bariatric Surgery (Gastric Bypass)</b>	Prior authorization required prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43845, 43846, 43847, 43848	Yes	Yes	<b>InterQual Medicare Procedures:</b> Bariatric Surgery  <b>InterQual Care Plan (CP) Procedures:</b> Bariatric or Metabolic Surgery  <b>Medicare National Coverage Determination (NCD):</b> Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)  <b>Minnesota Health Care Programs Provider Manual:</b> No criteria listed for Bariatric or Metabolic Surgery
<b>Children's Day Treatment</b>	Treatment exceeding 150 hours per calendar year will require authorization.	H2012 UA	No	Yes	<b>InterQual Child and Adolescent Psychiatry:</b> Day Treatment Program  <b>Minnesota Health Care Programs Provider Manual:</b> Mental Health Services, CTSS Children's Day Treatment
<b>Children's Therapeutic Services and Supports (CTSS)</b>	Treatment exceeding 200 cumulative hours for any combination of specified CTSS services per calendar year will require authorization.	H2014, H2015, H2019, H0031, H0032, 90832, 90834, 90837, 90875, 90876, billed with UA modifier  Appropriate E/M and: 90833, 90836, 90838	No	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> Mental Health Services, Children's Therapeutic Services and Supports (CTSS)

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Cosmetic Procedures</b> Examples include: <ul style="list-style-type: none"> <li>- Abdominoplasty</li> <li>- Breast reduction surgery</li> <li>- Gynecomastia</li> <li>- Mammoplasty</li> <li>- Panniculectomy</li> <li>- Removal of breast implant(s) or replacement of breast implants</li> <li>- Rhinoplasty or Septorhinoplasty</li> <li>- Skin peel(s)</li> </ul> See also: <i>Orthognathic surgery</i>	Prior authorization required prior to service.  <b>Note:</b> 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.  <b>Authorization is not required for</b> 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	<b>InterQual Medicare Procedures:</b> Appropriate subset will be chosen based on requested procedure.  <b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested procedure.  <b>InterQual Care Plan (CP) Procedures:</b> Appropriate subset will be chosen based on requested procedure  <b>Minnesota Health Care Programs Provider Manual, Physician and Professional Services:</b> Physician and Professional Services Plastic and Reconstructive Surgery

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve</b>	<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><b>InterQual Medicare Procedures:</b>  Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea  Vagus Nerve Stimulation  Peripheral Nerve Stimulation  Deep Brain Stimulation (DBS)</p> <p><b>Medicare:</b>  <b>National Coverage Determination (NCD):</b>  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> <p><b>Local Coverage Determination (LCD)</b>  Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387)</p> <p><b>InterQual Care Plan (CP) or BH Procedures:</b>  Vagus Nerve Stimulation</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Durable Medical Equipment (DME)</b>  See also: <i>Wheelchairs and Accessories</i>  UCare reserves the right to determine rental vs. purchase.  Repair or replacement of rental equipment is the provider's responsibility.	Prior authorization required prior to delivery or dispensing of DME items that require authorization.  <b>Miscellaneous code E1399 requires authorization if billed charges are greater than \$1500.</b>	E0483 - High Frequency Chest Wall Oscillation System  E0652 - Pneumatic Compression Device  E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications  E0749- Osteogenesis stimulator, electrical, surgically implanted  E0764 - Functional Neuromuscular Stimulator (rental only item)  E0766 - Electrical Stimulation Device (rental only item)  E1399 - Miscellaneous	Yes	Yes	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested DME item  <b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item  <b>InterQual Care Plan(CP) Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested DME item  <b>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</b> Appropriate coverage criteria for equipment will be chosen based on requested DME item
<b>Early Intensive Developmental and Behavioral Intervention (EIDBI)</b>	Prior authorization required prior to service.	0373T UB, 97153 UB, 97154 UB, 97155 UB, 97156 UB, 97157 UB	No	Yes	<b>InterQual BH:</b> Behavioral Health Services Applied Behavior Analysis (ABA) Program



Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Formula or Nutritional Services</b>	Prior authorization required prior to service.  <b>Authorization is not required if</b> administered through a feeding tube.	B4102, B4103, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162	Yes	Yes	<b>InterQual Medicare:</b> Enteral Nutrition  <b>InterQual Care Plan (CP):</b> Enteral and Parenteral Nutrition Therapy
<b>Genetic or Molecular Diagnostic Tests for the following:</b> <ul style="list-style-type: none"> <li>- Breast cancer</li> <li>- Ovarian cancer</li> <li>- Colorectal cancer (excluding Fecal DNA test)</li> <li>- Pancreatic cancer</li> <li>- Prostate cancer</li> <li>- All cancer panels (i.e., gene sequencing, whole genome, or exome sequencing)</li> </ul>	Prior authorization required prior to ordering test.  <i>Genetic Testing is Delegated to Carelon as of 7/1/25. Refer to Carelon provider portal for authorization requirements after 7/1/25.</i>	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	<b>InterQual Medicare Molecular Diagnostics &amp; Lab:</b> Appropriate subset will be chosen based on requested genetic testing  <b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested service  <b>InterQual Care Plan (CP): Molecular Diagnostics</b> Appropriate subset will be chosen based on requested genetic testing  <b>Minnesota Health Care Provider Manual, Lab/Pathology, Radiology &amp; Diagnostic Services:</b> Lab or Pathology Services Genetic Testing

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Home Health Care</b> <ul style="list-style-type: none"> <li>- Skilled Nurse Visits (SNV)</li> <li>- Home Health Aide (HHA)</li> </ul>	<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
<b>Home Care Nursing</b> (Formerly known as Private Duty Nursing)	Prior authorization required prior to first visit.	MSHO: T1002, T1003	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service - contact member's county.	<b>Minnesota Health Care Programs Community Based Services Manual:</b> Home Care Home Care Nursing (HCN)
<b>Intensive Residential Treatment Services (IRTS)</b>	<p>Treatment exceeding 90-days will require authorization.</p> <p>Readmission within 15 days counts toward 90-day treatment total.</p>	H0019	Yes	Yes	<b>InterQual Adult and Geriatric Psychiatry:</b> Residential Treatment Center

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Long-Term Acute Care (LTAC)</b>	<p>Prior authorization is required prior to 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><b>InterQual: LOC Long Term Acute Care</b> Appropriate subset will be chosen based on reason for LTAC admission</p>
<b>Microprocessor Controlled Lower Limb Prosthesis</b>	<p>Prior authorization required prior to service.</p>	L5856, L5857, L5858, L5859, L5930, L5961	Yes	Yes	<p><b>InterQual Medicare:</b> Lower Limb Prostheses</p> <p><b>InterQual Care Plan (CP):</b> Prosthetics, Lower Extremity</p>
<p><b>Nursing Facility Admission (for Custodial Care)</b></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	<p>Notification within 24 hours of admission.</p> <p>Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home.</p>	<p>Notification 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

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Orthognathic Surgery</b>	Prior authorization required prior to service.	21121, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198	Yes	Yes	<b>InterQual Care Plan (CP): Procedures:</b> Appropriate subset will be chosen based on procedure
<b>Partial Hospitalization Program</b>	Treatment exceeding 21 calendar days following admission will require authorization.	H0035	Yes	Yes	<b>InterQual BH Adult and Geriatric Psychiatry:</b> Partial Hospitalization Program  <b>InterQual BH Child and Adolescent Psychiatry:</b> Partial Hospitalization Program
<b>Personal Care Assistant (PCA) and Community First Services and Supports (CFSS)</b>  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. -PCA Services -CFSS Services including: <ul style="list-style-type: none"> <li>Agency and Budget Model Service Delivery</li> <li>Consultation Services</li> <li>CFSS Goods and Services</li> <li>CFSS, Personal Emergency Response (PERS) Services</li> </ul>	Prior authorization required prior to service.	Reference DHS procedure codes <a href="#">Community First Services and Supports codes/Minnesota Department of Human Services</a>	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	<b>Minnesota Health Care Programs Provider Manual:</b> PCA Services

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

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

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Substance Use Disorder Outpatient Treatment</b>	<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	<b>InterQual: American Society of Addiction Medicine</b>
<b>Substance Use Disorder Residential Treatment</b>	<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	<b>InterQual: American Society of Addiction Medicine</b>
<b>Substance Use Disorder Withdrawal Management Services</b>	<p>Notification within 1 business day of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	Not Applicable	Yes	Yes	<b>InterQual: American Society of Addiction Medicine</b>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Transcranial Magnetic Stimulation</b>	Prior authorization required prior to service.	90867, 90868, 90869	Yes	Yes	<b>InterQual BH:</b> Behavioral Health Services Transcranial Magnetic Stimulation (TMS)
<b>Transplant</b> Heart Heart/Lung Hematopoietic Stem Cell Liver Lung Pancreas Pancreas/Kidney Pancreatic Islet Cell Small Bowel Small Bowel/Liver Multivisceral	Prior Authorization required prior to: - Evaluation - Listing  Notification required within 24 hours of admission for transplant procedure.	<b>Heart:</b> 33945 <b>Heart/Lung:</b> 33935 <b>Hematopoietic Stem Cell:</b> 38240, 38241  <b>Liver:</b> 47135  <b>Lung</b> – 32851, 32852, 32853, 32854  <b>Pancreas and Pancreas/Kidney:</b> 48554, 50360, 50365  <b>Pancreatic Islet Cell:</b> 48160  <b>Small Bowel, Small Bowel/Liver, Multivisceral:</b> 44136	Yes	Yes	<b>Minnesota Health Care Provider Manual:</b> Physician and Professional Services – Transplants  <b>InterQual Medicare:</b> Appropriate subset will be chosen based on transplant type  <b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested transplant



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			MSHO	UCare Connect + Medicare	
<b>Vein Procedures</b>	Prior authorization required prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	<p><b>InterQual Medicare Procedures:</b> Varicose Veins</p> <p><b>Medicare:</b> <b>Local Coverage Determination (LCD):</b> for Varicose Veins of the Lower Extremity, Treatment of (L33575)</p> <p><b>InterQual Care Plan (CP) Procedures:</b> Ablation, Endovenous, Varicose Veins Ambulatory Phlebectomy, Varicose Vein Sclerotherapy, Varicose Veins</p> <p><b>Minnesota Health Care Programs Provider Manual:</b> No criteria listed for Vein Procedures</p>

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Wheelchair Accessories - Purchase and Rental</b>  Repair or replacement of rental equipment is the DME provider's responsibility.  UCare reserves the right to determine rental vs. purchase.	Prior authorization is required before delivering or dispensing accessories or items that require authorization, including new, replacement or repaired accessories.  <b>Miscellaneous codes K0108 and K0669 require authorization if billed charges are greater than \$1500.</b>	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, K0108, K0669	Yes	Yes	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair item  <b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item  <b>InterQual Care Plan (CP): Durable Medical Equipment</b> Appropriate subset will be chosen based on requested wheelchair item  <b>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</b> Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Wheelchair - Rental</b>  UCare reserves the right to determine rental vs. purchase.	Prior authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs for items that require authorization.  All months must be authorized.	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	Yes	Yes	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair  <b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair  <b>InterQual Care Plan (CP): Durable Medical Equipment</b> Appropriate subset will be chosen based on requested wheelchair  <b>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</b> Appropriate coverage criteria for equipment will be chosen based on requested wheelchair

Service category	Requirements	CPT codes	Integrated programs		Medical necessity criteria
			MSHO	UCare Connect + Medicare	
<b>Wheelchair - Purchase</b>  UCare reserves the right to determine rental vs. purchase.	<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>	K0005 - K0007, E1161, all power-operated vehicles and power wheelchairs	Yes	Yes	<p><b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair</p> <p><b>Medicare:</b> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair</p> <p><b>InterQual Care Plan (CP): Durable Medical Equipment</b> Appropriate subset will be chosen based on requested wheelchair</p> <p><b>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</b> Appropriate coverage criteria for equipment will be chosen based on requested wheelchair</p>

## Contact information

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