



2025 Authorization and Notification Requirements

UCare Individual & Family Plans (IFP) | UCare Individual & Family Plans with M Health Fairview

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 five business 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.
- If you are not able to obtain services in your network, you may submit a network exception request prior to services.
- UCare does not review predeterminations for UCare Individual & Family Plans (IFP) and UCare Individual & Family Plans with M Health Fairview at this time.
- 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 & SUD 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. This is 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> - 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	- 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	- 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	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Acute Inpatient Rehabilitation	Notification required within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	InterQual LOC Rehabilitation: Appropriate subset will be chosen based on reason for acute inpatient rehabilitation admission
Adult Residential Crisis Stabilization Services	Treatment exceeding 10 days in a calendar month will require authorization.	H0018	InterQual Behavioral Health (BH): Adult and Geriatric Psychiatry - Residential Crisis Program
Back (Spine) Surgery <ul style="list-style-type: none"> - Lumbar Spinal Fusion - Sacroiliac Joint Fusion 	Prior authorization required prior to service. Authorization not required for: <ul style="list-style-type: none"> - 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	InterQual: Medicare Procedures: <ul style="list-style-type: none"> - Minimally Invasive Sacroiliac (SI) Joint Fusion InterQual: Care Plan (CP) Procedures: <ul style="list-style-type: none"> - Lumbar Spinal Fusion - Decompression +/- Fusion, Lumbar
Children's Residential Treatment	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	H0019	InterQual BH: Child and Adolescent Psychiatry - Residential Treatment Center

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<p>Cosmetic Procedures Examples include:</p> <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) 	<p>Prior authorization required prior to service.</p> <p>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.</p> <p>Authorization not required for: Breast reconstruction associated with breast cancer</p>	<p>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</p>	<p>InterQual Medicare Procedures: Appropriate subset will be chosen based on requested procedure</p> <p>InterQual Care Plan (CP) Procedures: Appropriate subset will be chosen based on requested procedure</p>
<p>Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve</p>	<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>	<p>64553, 64568, 64569, 64582</p>	<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>InterQual Care Plan (CP) or BH Procedures:</p> <ul style="list-style-type: none"> - Vagus Nerve Stimulation

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<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>E0694 - Ultraviolet Multidirectional Light Therapy</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>	<p>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested DME item</p> <p>InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested DME item</p>
<p>Genetic or Molecular Diagnostic tests for the following:</p> <ul style="list-style-type: none"> - Breast cancer - Colorectal cancer (excluding Fecal DNA test) - Ovarian cancer - Pancreatic cancer - Prostate cancer - All cancer panels (i.e., gene sequencing, whole genome, or exome sequencing) 	<p>Prior authorization is required prior to ordering test.</p>	<p>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</p>	<p>InterQual Medicare Molecular Diagnostics & Lab Appropriate subset will be chosen based on requested genetic testing</p> <p>InterQual Care Plan (CP) Molecular Diagnostics: Appropriate subset will be chosen based on requested genetic testing</p>

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Intensive Residential Treatment Services (IRTS)	Treatment exceeding 90-days will require authorization. Readmission within 15 days counts toward 90-day treatment total.	H0019	InterQual Adult and Geriatric Psychiatry: - Residential Treatment Center
Long-Term Acute Care (LTAC)	Notification required within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	InterQual LOC Long Term Acute Care: Appropriate subset will be chosen based on reason for LTAC admission
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	InterQual Medicare Procedures: Proton Beam Therapy InterQual CP Procedures: Proton Beam Radiotherapy (PBRT)
Psychiatric Residential Treatment Facilities (PRTF)	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	InterQual BH: Child and Adolescent Psychiatry - Residential Treatment Center

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Skilled Nursing Facility (SNF) or Swing Bed Admission	<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	InterQual LOC Subacute or SNF: Appropriate subset will be chosen based on reason for SNF admission
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	<p>InterQual Medicare Procedures: Spinal Cord Stimulator</p> <p>InterQual Care Plan (CP) Procedures: Spinal Cord Stimulator (SCS) Insertion</p>
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>	H2036	InterQual: American Society of Addiction Medicine
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)
Vein Procedures	Prior authorization required prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765	<p>InterQual Medicare Procedures: Varicose Veins</p> <p>InterQual Care Plan (CP) Procedures:</p> <ul style="list-style-type: none"> - Ablation, Endovenous Varicose Vein - Ambulatory Phlebectomy, Varicose Veins - Sclerotherapy, Varicose Veins

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<p>Wheelchair Accessories Purchase and Rental</p> <p>Repair or replacement of rental equipment is the DME provider’s responsibility.</p> <p>UCare or our authorizing delegate 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>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair item</p> <p>InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair item</p>
<p>Wheelchair – 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.</p>	<p>K0005- K0007, E1161, all power-operated vehicles and power wheelchairs</p>	<p>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair</p> <p>InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair</p>
<p>Wheelchair – Rental</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, K0890, K0891</p>	<p>InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair</p> <p>InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair</p>

Contact information

Care 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 Disorders 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	1-833-837-4300	1-833-210-5963	CoverMyMeds Surescripts