



2024 Authorization and Notification Requirements

UCare's Minnesota Senior Health Options (MSHO) | UCare Connect + Medicare

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 appropriate and submit by fax or e-mail to UCare according to the return information noted on each form.

Upcoming changes to PA requirements can be found in the monthly *Health Lines* Provider Newsletters published at ucare.org/providers/provider-news. 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 14 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.
- If you are not able to obtain services in your network, you may submit a prior authorization request prior to services.
- UCare reserves the right to review and verify medical necessity for all services.
- 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 website](#).
- Provider of service qualifications, eligibility and licensure requirements must be met to provide services and submit claims to UCare.
- Contact the UCare Provider Assistance Center (612-676-3300 or 1-888-531-1493) for information on 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 Policies](#) library is a list of medical injectable drugs that require prior authorization and the policies that contain coverage criteria. The formulary page, located on [ucare.org/providers](#) indicates which drugs are covered under the pharmacy benefit.

Delegated Services

Information on how to request authorization for the following services can be found at: [ucare.org/providers](#). UCare is the contract resource for all authorization service requests, concerns and questions, unless noted otherwise within delegated services.

- 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 to determine if the service or treatment is medically necessary, an eligible, appropriate, expense and that other alternatives have been considered.

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Acute Inpatient Rehabilitation	<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	Yes	Yes	<p>InterQual: LOC Rehabilitation - Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission</p> <p>Medicare Benefit Policy Manual: - Chapter 1: Inpatient Hospital Services Covered Under Part A</p>
Adult Rehabilitative Mental Health Services (ARMHS)	Prior authorization required prior to first date of service in a calendar year.	<p>90882, H0034, H2017</p> <p>Add HM, HQ, U3 or U3 HM modifiers as appropriate.</p>	Yes	Yes	Minnesota Health Care Programs Provider Manual: Mental Health Services, ARMHS

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Adult Residential Crisis Stabilization Services	Notification required beyond threshold of 10 days per admit.	H0018	Yes	Yes	InterQual Behavioral Health (BH) Adult and Geriatric Psychiatry - Residential Crisis Program
Back (Spine) Surgery Lumbar Spinal Fusion Sacroiliac Joint Fusion	Prior authorization required prior to service. Authorization not required for: - Emergency surgery for trauma - Acute transverse myelopathy - Tumors - Cervical and Thoracic Back Surgery	0200T, 0201T, 0221T, 0222T, 22533, 22534, 22558, 22585, 22586, 22612, 22614, 22630, 22632, 22633, 22634, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 27279, 27280	Yes	Yes	InterQual: Medicare Procedures: - Lumbar Spinal Fusion - Minimally Invasive Sacroiliac (SI) Joint Fusion - Vertebroplasty or Kyphoplasty 0200T, 0201T InterQual: Critical Points (CP) Procedures - Lumbar Spinal Fusion Medicare Local Coverage Determination: - Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac Joint L36406 Minnesota Health Care Programs Provider Manual: - No criteria listed for Lumbar Fusion and Sacroiliac Joint Fusion

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Bariatric Surgery (Gastric Bypass)	Prior authorization required prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> - Bariatric Surgery <p>Medicare:</p> <ul style="list-style-type: none"> - National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1) <p>InterQual Procedures:</p> <ul style="list-style-type: none"> - Bariatric or Metabolic Surgery <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> - No criteria listed for Bariatric or Metabolic Surgery

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
<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>Authorization not required for:</p> <ul style="list-style-type: none"> - Blepharoplasty - Breast reconstruction associated with breast cancer - Ear cartilage graft - HIV related indications for G0429, Q2026, and Q2028 	<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>11950, 11951, 11952, 11954, 11960, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15876, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15877, 15878, 15879, 17106, 17107, 17108, 17340, 17360, 17380, 19300, 19316, 19318, 19324, 19325, 19328, 19355, 19366, 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, 21299, 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30540, 30545, 30560, 30620, 40500, 67900, 67912, 69090, 69300, 69320, S2066, S2067, S2068</p>	Yes	Yes	<p>Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested procedure</p> <p>InterQual Medicare Procedures: - Appropriate subset will be chosen based on requested procedure</p> <p>InterQual CP Procedures: - Appropriate subset will be chosen based on requested procedure</p> <p>Minnesota Health Care Programs Provider Manual, Physician and Professional Services: - Plastic and Reconstructive Surgery</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
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 Disorder fax line.</p>	64553, 64568, 64569, 64582	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea - Vagus Nerve Stimulation <p>Medicare:</p> <ul style="list-style-type: none"> - National Coverage Determination (NCD) for Vagus Nerve Stimulation (VNS) (160.18) - Local Coverage Determination (LCD) Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) <p>InterQual CP or BH Procedures:</p> <ul style="list-style-type: none"> - Vagus Nerve Stimulation

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
<p>Durable Medical Equipment (DME) - Purchase and Rental</p> <p>See also: <i>Wheelchairs and Accessories</i></p> <p>See also: <i>Wound VAC</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>Authorization not required for:</p> <ul style="list-style-type: none"> - Prosthetics and orthotic devices or equipment - Monthly rental of ventilators - Monthly rental of oxygen and equipment - Prosthetics and orthotic devices or equipment 	<p>Prior authorization required prior to delivery or dispensing of DME items that require authorization.</p> <p>All months must be authorized.</p>	<p>E2510 - Speech Generating Device</p> <p>E0483 - High Frequency Chest Wall Oscillation System</p> <p>E0652 - Pneumatic Compression Device</p> <p>E0694 - Ultraviolet Multidirectional Light Therapy</p> <p>E0764 - Functional Neuromuscular Stimulator (rental only item)</p> <p>E0766 - Electrical Stimulation Device (rental only item)</p> <p>E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications</p> <p>E0749- Osteogenesis stimulator, electrical, surgically implanted</p>	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested DME item <p>Medicare:</p> <ul style="list-style-type: none"> - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item <p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested DME item <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</p> <ul style="list-style-type: none"> - Appropriate coverage criteria for equipment will be chosen based on requested DME item

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Early Intensive Developmental and Behavioral Intervention (EIDBI)	Prior authorization required prior to service.	97153 UB, 97154 UB, 97155 UB, 97156 UB, 97157 UB, 0373T UB	Yes	Yes	InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program
Genetic or Molecular Diagnostic Tests for the following: - Breast cancer - Ovarian cancer - Colorectal cancer (excluding Fecal DNA test) - Pancreatic cancer - Prostate cancer -All cancer panels (i.e., gene sequencing, whole genome, or exome sequencing)	Prior authorization required prior to ordering test.	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, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999	Yes	Yes	InterQual Molecular Diagnostics: - Appropriate subset will be chosen based on requested genetic testing Medicare: - Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000) - Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms (L37810) - Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the treatment Hematolymphoid Diseases (L37606) Minnesota Health Care Provider Manual, Lab/Pathology, Radiology & Diagnostic Services: - Lab or Pathology Services - Genetic Testing Medical Policy may be available for select genetic tests. NCCN Guidelines

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Home Health Care - Skilled Nurse Visits (SNV) - Home Health Aide (HHA)	<p>Notification is required prior to the first date of service within a member's CADI waiver approval span.</p> <p>Providers must contact the CADI case manager to request homecare services.</p>	SNV: T1030, T1031 HHA: T1021	If the member is open to a CADI Waiver, notification is required. The CADI case manager is required to submit the DHS-5841 ENG form to UCare.	Yes	Minnesota Health Care Programs Community Based Services Manual: - Home Care - Home Health Agency Services
Home Care Nursing (Formerly known as Private Duty Nursing)	Prior authorization required prior to first visit.	MSHO: T1002, T1003	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee For Service - contact member's county.	InterQual: LOC Acute Adult - Appropriate subset will be chosen based on reason for inpatient admission InterQual: LOC Acute Pediatric - Appropriate subset will be chosen based on reason for inpatient admission

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Inpatient Hospital, Acute - All Hospital Inpatient Level of Care Admissions	<p>Notification required within 24 hours of admission. Include admission history and physical information with notification.</p> <p>UCare reserves the right to require a concurrent review for any inpatient hospital stay.</p> <p>Discharge summary required to be sent within 72 hours of discharge.</p> <p>Fax information to 612-884-2499 or 1-866-610-7215 toll-free.</p>	N/A	Yes	Yes	<p>InterQual: LOC Acute Adult - Appropriate subset will be chosen based on reason for inpatient admission</p> <p>InterQual: LOC Acute Pediatric - Appropriate subset will be chosen based on reason for inpatient admission</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Inpatient Mental Health Admission	<p>Notification required within 24 hours of admission. Include admission history and physical information with notification.</p> <p>UCare reserves the right to require a concurrent review for any inpatient hospital stay.</p> <p>Discharge summary required to be sent within 72 hours of discharge.</p> <p>Fax information to 612-884-2033 or 1-855-260-9710 toll-free.</p>	N/A	Yes	Yes	<p>InterQual Adult and Geriatric Psychiatry: - Inpatient</p> <p>InterQual Child and Adolescent Psychiatry: - Inpatient</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Inpatient Substance Use Disorder Admission	<p>Notification required within 24 hours of admission. Include admission history and physical information with notification.</p> <p>UCare reserves the right to require a concurrent review for any inpatient hospital stay.</p> <p>Discharge summary required to be sent within 72 hours of discharge.</p> <p>Fax information to 612-884-2033 or 1-855-260-9710 toll-free.</p>	N/A	Yes	Yes	InterQual: American Society of Addiction Medicine
Intensive Residential Treatment Services (IRTS)	<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>	H0019	Yes	Yes	InterQual Adult and Geriatric Psychiatry: - Residential Treatment Center

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Long-Term Acute Care (LTAC)	<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	Yes	Yes	InterQual: LOC Long Term Acute Care - Appropriate subset will be chosen based on reason for LTAC admission
Nursing Facility Admission (for Custodial Care) UCare requires alphabetical RUG rates for authorization.	<p>Notification within 24 hours of admission.</p> <p>Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home.</p>	N/A	Notification within 24 hours of admission. Update UCare upon Minnesota 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.	Minnesota Health Care Programs Provider Manual: - Nursing Facilities

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Personal Care Assistant (PCA) An in-person assessment conducted by a UCare-contracted agency is required before a determination can be made to approve service.	Prior authorization required prior to service.	T1001, T1019, T1019 UA	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	Minnesota Health Care Programs Provider Manual: - PCA Services
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	Yes	Yes	InterQual Medicare Procedures: - Proton Beam Therapy Medicare: Local Coverage Determination (LCD): - Proton Beam Therapy (L35075) InterQual CP Procedures: - Proton Beam Radiotherapy

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Psychiatric Residential Treatment Facilities (PRTF)	<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	Yes	Yes	<p>Minnesota Health Care Programs Provider Manual:</p> <p>- Psychiatric Residential Treatment Facilities</p>
<p>Skilled Nursing Facility (SNF) or Swing Bed Admission</p> <p>Medicare-covered Skilled Nursing Facility coverage for members who have their Medicare coverage through UCare.</p>	<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	Yes	Yes	<p>InterQual: LOC Subacute or SNF:</p> <p>- Appropriate subset will be chosen based on reason for SNF admission</p> <p>Medicare Benefit Policy Manual:</p> <p>- Chapter 8: Coverage of Extended Care SNF Services Under Hospital Insurance</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	InterQual Medicare Procedures: - Spinal Cord Stimulator Medicare: - National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) InterQual CP Procedures: - Spinal Cord Stimulator (SCS) Insertion
Substance Use Disorder Residential Treatment	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	Yes	Yes	InterQual: American Society of Addiction Medicine
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	Yes	Yes	InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Transplant - Bone marrow - Heart - Heart-lung - Kidney - Liver - Lung - Pancreas - Stem cell	Step one: Notification required for transplant consult/evaluation. Step two: Notification required for transplant listing. Step three: Notification required within 24 hours of inpatient hospital admissions.	N/A	Yes	Yes	InterQual: LOC Acute Adult - Appropriate subset will be chosen based on reason for inpatient admission InterQual: LOC Acute Pediatric - Appropriate subset will be chosen based on reason for inpatient admission
Vein Procedures	Prior authorization required prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	InterQual Medicare Procedures: - Varicose Veins Medicare: - Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of (L33575) InterQual CP Procedures: - Ablation, Endovenous, Varicose Veins - Ambulatory Phlebectomy, Varicose Vein - Sclerotherapy, Varicose Veins

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
<p>Wheelchair Accessories - Purchase and/or Rental</p> <p>Repair or replacement of rental equipment is the DME provider’s responsibility.</p> <p>UCare 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>All months must be authorized.</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>Yes</p>	<p>Yes</p>	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested wheelchair item <p>Medicare:</p> <ul style="list-style-type: none"> - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair <p>InterQual CP: Durable Medical Equipment</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested wheelchair item <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</p> <ul style="list-style-type: none"> - Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
<p>Wheelchair - Rental</p> <p>UCare reserves the right to determine rental vs. purchase</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, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898</p>	Yes	Yes	<p>InterQual CP: Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested wheelchair item <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</p> <ul style="list-style-type: none"> - Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item
<p>Wheelchair - Purchase</p> <p>UCare reserves the right to determine rental vs. purchase</p>	<p>Prior authorization required prior to purchase of manual wheelchairs, power operated vehicles and power wheelchairs, excludes K0001.</p> <p>See <i>Wheelchair Accessories</i> for purchase, repair and replacement authorization requirements.</p>	<p>Manual wheelchairs, power operated vehicles and power wheelchairs, excludes K0001.</p>	Yes	Yes	<p>InterQual CP: Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested wheelchair item <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</p> <ul style="list-style-type: none"> - Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			MSHO	UCare Connect + Medicare	
Wound VAC	Prior authorization required prior to the fourth month of rental.	E2402	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Negative Pressure Wound Therapy Pumps <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies:</p> <ul style="list-style-type: none"> - Specialized Wound Treatment Technology

Contact Information

UCare Contact	Service Area	Phone	Fax	Website or Email
Clinical Services	Medical Authorizations	1-877-447-4384 toll-free 612-676-6705	612-884-2499	UCare
Clinical Pharmacy Intake	Medical Drug - Non-PAR and MultiPlan Providers	612-676-6504	612-617-3948	UCare - Pharmacy
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 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
Delegate Contact	Service Area	Phone	Fax	Website
Delta Dental	Dental	1-855-648-1415 toll-free 651-768-1415	N/A	Delta Dental
Fulcrum Health	Chiropractic	1-877-886-4941 toll-free	N/A	Fulcrum Health
Navitus	Pharmacy Drug Prior Authorizations	833-837-4300	855-668-8552	CoverMyMeds Surescripts Express-PAth (for dates of service prior to Jan. 1, 2024)