



Authorization and Notification Requirements – Effective August 1, 2025

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
- Genetic Testing

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: <ul style="list-style-type: none">- 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.

Authorization requirements

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Acute Inpatient Hospitalization (Medical, Mental Health, Substance Use Disorder)	UCare will contact facilities when a concurrent review is required. Discharge summary required to be sent upon discharge.	Not applicable	InterQual LOC: Acute Adult or LOC: Acute Pediatric: Appropriate subset will be chosen based on the reason and diagnosis for acute inpatient rehabilitation admission
Acute Inpatient Rehabilitation	Prior authorization is required prior to admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	Not applicable	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
Artificial Disc	Prior authorization is required.	22856, 22857, 22858	InterQual CP: Procedures: Artificial Disc Replacement, Cervical InterQual CP: Procedures: Artificial Disc Replacement, Lumbar

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Back (Spine) Surgery <ul style="list-style-type: none"> - Lumbar Spinal Fusion - Sacroiliac Joint Fusion - Intracept 	<p>Prior authorization required prior to service.</p> <p>Authorization is not required for:</p> <ul style="list-style-type: none"> - Emergency surgery for trauma - Acute transverse myelopathy - Tumors - Cervical and Thoracic Back Surgery 	<p>22533, 22534, 22558, 22585, 22586, 22612, 22614, 22630, 22632, 22633, 22634, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 27279, 27280, 64628, 64629</p>	<p>InterQual: Medicare Procedures: Minimally Invasive Sacroiliac (SI) Joint Fusion</p> <p>InterQual: Care Plan (CP) Procedures: Lumbar Spinal Fusion Decompression +/- Fusion, Lumbar Neuroablation, Percutaneous</p>
Children's Residential Treatment	<p>Prior authorization required prior to admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	H0019	<p>InterQual BH: Child and Adolescent Psychiatry, Residential Treatment Center</p>

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
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) See also: <i>Orthognathic surgery</i>	<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 is not required for breast reconstruction associated with breast cancer.</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, 67901, 67902, 67903, 67904, 67906, 67908, 67912, 69090, 69300, 69320	<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>
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	<p>InterQual Medicare Procedures: Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea Vagus Nerve Stimulation Peripheral Nerve Stimulation Deep Brain Stimulation (DBS)</p> <p>InterQual Care Plan (CP) or BH Procedures: Vagus Nerve Stimulation</p>

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Durable Medical Equipment (DME) 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. Miscellaneous code E1399 requires authorization if billed charges are greater than \$1500.	E0483 - High Frequency Chest Wall Oscillation System E0652 - Pneumatic Compression Device E0694 - Ultraviolet Multidirectional Light Therapy 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	InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested DME item InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested DME item
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
Orthognathic Surgery	Prior authorization required prior to service. Authorization is not required for emergency surgery for trauma.	21121, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198	InterQual Care Plan (CP) Procedures: Appropriate subset will be chosen based on requested procedure

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Long-Term Acute Care (LTAC)	<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>	Not applicable	InterQual LOC Long Term Acute Care: Appropriate subset will be chosen based on reason for LTAC admission
Microprocessor Controlled Lower Limb Prosthesis	Prior authorization required prior to service.	L5856, L5857, L5858, L5859, L5930, L5961	InterQual Medicare Procedures: Lower Limb Protheses InterQual Care Plan (CP): Prosthetics, Lower Extremity
Neonatal Intensive Care Unit (NICU)	<p>Notification required within 24 hours of Admission (level II - level IV only)</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	Not applicable	InterQual LOC Pediatric: Appropriate subset will be chosen based on NICU stay
Partial Hospitalization Program	Treatment exceeding 21 calendar days following admission will require authorization.	H0035	InterQual BH Adult and Geriatric Psychiatry: Partial Hospitalization Program InterQual BH Child and Adolescent Psychiatry: Partial Hospitalization Program

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
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)	Prior authorization required prior to admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	Not applicable	InterQual BH: Child and Adolescent Psychiatry - Residential Treatment Center
Skilled Nursing Facility (SNF) or Swing Bed Admission	Prior authorization is required prior to admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	Not applicable	InterQual LOC Subacute or SNF: Appropriate subset will be chosen based on reason for SNF admission

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Sleep Studies – Facility Based	Prior authorization required prior to service.	95807, 95808, 95810, 95811	InterQual Care Plans (CP): Procedures; Sleep Studies
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	InterQual Medicare Procedures: Spinal Cord Stimulator InterQual Care Plan (CP) Procedures: Spinal Cord Stimulator (SCS) Insertion
Substance Use Disorder Residential Treatment	Notification within 5 days of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	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)

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Transplant 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.	Heart: 33945 Heart/Lung: 33935 Hematopoietic Stem Cell: 38240, 38241 Liver: 47135 Lung: 32851, 32852, 32853, 32854 Pancreas and Pancreas/Kidney: 48554, 50360, 50365 Pancreatic Islet Cell: 48160 Small Bowel, Small Bowel/Liver, Multivisceral: 44136	InterQual Medicare Procedures: Appropriate subset will be chosen based on the requested transplant service
Vein Procedures	Prior authorization required prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765	InterQual Medicare Procedures: Varicose Veins InterQual Care Plan (CP) Procedures: Ablation, Endovenous Varicose Vein Ambulatory Phlebectomy, Varicose Veins Sclerotherapy, Varicose Veins

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
Wheelchair Accessories Purchase and Rental Repair or replacement of rental equipment is the DME provider's responsibility. UCare or our authorizing delegate 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. Miscellaneous codes K0108 and K0669 require authorization if billed charges are greater than \$1500.	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	InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair item InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair item
Wheelchair – Purchase	Prior authorization is required prior to purchase K0005- K0007, E1161, all power-operated vehicles and power wheelchairs. <i>See Wheelchair Accessories for purchase, repair and replacement authorization requirements.</i>	K0005- K0007, E1161, all power-operated vehicles and power wheelchairs	InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair
Wheelchair – Rental	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, K0890, K0891	InterQual Medicare Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair InterQual Care Plan (CP) Durable Medical Equipment: Appropriate subset will be chosen based on requested wheelchair

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
Carelon	Genetic Testing	1-833-821-1954	1-844-425-3736	Carelon
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