Health Lines

June 2025

Provider Guide updated

The [Explanation of Payment Provider Guide](#) was updated on May 19. Within section D, the "Adjustment Amount" was revised to include enhanced payment information.

UCare partners with Carelon for utilization management of genetic testing authorization

As announced in the [May 1 Provider Bulletin](#), UCare has partnered with [Carelon](#) to perform utilization management review for genetic testing authorizations for dates of service July 1, 2025, and later. This change will apply to genetic testing services for members in all UCare products, except Medicare Supplement plans.

For genetic testing taking place on or after July 1, 2025, ordering providers will need to contact Carelon for prior authorization. The following Carelon contact options will be available starting June 16, 2025:

- Provider portal - https://www.providerportal.com/ (registration with Carelon required)
- Phone number - 1-833-821-1954

Carelon will host provider training. See the following chart for details. All registrants will receive Carelon solution training materials prior to their training date.

Date and time	Registration link
Thursday, June 12, 2025, 12 - 1 pm	[Register here](#)
Monday, June 23, 2025, 11 am - 12 pm	[Register here](#)
Friday, July 11, 2025, 1 - 2 pm	[Register here](#)

Coding corner

Telehealth place of service requirements
UCare aligns with the Department of Human Services (DHS) for teleheatlh services billing requirements.

Professional claims submitted for services via telehealth should include CPT or HCPCS codes that describe the services rendered, as well as a required place of service of 02 or 10.

- **Place of service 02 newly defined:** Telehealth provided other than in the patient's home. The location where health services and health-related services are provided or received through telecommunication

UCare provider website
www.ucare.org/providers

Provider Assistance Center
612-676-3300
1-888-531-1493 toll-free

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technology. The patient is not located in their home when receiving health services or health-related services through telecommunication technology.

- **Place of service 10:** Telehealth provided in patient's home. The location where health services and health-related services are provided or received through telecommunication technology. The patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.

This guidance can be found in the [Telehealth Services](#) chapter of the MHCP Provider Manual under the Billing section.

Medicaid behavioral health home (BHH) services prior procedure required
UCare aligns with DHS on the requirements for billing S0280 and S0281.

Code S0281 U5 (maintenance plan) requires that code S0280 U5 (initial plan) be submitted before the S0281 U5.

This guidance can be found in the [Behavioral Health Home Services](#) chapter of the MHCP Provider Manual under the Billing section.

Unlisted codes reminder
Unlisted codes, as identified by the Centers for Medicare and Medicaid Services (CMS), require a description to be submitted as well. Upon review, claims that contain an unlisted code without also including the description may be denied.

UCare's provider training

In 2025, UCare kicked off monthly, virtual training opportunities for participating providers, as well as separate training specifically designed for Elderly Waiver (EW) providers. These trainings give providers a better understanding of the following:

- UCare programs available for members
- UCare enrollment processes and requirements
- UCare provider portal and clearinghouse requirements
- Authorization and notification information
- General UCare claim processing overview and tips
- How to notify UCare of administrative changes
- How to access resources and assistance within UCare

Upcoming trainings are scheduled for June 17 and July 17. Providers can visit UCare's [Training and education](#) page to register for live trainings. Open the "Elderly Waiver Services (+)" accordion for the EW training schedule and registration links or the "Working with UCare Provider Training (+)" accordion for the schedule and links for all other providers.

Note: The same information will be shared at each monthly offering. Providers interested in the training need only to sign up for one session.

Quantity limit change for urine drug testing (UDT) services

Applicable for MinnesotaCare, Minnesota Senior Care Plus, Minnesota Senior Health Options, Prepaid Medical Assistance Program, UCare Connect and UCare Connect + Medicare plans.

Effective June 1, 2025, UCare will implement the following limits for UDT services in accordance with the Department of Human Services (DHS) and the Centers for Medicare and Medicaid Services (CMS) guidelines:

- Presumptive UDTs shall be limited to **three (3) in a rolling seven (7) days**. This applies to any/all combinations of CPT codes including: 80305, 80306 and/or 80307.

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- Definitive UDTs shall be limited to **one (1) in a rolling seven (7) days**. This applies to any/all combinations of CPT codes including: G0480, G0481, G0482 and/or G0483.

UDT claims in excess of the above limits will be denied, citing that maximum benefit allowances have been reached.

UCare expects providers to follow all applicable DHS and CMS requirements, even when they are more restrictive than the UCare claims configuration. Claims are subject to retrospective review to ensure they meet those requirements as well.

For more detailed guidance, reference the DHS Provider Manual: Laboratory and Pathology Services section, the CMS Urine Drug Testing's Local Coverage Determination (LCD) page and the Billing and Coding page.

Ineligible Provider List updated April 17, 2025

Contracted UCare providers must make sure that they, their company, owners, managers, practitioners, employees and contractors are not on the UCare Ineligible Providers List.[*] Providers should search the list of UCare Ineligible Providers on a regular basis, and before hiring or entering into contracts with individuals to provide services or items to UCare members.

For the most current list, please contact providercontracts@ucare.org for assistance. For additional information, please refer to the Provider responsibilities chapter of the UCare Provider Manual.

Questions regarding the UCare Ineligible Providers List should be directed to compliance@ucare.org.

*Note: This list is in addition to any prior and ongoing communications regarding ineligible individuals that network providers may receive.

Updates to UCare's Medical Assistance plans prior authorization criteria

On April 22, 2025, letters were sent to inform providers that prior authorization criteria for UCare Medical Assistance plans have been revised. They now require the use of the biosimilar drug Yesintek before Stelara will be approved. Providers should consider switching their UCare Medical Assistance patients now to avoid potential treatment interruptions when their current prior authorization expires. Prescriptions can be sent to Fairview Specialty Pharmacy, which is the required specialty pharmacy for their plan.

Providers can view the updates to our Medical Assistance prior authorization criteria here.

Minnesota Medicaid Department of Human Services (DHS) preferred drug list (PDL) update

Effective June 17, 2025, Minnesota DHS will update its PDL. Changes apply to UCare Medical Assistance plans. Notable formulary changes include:
- Fexofenadine over-the-counter (OTC) - 60mg, 180mg and suspension will be added as preferred drugs.
- Intramuscular (IM) risperidone - will move from preferred to non-preferred and will require prior authorization. Brand name Risperdal Consta will remain a preferred drug.

Soliqua opportunity for UCare Medicare members taking a long-acting insulin and GLP-1 agonist

On May 16, 2025, letters were sent to UCare Medicare members and their providers. These letters informed recipients of an opportunity to switch from a long-acting insulin and GLP-1 agonist to Soliqua, a medication that combines the two. This decreases the number of injections per day, leading to better compliance and convenience. Switching to Soliqua won't increase the amount the patient pays and could save patients money, depending on their plan.

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Switch patients to Stelara biosimilars before July 1, 2025

Effective July 1, 2025, Stelara will be removed from UCare's Individual and Family Plans formulary due to the addition of the biosimilars listed below. Existing prior authorizations will no longer cover Stelara but will cover Steqeyma or Yesintek. Providers should review and make treatment changes ahead of the scheduled formulary change to avoid any disruption in treatment. Prescriptions can be sent to Fairview Specialty Pharmacy, which is the required specialty pharmacy for these plans.

Covered Stelara biosimilars for UCare Individual and Family Plans members include:
- Steqeyma – 45mg/0.5ml and 90mg/ml prefilled syringe.
- Yesintek – 45mg/0.5ml and 90mg/ml prefilled syringe and 45mg/0.5ml subcutaneous solution.

Importance of blood pressure checks

High blood pressure has few warning signs or symptoms but can lead to serious health conditions such as heart disease, kidney disease or stroke.

UCare provides resources to members to manage their wellness, diabetes, hypertension or other chronic conditions while supporting them in improving their blood pressure numbers:
- Brook Health Companion app
  - Available at no cost, this app provides coach support, goal setting, ways to stay active, meal plans and schedule reminders.
  - Encourage members to text "Brook" to 41411 and tap the download link.
- Fitness programs and discounts
  - Available at no additional cost to members in UCare Medicare (excluding UCare Advocate plans), UCare Your Choice Plans, EssentiaCare, MinnesotaCare, Prepad Medical Assistance Program, UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview (for members 18 years or older). Designed to help their overall physical and mental health goals.
  - Encourage members to visit ucare.org/healthwellness.
- Blood pressure check incentive voucher
  - Eligible members earn a $25 voucher if they get their blood pressure checked each year.
- Medication review
  - Members with prescription drug benefits are eligible for a complete medication review with a pharmacist.
  - Encourage members to visit ucare.org/mtm.

Members should contact their case manager, care coordinator or the Health Improvement team at 612-676-3481, 1-833-951-3185 toll-free or email outreach@ucare.org for information regarding services, blood pressure resources, kit orders and appointment scheduling assistance.

GrandPad

Available for UCare Advocate Choice, UCare Advocate Plus and UCare's Minnesota Senior Health Options members with a depression or anxiety diagnosis.

GrandPad is an electronic tablet designed to help members stay connected and feel less isolated. The device includes everything needed to connect with caregivers and family, plus the service to support those connections.

GrandPad lets members:
- Keep in touch through voice or video calls without the need for Wi-Fi
- Tune into AM/FM stations or search for favorite songs
- Type messages or send voice-recorded messages
- Connect with a GrandPad customer service specialist

Advise members to contact their Care Coordinator for more information and to see if they are eligible. If they don't know who their care coordinator is, have them contact UCare Customer Service at the number on the back of their member ID card.

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Activity tracker plus personal emergency response system (PERS) device

Available to Minnesota Senior Health Options and UCare Connect + Medicare members.

Eligible members can get an easy-to-use activity tracker plus a PERS device, which features:
- 24/7 emergency call-for-help to a support agent directly through the watch
- Step and heart rate tracking to help members reach their health goals
- Built-in GPS to support members both inside and outside their home

This ready-to-use device works right out of the box; members do not need to set it up or pair it to a cell phone or Wi-Fi. Members with a hypertension diagnosis who use the device are eligible for a blood pressure monitor.

To order, members should contact their care coordinator. If they do not know who their care coordinator is, they can contact UCare Customer Service at the number on the back of their member ID card.

Documentation improvement: Alzheimer's, dementia and related brain disorders

It's projected that in less than 40 years nearly 14 million Americans will live with Alzheimer's, dementia or a related brain disorder. Nearly seven out of ten Americans living with one of these conditions are still undiagnosed. Alzheimer's is one of the top 10 leading causes of death in the United States.

UCare transitioned to the CMS-HCC Model version 28. There are more opportunities to close gaps in documentation and coding related to these conditions. Clear and concise documentation can achieve this, leading to correct diagnosis code assignment. Diagnoses for these conditions are classified by etiology and severity (mild, moderate, severe).

Related etiology:
- Lewy body disease
- Parkinson's disease
- Vascular dementia
- Frontotemporal disease
- Huntington's disease
- Epilepsy
- Multiple sclerosis
- Alcoholic dementia

Be sure to document any comorbidities, related conditions and include linking language such as "due to" or "with." Example: dementia **with** agitation.

Proper code selection is also based on any associated behavioral and psychological symptoms of dementia (BPSD), non-cognitive behavioral changes (NCBC), neuropsychiatric symptoms (NPS), or depression for example.

Example: A 75-year-old male comes in today for a follow-up to his late-onset Alzheimer's disease. He presents with his wife, who is also his caregiver. She reports increased episodes of hallucinations. Wife reports she has been forced to put motion sensors in their residence to keep the patient from wandering.
- **Correct coding:**
  - G30.1 - Alzheimer's disease with late onset
  - F02.B2 - Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
  - Z91.83 - Wandering in diseases classified elsewhere

Resources
- ICD-10-CM Official Guidelines for Coding and Reporting

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- [Find a code](#)
- [Clear Up Dementia Coding Confusion](#)

Reminder: UCare Medicare Part D vaccine information

As a reminder, UCare denies claims for providers administering Part D vaccines in their clinics.

The preferred method is to have Part D vaccination provided at a pharmacy provider. A member would buy a Part D vaccine at a pharmacy and have it administered at the pharmacy. The member would only be responsible for the coinsurance or copayment.

Shingrix and Tetanus vaccines are covered as Tier 1 medication for Medicare members when the member is vaccinated at a pharmacy.

Additional information about Part D vaccines is available in the [Provider Manual](#).

Accurate member information is key to smooth claim submissions

Each time a member presents for services, providers should ask for a current insurance card. This allows you to update information in your electronic records system, which can reduce rejected claim submissions or delayed claims processing.

When submitting a claim, the UCare member ID number listed on the card, or given on the electronic eligibility and benefit transaction, should be submitted exactly as provided; no digits should be added or excluded. Please note that all UCare members have their own unique member ID number. Do not submit claims using the subscriber ID number with a dependent code.

Maintaining current insurance information for members is imperative to successful and timely claims processing. Incorrect member information can initiate suspected fraudulent claims investigations and HIPAA violations. Please remember to verify that the information on the claim submission matches the information of the member receiving the service (name, member ID number, birth date, address, etc.).

Fraud, waste and abuse reporting reminder

UCare takes a proactive approach toward stopping [fraud, waste and abuse](#) (FWA). Health care resources are limited, we ensure they are devoted to meeting genuine health needs. Providers should call 1-877-826-6847 for an anonymous reporting option or email compliance@ucare.org to report any suspected FWA against UCare or UCare members.

Upcoming holidays

UCare and the Provider Assistance Center (PAC) will be closed on the following days:
- Thursday, June 19, 2025 – Juneteenth
- Friday, July 4, 2025 – Fourth of July

If you need assistance during this time, self-service will be available through the Interactive Voice Response (IVR) system or by logging into the [Provider Portal](#) to verify eligibility, check claims status or send a message to PAC.

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