



2024 Authorization and Notification Requirements

UCare Connect | Minnesota Senior Care Plus (MSC+) | Prepaid Medical Assistance Plan (PMAP) | MinnesotaCare

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
			UCare Connect	MSC+	PMAP	Minnesota Care	
Acute Inpatient Rehabilitation	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	Yes	Yes	Yes	Yes	InterQual LOC Rehabilitation: - Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission
Adult Rehabilitative Mental Health Services (ARMHS)	Prior authorization required prior to first date of service in a calendar year.	H2017, 90882, H0034 Add HM, HQ, U3 or U3 HM modifiers as appropriate.	Yes	Yes	Yes	Yes	Minnesota Health Care Programs Provider Manual: - Mental Health Services, ARMHS
Adult Residential Crisis Stabilization Services	Notification required beyond threshold of 10 days per admit.	H0018	Yes	Yes	Yes	Yes	InterQual Behavioral Health (BH) Adult and Geriatric Psychiatry: - Residential Crisis Program

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
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	Yes	Yes	InterQual Medicare Procedures: - Minimally Invasive Sacroiliac (SI) Joint Fusion - Vertebroplasty or Kyphoplasty InterQual Critical Points (CP) Procedures: - Lumbar Spinal Fusion 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
			UCare Connect	MSC+	PMAP	Minnesota Care	
Bariatric Surgery (Gastric Bypass)	Prior authorization required prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	Yes	Yes	Yes	Yes	InterQual Procedures: - Bariatric or Metabolic Surgery Minnesota Health Care Programs Provider Manual: - No criteria listed for Bariatric or Metabolic Surgery
Children’s Residential Treatment	Prior authorization required prior to admission.	H0019	Yes	Not a covered benefit	Yes	Yes	InterQual BH: Child and Adolescent Psychiatry - Residential Treatment Center

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
<p>Cosmetic Procedures Examples include:</p> <ul style="list-style-type: none"> - Abdominoplasty - Breast reduction surgery - Gynecomastia - Mammoplasty - Panniculectomy - Removal of breastimplant(s)/ replacement of breast implants - Rhinoplasty/ 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>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.</p>	<p>11950, 11951, 11952, 11954, 11960, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 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	Yes	Yes	<p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested procedure <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> - Physician and Professional Services - Plastic and Reconstructive Surgery

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
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 the Mental Health and Substance Use Disorder fax line.</p>	64553, 64568, 64569, 64582	Yes	Yes	Yes	Yes	<p>InterQual CP or BH Procedures:</p> <ul style="list-style-type: none"> - Vagus Nerve Stimulation <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> - No criteria listed for Cranial Nerve, Vagus Nerve and Hypoglossal Nerve Stimulation

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
<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 is not required for:</p> <ul style="list-style-type: none"> - Monthly rental of ventilators - Monthly rental of oxygen and equipment - Prosthetics and orthotic devices and 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>E0483 - High Frequency Chest Wall Oscillation System</p> <p>E0652 - Pneumatic Compression Device</p> <p>E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications</p> <p>E0749 - Osteogenesis stimulator, electrical, surgically implanted</p> <p>E0766 - Electrical Stimulation Device (rental only item)</p> <p>E2510 - Speech Generating Device</p>	Yes	Yes	Yes	Yes	<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
<p>Early Intensive Developmental and Behavioral Intervention (EIDBI)</p>	<p>Prior authorization required prior to service.</p>	<p>0373T UB , 97153 UB, 97154 UB, 97155 UB, 97156 UB, 97157 UB</p>	Yes	Not a covered UCare benefit	Yes	Yes	<p>InterQual BH:</p> <ul style="list-style-type: none"> - Behavioral Health Services Applied Behavior Analysis (ABA) Program

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMPAP	Minnesota Care	
Genetic or Molecular Diagnostic Tests for the following: - Breast cancer - Ovarian cancer - Colorectal cancer (excluding Fecal DNA test) - Pancreatic cancer - Prostate cancer - And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing) - EIDBI - Higher Intensity	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	Yes	Yes	InterQual Molecular Diagnostics - Appropriate subset will be chosen based on requested genetic testing Minnesota Health Care Provider Manual Lab or Pathology, Radiology and Diagnostic Services - Lab or Pathology Services - Genetic Testing Medical Policy may be available for select genetic tests NCCN Guidelines InterQual BH: - Behavioral Health Services Applied Behavior Analysis (ABA) Program

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
Home Health Care - Skilled Nurse Visits (SNV) - Home Health Aide (HHA)	<p>Notification is required prior to the first date of service within a members' CADI waiver approval span.</p> <p>Providers must contact the member's CADI case manager to request homecare services.</p>	SNV - T1030, T1031, HHA - T1021	Yes	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.	No	No	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 the first visit.	T1002, T1003	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	Minnesota Health Care Programs Community Based Services Manual: - Home Care - Home Care Nursing (HCN)

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
Inpatient Hospital, Acute - All Hospital Inpatient Level of Care	<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. Fax information to 612-884-2499 or 1-866-610-7215 toll-free.</p>	N/A	Yes	Yes	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</p>

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
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>Pax information to 612-884-2033 or 1-855-260-9710 toll-free.</p>	N/A	Yes	Yes	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
			UCare Connect	MSC+	PMAP	Minnesota Care	
Inpatient Substance Use Disorder Admission	<p>Notification required within 24 hours of admission. Include admission history and physical information with notification. 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	Yes	Yes	InterQual: American Society of Addiction Medicine
Intensive Residential Treatment Services (IRTS)	<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>	H0019	Yes	Yes	Yes	Yes	InterQual Adult and Geriatric Psychiatry: - Residential Treatment Center

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
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	Yes	Yes	<p>InterQual LOC Long Term Acute Care: - Appropriate subset will be chosen based on reason for LTAC admission</p> <p>InterQual Adult and Geriatric Psychiatry: - Residential Treatment Center</p>
<p>Nursing Facility Admission (for Custodial Care)</p> <p>*UCare requires alphabetical RUG rates for authorization.</p>	<p>Notification required within 24 hours of admission.</p> <p>Update UCare upon Minnesota RUGS changes, transfers to other facilities or hospitals or discharge to home.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	N/A	<p>Notification within 24 hours of admission.</p> <p>Update UCare upon MN RUGS changes, transfers to other facilities or hospitals or discharge to home.</p>	<p>Notification within 24 hours of admission.</p> <p>Update UCare upon MN RUGS changes, transfers to other facilities or hospitals or discharge to home.</p>	Not a UCare covered benefit.	Not a UCare covered benefit.	<p>Minnesota Health Care Programs Provider Manual: - Nursing Facilities</p> <p>InterQual LOC Long Term Acute Care: - Appropriate subset will be chosen based on reason for LTAC admission</p>

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
<p>Personal Care Assistant (PCA)</p> <p>A PCA assessment is required to evaluate eligible UCare member's need for PCA services. The assessment must be performed by the UCare Care Coordinator or County Waiver Case Manager in order to approve services.</p>	Prior authorization required prior to service.	T1001, T1019, T1019A	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service. Contact member's county.	<p>Minnesota Health Care Programs Provider Manual:</p> <p>- PCA Services</p>
<p>Proton Beam Therapy</p>	Prior authorization required prior to service.	77520, 77522, 77523, 77525	Yes	Yes	Yes	Yes	<p>InterQual CP Procedures:</p> <p>- Proton Beam Therapy</p> <p>Minnesota Health Care Programs Provider Manual:</p> <p>- No criteria available for proton beam therapy</p>

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
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	Not a covered benefit	Yes	Yes	<p>Minnesota Health Care Programs Provider Manual:</p> <p>- Psychiatric Residential Treatment Facilities</p>
Spinal Cord Stimulation	<p>Prior authorization required prior to trial and prior to permanent placement.</p>	63650, 63655, 63663, 63664, 63685	Yes	Yes	Yes	Yes	<p>InterQual CP Procedures:</p> <p>- Spinal Cord Stimulator (SCS) Insertion</p> <p>Minnesota Health Care Programs Provider Manual:</p> <p>- No criteria listed for SCS</p>
Substance Use Disorder Residential Treatment	<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	Yes	Yes	<p>InterQual: American Society of Addiction Medicine</p>

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	MSC+	PMAP	Minnesota Care	
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	Yes	Yes	Yes	Yes	<p>InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)</p> <p>InterQual: American Society of Addiction Medicine: Clinical Guidelines</p>
Transplant - Bone marrow - Heart - Heart-lung - Kidney - Liver - Lung - Pancreas - Stem cell	<p>Step one: Notification required for transplant consult or evaluation.</p> <p>Step two: Notification required for transplant listing.</p> <p>Step three: Notification required within 24 hours of inpatient hospital admissions.</p>	N/A	Yes	Yes	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
			UCare Connect	MSC+	PMAP	Minnesota Care	
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	Yes	Yes	<p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> - Ablation, Endovenous, Varicose Veins - Ambulatory Phlebectomy, Varicose Vein - Sclerotherapy, Varicose Veins <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> - No criteria listed for Vein Procedures
<p>Wheelchair Accessories - Purchase and 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>	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	Yes	Yes	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
			UCare Connect	MSC+	PMAP	Minnesota Care	
<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	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
			UCare Connect	MSC+	PMAP	Minnesota Care	
<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>	Manual wheelchairs, power operated vehicles and power wheelchairs, excludes K0001.	Yes	Yes	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>Wound VAC</p>	<p>Prior authorization required prior to the fourth month of rental.</p>	E2402	Yes	Yes	Yes	Yes	<p>InterQual CP: Durable Medical Equipment:</p> <ul style="list-style-type: none"> - Negative Pressure Wound Therapy (NPWT) Pump <p>Minnesota Health Care Programs Provider Manual: Equipment and Supplies, Specialized Wound Treatment Technology</p>

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	855-668-8553	CoverMyMeds Surescripts Express-PAth (for dates of service prior to Jan. 1/1, /2024)