



## **Authorization and Notification Requirements – Effective June 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 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. 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
<b>Inpatient Hospital Notifications:</b> <ul style="list-style-type: none"><li>- Acute Inpatient Medical Admissions</li><li>- Inpatient Mental Health Admissions</li></ul>	<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	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<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	<b>InterQual LOC Rehabilitation:</b> Appropriate subset will be chosen based on reason for acute inpatient rehabilitation admission
<b>Adult Residential Crisis Stabilization Services</b>	Treatment exceeding 10 days in a calendar month will require authorization.	H0018	<b>InterQual Behavioral Health (BH): Adult and Geriatric Psychiatry</b> Residential Crisis Program
<b>Back (Spine) Surgery</b>  - Lumbar Spinal Fusion - Sacroiliac Joint Fusion - Intracept	Prior authorization required prior to service.  <b>Authorization is not required for:</b> - 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, 64628, 64629	<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>Children's Residential Treatment</b>	Notification within 24 hours of admission.  Concurrent review required for additional days.  Discharge summary required to be sent upon discharge.	H0019	<b>InterQual BH: Child and Adolescent Psychiatry, Residential Treatment Center</b>

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<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.  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.  <b>Authorization is not required for</b> breast reconstruction associated with breast cancer.	11960, 15780, 15781, 15782, 15783, 15786, 15787, 15820, 15821, 15822, 15823, 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	<b>InterQual Medicare Procedures:</b> Appropriate subset will be chosen based on requested procedure  <b>InterQual Care Plan (CP) Procedures:</b> Appropriate subset will be chosen based on requested procedure
<b>Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve</b>	Prior authorization required prior to service.  Vagus Nerve Stimulation mental health diagnosis, send to Mental Health and Substance Use Disorders fax line.	64553, 64568, 64569, 64582	<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)  <b>InterQual Care Plan (CP) or BH Procedures:</b> Vagus Nerve Stimulation

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<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  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	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested DME item  <b>InterQual Care Plan (CP) Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested DME item
<b>Genetic or Molecular Diagnostic tests for the following:</b> <ul style="list-style-type: none"> <li>- Breast cancer</li> <li>- Colorectal cancer (excluding Fecal DNA test)</li> <li>- Ovarian cancer</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 is 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	<b>InterQual Medicare Molecular Diagnostics &amp; Lab</b> Appropriate subset will be chosen based on requested genetic testing  <b>InterQual Care Plan (CP) Molecular Diagnostics:</b> Appropriate subset will be chosen based on requested genetic testing

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<b>Intensive Residential Treatment Services (IRTS)</b>	Treatment exceeding 90-days will require authorization.  Readmission within 15 days counts toward 90-day treatment total.	H0019	<b>InterQual Adult and Geriatric Psychiatry:</b> Residential Treatment Center
<b>Orthognathic Surgery</b>	Prior authorization required prior to service.  <b>Authorization is not required for</b> emergency surgery for trauma.	21121, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198	<b>InterQual Care Plan (CP) Procedures:</b> Appropriate subset will be chosen based on requested procedure
<b>Long-Term Acute Care (LTAC)</b>	Prior authorization is required prior to admission.  Concurrent review required for additional days.  Discharge summary required to be sent upon discharge.	N/A	<b>InterQual LOC Long Term Acute Care:</b> Appropriate subset will be chosen based on reason for LTAC admission
<b>Microprocessor Controlled Lower Limb Prosthesis</b>	Prior authorization required prior to service.	L5856, L5857, L5858, L5859, L5930, L5961	<b>InterQual Medicare Procedures:</b> Lower Limb Prostheses  <b>InterQual Care Plan (CP):</b> Prosthetics, Lower Extremity

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<b>Neonatal Intensive Care Unit (NICU)</b>	<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	<b>InterQual LOC Pediatric:</b> Appropriate subset will be chosen based on NICU stay
<b>Partial Hospitalization Program</b>	Treatment exceeding 21 calendar days following admission will require authorization.	H0035	<p><b>InterQual BH Adult and Geriatric Psychiatry:</b> Partial Hospitalization Program</p> <p><b>InterQual BH Child and Adolescent Psychiatry:</b> Partial Hospitalization Program</p>
<b>Proton Beam Therapy</b>	Prior authorization required prior to service.	77520, 77522, 77523, 77525	<p><b>InterQual Medicare Procedures:</b> Proton Beam Therapy</p> <p><b>InterQual CP Procedures:</b> Proton Beam Radiotherapy (PBRT)</p>
<b>Psychiatric Residential Treatment Facilities (PRTF)</b>	<p>Notification 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	<b>InterQual BH: Child and Adolescent Psychiatry</b> - Residential Treatment Center

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<b>Skilled Nursing Facility (SNF) or Swing Bed Admission</b>	Notification required within 24 hours of admission.  Concurrent review required for additional days.  Discharge summary required to be sent upon discharge.	N/A	<b>InterQual LOC Subacute or SNF:</b> Appropriate subset will be chosen based on reason for SNF admission
<b>Sleep Studies – Facility Based</b>	Prior authorization required prior to service.	95807, 95808, 95810, 95811	<b>InterQual Care Plans (CP):</b> Procedures; Sleep Studies
<b>Spinal Cord Stimulation</b>	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	<b>InterQual Medicare Procedures:</b> Spinal Cord Stimulator  <b>InterQual Care Plan (CP) Procedures:</b> Spinal Cord Stimulator (SCS) Insertion
<b>Substance Use Disorder Residential Treatment</b>	Notification within 5 days of admission.  Concurrent review required for additional days.  Discharge summary required to be sent upon discharge.	H2036	<b>InterQual:</b> American Society of Addiction Medicine



Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<b>Transcranial Magnetic Stimulation</b>	Prior authorization required prior to service.	90867, 90868, 90869	<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	<b>InterQual Medicare Procedures:</b> Appropriate subset will be chosen based on the requested transplant service
<b>Vein Procedures</b>	Prior authorization required prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765	<b>InterQual Medicare Procedures:</b> Varicose Veins  <b>InterQual Care Plan (CP) Procedures:</b> Ablation, Endovenous Varicose Vein Ambulatory Phlebectomy, Varicose Veins Sclerotherapy, Varicose Veins

Service category	Requirements	Codes requiring authorization CPT or HCPTC codes	Medical necessity criteria
<b>Wheelchair Accessories Purchase and Rental</b>  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.  <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	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair item  <b>InterQual Care Plan (CP) Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair item
<b>Wheelchair – Purchase</b>	Prior authorization is required prior to purchase K0005- K0007, E1161, all power-operated vehicles and power wheelchairs.  See <i>Wheelchair Accessories</i> for purchase, repair and replacement authorization requirements.	K0005- K0007, E1161, all power-operated vehicles and power wheelchairs	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair  <b>InterQual Care Plan (CP) Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair
<b>Wheelchair – Rental</b>	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	<b>InterQual Medicare Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair  <b>InterQual Care Plan (CP) Durable Medical Equipment:</b> Appropriate subset will be chosen based on requested wheelchair

## Contact information

Care 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 Disorders 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	1-833-837-4300	1-833-210-5963	<a href="#">CoverMyMeds Surescripts</a>