Authorization and Notification Requirements – Effective January 1, 2026

MinnesotaCare | Minnesota Senior Care Plus (MSC+) | Prepaid Medical Assistance Program (PMAP) | UCare Connect | UCare Connect + Medicare | UCare Individual & Family Plans (IFP) | UCare IFP with M Health Fairview | UCare's Minnesota Senior Health Options (MSHO)

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 seven 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.
- UCare does not review predeterminations for UCare Connect, MSC+, PMAP, MinnesotaCare or IFP.
- 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 page 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 to determine if medical necessity criteria has been met.

Notification only requirements

Service category	Requirements
Inpatient Hospital Notifications: - Acute Inpatient Medical Admissions - Inpatient Mental Health Admissions	*If you are an enrolled provider with the UCare Encounter Alert System (EAS), notification of Inpatient Hospital Admissions is not required.* - Notification within 24 hours of admission if you are not enrolled with the UCare EAS system. - 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. 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. - 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. - 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	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	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	Yes	Yes	Yes	**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	Yes	Yes	Yes	**InterQual LOC: Inpatient Rehabilitation:** Appropriate subset will be chosen based on the reason and diagnosis for acute inpatient rehabilitation admission
Adult Rehabilitative Mental Health Services (ARMHS)	Treatment exceeding calendar year thresholds will	H2017 - Authorization is required for	Yes	Yes	Yes	**Minnesota Health Care Programs Provider Manual:** Mental Health Services, ARMHS

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
	require a prior authorization.	more than 300 hours/1200 units per calendar year. 90882 - Authorization is required for more than 72 sessions per calendar year. H0034 - Authorization is required for more than 26 hours/104 units per calendar year. Add HM, HQ, U3 or U3 HM modifiers as appropriate.				
Adult Residential Crisis Stabilization Services	Treatment exceeding 10 days in a calendar month will require authorization.	H0018	Yes	Yes	Yes	**InterQual Behavioral Health (BH) Adult and Geriatric Psychiatry:** Residential Crisis Program
Air Ambulance, Non-Emergent (fixed wing)	Prior authorization required prior to service.	A0430, A0435	Yes	Yes	Not applicable	**MHCP Provider Manual:** Ambulance Transportation Services

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
	Authorization is not required for emergent air transport.					
Artificial Disc	Prior authorization required prior to service.	22856, 22857, 22858	Yes	Yes	Yes	**InterQual CP: Procedures:** Artificial Disc Replacement, Cervical **InterQual CP: Procedures:** Artificial Disc Replacement, Lumbar
Back (Spine) Surgery - Lumbar Spinal Fusion - Sacroiliac Joint Fusion - Intracept	Prior authorization required prior to service. **Authorization is 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, 64628, 64629	Yes	Yes	Yes	**InterQual Medicare Procedures:** Minimally Invasive Sacroiliac (SI) Joint Fusion **InterQual Care Plan (CP) Procedures:** Lumbar Spinal Fusion Decompression +/- Fusion, Lumbar Neuroblation, Percutaneous **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	Not applicable	**InterQual Procedures:** Bariatric or Metabolic Surgery **Minnesota Health Care Programs Provider Manual:**

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
						No criteria listed for Bariatric or Metabolic Surgery
Children's Day Treatment	Treatment exceeding 150 hours per calendar year will require authorization.	H2012 UA	UCare Connect, PMAP, MinnesotaCare: Yes MSC+: Not applicable	UCare Connect + Medicare: Yes MSHO: Not applicable	Not applicable	**InterQual Child and Adolescent Psychiatry:** Day Treatment Program **Minnesota Health Care Programs Provider Manual:** Mental Health Services, CTSS Children's Day Treatment
Children's Therapeutic Services and Supports (CTSS)	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	UCare Connect, PMAP, MinnesotaCare: Yes MSC+: Not applicable	UCare Connect + Medicare: Yes MSHO: Not applicable	Not applicable	**Minnesota Health Care Programs Provider Manual:** Mental Health Services, Children's Therapeutic Services and Supports (CTSS)
Children's Residential Treatment	Prior authorization required prior to admission.	H0019	UCare Connect, PMAP, MinnesotaCare: Yes MSC+: Not applicable	UCare Connect + Medicare: Yes	Yes	**InterQual BH: Child and Adolescent Psychiatry** Residential Treatment Center

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
	Concurrent review required for additional days. Discharge summary required to be sent upon discharge.			MSHO: Not applicable		
Cosmetic Procedures Examples include: - 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: Orthognathic surgery**	Prior authorization required prior to service. Please 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 is 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,	Yes	Yes	Yes	**InterQual CP Procedures:** Appropriate subset will be chosen based on requested procedure **Minnesota Health Care Programs Provider Manual:** Physician and Professional Services Plastic and Reconstructive Surgery

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
		30540, 30545, 30560, 30620, 40500, 67900, 67912, 69090, 69300, 69320				
Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	Prior authorization required prior to service. Vagus Nerve Stimulation involving mental health diagnosis, send to Mental Health and Substance Use Disorders fax line.	64553, 64568, 64569, 64582	Yes	Yes	Yes	**InterQual Medicare Procedures:** Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea Vagus Nerve Stimulation Peripheral Nerve Stimulation Deep Brain Stimulation (DBS) **InterQual Care Plan (CP) or BH Procedures:** Vagus Nerve Stimulation **Minnesota Health Care Programs Provider Manual:** No criteria listed for Cranial Nerve, Vagus Nerve and Hypoglossal Nerve Stimulation
Durable Medical Equipment (DME) See also: *Wheelchairs and Accessories* UCare reserves the right to	Prior authorization required prior to delivery or dispensing of DME items that require authorization.	E0483 - High Frequency Chest Wall Oscillation System E0652 -	Yes	Yes	Yes	**InterQual CP Durable Medical Equipment:** Appropriate subset will be chosen based on requested DME item **Minnesota Health Care Programs Provider Manual:**

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
determine rental vs. purchase. Repair or replacement of rental equipment is the provider's responsibility.	**Miscellaneous code E1399 requires authorization if billed charges exceed $1,500.**	Pneumatic Compression Device E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications E0749 - Osteogenesis stimulator, electrical, surgically implanted E0766 - Electrical Stimulation Device (rental only item) E1399 – Miscellaneous				**Equipment and Supplies** Appropriate coverage criteria for equipment will be chosen based on requested DME item
Early Intensive Developmental and Behavioral Intervention (EIDBI)	Prior authorization required prior to service.	0373T UB, 97153 UB, 97154 UB, 97155 UB, 97156 UB, 97157 UB	UCare Connect, PMAP, MinnesotaCare: MSC+: Not applicable	UCare Connect + Medicare: Yes MSHO: Not applicable	Not applicable	**InterQual BH:** Behavioral Health Services Applied Behavior Analysis (ABA) Program

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
Formula or Nutritional Services	Prior authorization required prior to service. **Authorization is not required** if administered through a feeding tube.	B4102, B4103, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162	Yes	Yes	No	**InterQual Care Plan (CP):** Enteral and Parenteral Nutrition Therapy
Home Care Nursing (Formerly known as Private Duty Nursing)	Prior authorization required prior to the first visit.	T1002, T1003	MSC+: Yes UCare Connect, PMAP, MinnesotaCare: Not applicable through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	MSHO: Yes UCare Connect + Medicare: Not applicable through UCare. May be covered by Medicaid Fee for Service - contact member's county.	No	**Minnesota Health Care Programs Community Based Services Manual:** Home Care Home Care Nursing (HCN)
Intensive Residential Treatment Services (IRTS)	Treatment exceeding 90-days will require authorization. Readmission within 15 days counts toward 90-day treatment total.	H0019	Yes	Yes	Yes	**InterQual Adult and Geriatric Psychiatry:** Residential Treatment Center

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
Long-Term Acute Care (LTAC)	Prior authorization is required prior to admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	Not applicable	Yes	Yes	Yes	**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	Yes	Yes	Yes	**InterQual Care Plan (CP):** Prosthetics, Lower Extremity
Neonatal Intensive Care Unit (NICU)	Authorization is required for Levels II through IV Notification required within 24 hours of admission. Concurrent review	Rev 0172, 0173 and 0174	PMAP, MinnesotaCare: Yes MSC+, UCare Connect: Not applicable	Not applicable	Yes	**InterQual LOC Pediatric:** Appropriate subset will be chosen based on NICU stay

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
	required for additional days. Discharge summary required to be sent upon discharge.					
Nursing Facility Admission (for Custodial Care) *UCare requires alphabetical RUG rates for authorization.*	Notification required within 24 hours of admission. Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	Not applicable	Notification within 24 hours of admission. PMAP, MinnesotaCare: May be covered by Medicaid Fee for Service. Contact member's county. UCare Connect, MSC+: Update UCare upon MN 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.	Not applicable	Not applicable
Occupational Therapy	Prior authorization required after 24 visits per year.	97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124,	Yes	No	Yes	**InterQual LOC Rehabilitation:** appropriate subset will be chosen based on procedure code

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
		97139, 97140, 97150, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97799				
Orthognathic Surgery	Prior authorization required prior to service.	21121, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198	Yes	Yes	Yes	**InterQual Care Plan (CP):** appropriate subset will be chosen based in the procedure
Partial Hospitalization Program	Treatment exceeding 21 calendar days following admission will require authorization.	H0035	Yes	Yes	Yes	**InterQual BH Adult and Geriatric Psychiatry:** Partial Hospitalization Program **InterQual BH Child and Adolescent Psychiatry:** Partial Hospitalization Program
Personal Care Assistant (PCA) and Community First Services and Supports (CFSS) 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.	Prior authorization required prior to service.	Reference DHS procedure codes Community First Services and Supports codes	MSC+: Yes UCare Connect, PMAP, MinnesotaCare: Not applicable through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	MSHO: Yes UCare Connect + Medicare **-** Not applicable through UCare. May be covered by Medicaid	Not applicable	**Minnesota Health Care Programs Provider Manual:** PCA Services

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
PCA Services CFSS Services Including: - Agency and Budget Model Service Delivery - Consultation Services - CFSS Goods and Services - CFSS Personal Emergency Response (PERS) Services				Fee for Service. Contact member's county.		
Physical Therapy	Prior authorization required after 14 visits per calendar year.	97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97530, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97799	Yes	No	Yes	**InterQual LOC Rehabilitation:** appropriate subset will be chosen based on procedure code
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	Yes	Yes	Yes	**InterQual Care Plan CP Procedures:** Proton Beam Radiotherapy (PBRT) **Minnesota Health Care Programs Provider Manual**: No criteria available for proton beam therapy

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
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	MSC+: Not applicable UCare Connect, PMAP, MinnesotaCare: Yes	MSHO: Not applicable UCare Connect + Medicare: Yes	Yes	**Minnesota Health Care Programs Provider Manual:** Psychiatric Residential Treatment Facilities
Psychotherapy (Group)	Threshold limit of 52 visits per year. Prior authorization required for additional visits.	90853	Yes	No	No	**InterQual Adult and Geriatric Psychiatry:** Outpatient **InterQual BH Child and Adolescent Psychiatry:** Outpatient
Psychotherapy (Individual)	Threshold limit of 52 visits per year. Prior authorization required for additional visits.	90832, 90834, 90837 *Note:* Two units of 90837 billed on the same day may be considered one service.	Yes	No	No	**InterQual Adult and Geriatric Psychiatry:** Outpatient **InterQual BH Child and Adolescent Psychiatry:** Outpatient
Sleep Studies – Facility Based	Prior authorization required prior to service.	95807, 95808, 95810, 95811	UCare Connect, MSC+: No PMAP, MinnesotaCare: Yes	No	No	**InterQual Care Plan (CP) Procedures:** Sleep Studies **Minnesota Health Care Programs Provider Manual**: Sleep Testing
Skilled Nursing Facility (SNF) or Swing Bed Admission	Prior authorization is required prior to admission.	Not applicable	Not applicable	Yes	Yes	**Skilled Nursing Facility (SNF) or Swing Bed Admission** Medicare-covered Skilled Nursing

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
Medicare-covered Skilled Nursing Facility coverage for members who have their Medicare coverage through UCare.	Concurrent review required for additional days. Discharge summary required to be sent upon discharge.					Facility coverage for members who have their Medicare coverage through UCare. **InterQual: LOC Subacute or SNF:** Appropriate subset will be chosen based on reason for SNF admission **Medicare Benefit Policy Manual:** Chapter 8: Coverage of Extended Care SNF Services Under Hospital Insurance
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	Yes	**InterQual Care Plan (CP) Procedures:** Spinal Cord Stimulator (SCS) Insertion **Minnesota Health Care Programs Provider Manual:** No criteria listed for SCS
Substance Use Disorder (SUD) Outpatient Treatment	Prior authorization required for ASAM Level 2.5 Partial Hospitalization	H2035	Yes	Yes	No	**InterQual:** American Society of Addiction Medicine (ASAM)
Substance Use Disorder Residential Treatment	Notification within five days of admission. Concurrent review	H2036	Yes	Yes	Yes	**InterQual:** American Society of Addiction Medicine (ASAM)

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
	required for additional days. Discharge summary required to be sent upon discharge.					
Substance Use Disorder Withdrawal Management Services	Treatment exceeding four days per admission will require authorization. Same day readmission will be counted as part of initial admission. Discharge summary required to be sent upon discharge.	Not applicable	Yes	Yes	Yes	**InterQual:** American Society of Addiction Medicine
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	Yes	Yes	Yes	**InterQual BH:** Behavioral Health Services Transcranial Magnetic Stimulation (TMS)
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	Yes	Yes	Yes	**Minnesota Health Care Provider Manual** Physician and Professional Services – Transplants

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
		Pancreas and Pancreas/Kidney: 48554, 50360, 50365 **Pancreatic Islet Cell:** 48160 **Small Bowel, Small Bowel/Liver, Multivisceral**: 44136				
Vein Procedures	Prior authorization required prior to service.	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	Yes	**InterQual Care Plan (CP) Procedures:** Ablation, Endovenous, Varicose Veins, Ambulatory Phlebectomy, Varicose Vein Sclerotherapy, Varicose Veins **Minnesota Health Care Programs Provider Manual:** No criteria listed for Vein Procedures
Wheelchair Accessories – Purchase and Rental	Prior authorization is required before delivering or dispensing	E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008,	Yes	Yes	Yes	**InterQual Care Plan (CP): Durable Medical Equipment:**

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
Repair or replacement of rental equipment is the DME provider's responsibility. UCare reserves the right to determine rental vs. purchase.	accessories or items that require authorization, including new, replacement, or repaired accessories. **Miscellaneous codes K0108 and K0669 require authorization if the billed charges exceed $ 1,500.**	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				Appropriate subset will be chosen based on requested wheelchair item **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item
Wheelchair - Rental 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, 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,	Yes	Yes	Yes	**InterQual CP: Durable Medical Equipment:** Appropriate subset will be chosen based on requested wheelchair **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** Appropriate coverage criteria for equipment will be chosen based on requested wheelchair

Service category	Requirements	CPT codes	Medical Assistance (MinnesotaCare, MSC+, UCare Connect, PMAP)	Duals (MSHO, UCare Connect + Medicare)	IFP	Medical necessity criteria
		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				
Wheelchair - Purchase UCare reserves the right to determine rental vs. purchase.	Prior authorization is required prior to purchase K0005 - K0007, E1161, all power-operated vehicles and power wheelchairs. See *Wheelchair Accessories* for purchase, repair, and replacement authorization requirements.	K0005 - K0007, E1161, all power operated-vehicles and power wheelchairs	Yes	Yes	Yes	**InterQual Care Plan (CP): Durable Medical Equipment:** Appropriate subset will be chosen based on requested wheelchair **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** Appropriate coverage criteria for equipment will be chosen based on requested wheelchair

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 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 Drug Prior Authorizations	1-833-837-4300 toll-free	1-855-668-8553 toll-free	CoverMyMeds Surescripts