



2023 Authorization and Notification Requirements - Medical Services

Minnesota Senior Health Options (MSHO) | Connect + Medicare

List of Authorization and Notification Requirements

Acupuncture	Genetic Testing	Skilled Nursing Facility (SNF) or Swing Bed Admission
Acute Inpatient Rehabilitation	Home Health Care	Spinal Cord Stimulation
Back (Spine) Surgery	Home Care Nursing	Transplant
Bariatric Surgery	Inpatient Hospital Acute	Vein Procedures
Bone Growth Stimulator	Long-Term Acute Care (LTAC)	Wheelchair Accessories
Cosmetic or Reconstructive Procedures	Nursing Facility Admission	Wheelchair - Rental
Cranial Nerve Stimulation	Personal Care Assistant (PCA)	Wheelchair - Purchase
Durable Medical Equipment	Proton Beam Therapy	Wound VAC

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 an 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.
- Authorization is not required for prosthetics and/or orthotics.
- 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.

Forms

- [UCare Authorization and Notifications 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.

- Acupuncture
- 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.
Pre-Service Determination (PSD)	An enrollee, or a provider acting on behalf of the enrollee, always has the right to request a pre-service determination if there is a question as to whether an item or service will be covered by the plan.
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.

Contact Information

UCare Contact	Service Area	Phone	Fax	Website/Email
Clinical Services	Medical Authorizations	612-676-6705 1-877-447-4384 toll-free	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	MH/SUD Authorizations	612-676-6533 1-833-276-1185 toll-free	612-884-2033 1-855-260-9710 toll-free	UCare MHSUDservices@ucare.org
Provider Assistance Center (PAC)	Member Eligibility/Benefits and Network Status	612-676-3300 1-888-531-1493 toll-free	N/A	UCare
Delegate Contact	Service Area	Phone	Fax	Website
Delta Dental	Dental	1-866-298-5520 toll-free	N/A	Delta Dental
Fulcrum	Acupuncture	1-877-886-4941 toll-free	763-204-8572	Fulcrum
Fulcrum	Chiropractic	1-877-886-4941 toll-free	N/A	Fulcrum
Care Continuum	Medical Drug - PAR Providers	1-800-818-6747 toll-free	1-877-266-1871 toll-free	ExpressPath
Express Scripts, Inc. (ESI)	Pharmacy Drug Prior Authorizations	1-877-558-7521 toll-free	1-877-251-5896 toll-free	ExpressPath

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Acupuncture	Authorization required beyond threshold of 20 units per calendar year.	97810, 97811, 97813, 97814	Yes	Yes	Minnesota Health Care Programs Provider Manual: - Acupuncture Services
Acute Inpatient Rehabilitation	<p>Prior authorization required prior to 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>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
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: 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
			Minnesota Senior Health Options (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: - Bariatric Surgery</p> <p>Medicare: - National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)</p> <p>InterQual Procedures: - Bariatric or Metabolic Surgery</p> <p>Minnesota Health Care Programs Provider Manual: - No criteria listed for Bariatric or Metabolic Surgery</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Bone Growth Stimulator	Prior authorization required prior to purchase or placement.	E0748, E0749	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment: - Osteogenesis Stimulators</p> <p>Medicare: - National Coverage Determination (NCD) for Osteogenic Stimulators (150.2) - Local Coverage Determination (LCD) Osteogenesis Stimulators (L33796)</p> <p>InterQual CP Durable Medical Equipment: - Bone Growth Stimulators, Noninvasive Bone Graft and Implantable Stimulator, Fracture Nonunion</p> <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies: - Bone Growth Stimulators</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Cosmetic or Reconstructive Procedures Examples include: - Abdominoplasty - Breast reduction surgery - Gynecomastia - Mammoplasty - Panniculectomy - Removal of breast implant(s)/Replacement of breast implants - Rhinoplasty /Septorhinoplasty - Skin peel(s)	Prior authorization required prior to service. Authorization not required for: - Blepharoplasty - Breast Reconstructive Surgery following medically necessary mastectomy Please note: Photographs are not required to be submitted when requesting authorization for cosmetic/reconstructive surgeries. If UCare determines photographs are needed the Utilization Review Specialist will call to request them.	11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15876, 15877, 15878, 15879, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 17106, 17107, 17108, 17340, 17360, 17380, 19300, 19303, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19366, 19371, 19380, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21235, 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, G0429, Q2026, Q2028, S2066, S2067, S2068	Yes	Yes	Medicare: Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested procedure InterQual Medicare Procedures: - Appropriate subset will be chosen based on requested procedure 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	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	Prior authorization required prior to service.	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 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
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p>Durable Medical Equipment – PURCHASE and RENTAL</p> <p>See also: Wheelchairs and Accessories</p> <p>See also: Wound VAC</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/equipment 	<p>Prior authorization required prior to delivery or dispensing of DME items.</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 (this is a Rental only item)</p> <p>E0766 - Electrical Stimulation Device (this is a Rental Only item)</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
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Genetic/Molecular Diagnostic Tests for the following: <ul style="list-style-type: none"> - 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) 	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: <ul style="list-style-type: none"> - Appropriate subset will be chosen based on requested genetic testing Medicare: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Lab/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
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Home Health Care - Skilled Nurse Visits (SNV) - Home Health Aide (HHA)	Prior authorization required prior to 1st date of service within waiver approval span.	SNV - 550, 551, T1030, T1031 HHA - 570, 571, T1021	No	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 1st visit.	MHSO: T1002 and T1003 including modifiers TG, TT, UC.	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
			Minnesota Senior Health Options (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>Please 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>
Long-Term Acute Care (LTAC)	<p>Prior authorization required prior to 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 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
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Nursing Facility Admission (for Custodial Care)	<p>Notification required within one business day of admission.</p> <p>Update UCare upon MN RUGS changes, transfers to other facilities/hospitals or discharge to home.</p>	<p>N/A</p> <p>See Product --></p>	<p>Notify within one business day of admission and upon a change in care level.</p> <p>Contact UCare or Fairview Partners.</p>	<p>Notify within one business day of admission and upon a change in care level.</p>	<p>Minnesota Health Care Programs Provider Manual:</p> <p>- Nursing Facilities</p>
<p>Personal Care Assistant (PCA)</p> <p>An in-person assessment conducted by a UCare-contracted agency is required before a determination can be made to approve service.</p>	<p>Prior authorization required prior to service.</p>	<p>T1001, T1019 and T1019UA</p> <p>See Product --></p>	<p>Yes</p>	<p>Not a UCare covered benefit.</p>	<p>Minnesota Health Care Programs Provider Manual:</p> <p>- PCA Services</p>
Proton Beam Therapy	<p>Prior authorization required prior to service.</p>	<p>77520, 77522, 77523, 77525</p>	<p>Yes</p>	<p>Yes</p>	<p>InterQual Medicare Procedures:</p> <p>- Proton Beam Therapy</p> <p>Medicare:</p> <p>Local Coverage Determination (LCD):</p> <p>- Proton Beam Therapy (L35075)</p> <p>InterQual CP Procedures:</p> <p>- Proton Beam Radiotherapy</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
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<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>Prior authorization required within one business day of admission.</p> <p>Concurrent review required for additional days.</p> <p>Discharge summary required to be sent upon discharge.</p>	<p>N/A</p> <p>See Product --></p>	<p>- Prior authorization required within one business day of admission.</p> <p>- Concurrent review required for additional days.</p> <p>- Discharge summary required to be sent upon discharge.</p> <p>Contact UCare or Fairview Partners.</p>	<p>- Prior authorization required within one business day of admission.</p> <p>- Concurrent review required for additional days.</p> <p>- Discharge summary required to be sent upon discharge.</p>	<p>InterQual: LOC Subacute/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>
<p>Spinal Cord Stimulation</p>	<p>Prior authorization required prior to trial and prior to permanent placement.</p>	<p>63650, 63655, 63663, 63664, 63685</p>	<p>Yes</p>	<p>Yes</p>	<p>InterQual Medicare Procedures:</p> <p>- Spinal Cord Stimulator</p> <p>Medicare:</p> <p>- National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)</p> <p>InterQual CP Procedures:</p> <p>- Spinal Cord Stimulator (SCS) Insertion</p> <p>Minnesota Health Care Provider Manual</p> <p>No criteria available for spinal cord stimulation</p>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (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 Minnesota Health Care Programs Provider Manual: - No criteria listed for Vein Procedures

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p>Wheelchair Accessories - PURCHASE 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 prior to delivery or dispensing billable accessories with a per month allowable rental rate or purchase over \$1,000.</p> <p>All months must be authorized.</p> <p>No authorization required for repair of purchased wheelchair accessories under \$1,000.</p>	<p>E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1012, E1030, E2204, E2227, E2228, E2321, E2322, E2323, E2325, E2327, E2328, E2329, E2330, E2373, E2376, K0108***if over \$1,000 per item.</p> <p>***Effective 2/15/2022</p> <p>Please note: This may not be an all-inclusive list. Please review the Medicare or DHS fee schedule to determine if the item you are requesting would be over \$1,000 per month to purchase or rent.</p>	Yes	Yes	<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
			Minnesota Senior Health Options (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.</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 all wheelchair bases.</p> <p>See Wheelchair Accessories for purchase, repair and replacement authorization requirements.</p>	<p><u>All</u> Manual Wheelchair, Power Operated Vehicles, and Power Wheelchairs</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
			Minnesota Senior Health Options (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: - Negative Pressure Wound Therapy Pumps</p> <p>Minnesota Health Care Programs Provider Manual, Equipment and Supplies: - Specialized Wound Treatment Technology</p>