2023 Authorization and Notification Requirements - Medical Services

UCare Connect | MSC Plus | Prepaid Medical Assistance Plan (PMAP) | MinnesotaCare (MnCare)

List of Authorization and Notification Requirements

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

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
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Acupuncture	Authorization required beyond threshold of 20 units per calendar year.	97810, 97811, 97813, 97814	Yes	Yes	Yes	Yes	Delegated service refer to Fulcrum Health
Acute Inpatient Rehabilitation	Prior authorization required prior to 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
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 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	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
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
Bone Growth Stimulator	Prior authorization required prior to purchase or placement.	E0748, E0749	Yes	Yes	Yes	Yes	**InterQual CP Durable Medical Equipment:** - Bone Growth Stimulators, Noninvasive **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** - Bone Growth Stimulators

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Cosmetic or Reconstructive Procedures Examples include: - Abdominoplasty - Breast reduction surgery - Gynecomastia - Mammoplasty - Panniculectomy - Removal of breastimplant(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, 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, 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	Yes	Yes	**InterQual CP Procedures:** - Appropriate subset will be chosen based on requested procedure **Minnesota Health Care Programs Provider Manual: Physician and Professional Services** - Plastic and Reconstructive Surgery

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	Prior authorization required prior to service.	64553, 64568, 64569, 64582	Yes	Yes	Yes	Yes	**InterQual CP Procedures:** - Vagus Nerve Stimulation **Minnesota Health Care Programs Provider Manual:** - No criteria listed for Cranial Nerve, Vagus Nerve and Hypoglossal Nerve Stimulation
Durable Medical Equipment - PURCHASE and RENTAL See also: Wheelchairs and accessories See also: Wound VAC UCare reserves the right to determine rental vs. purchase. Repair or replacement of rental equipment is the provider's responsibility.	Prior authorization required prior to delivery or dispensing of DME items. All months must be authorized. **Authorization is not required for:** - Monthly rental of ventilators - Oxygen - Prosthetics and orthotic devices/equipment	E0483 - High Frequency Chest Wall Oscillation System E0652 - Pneumatic Compression Device E0766 - Electrical Stimulation Device this is a Rental Only item E2510 - Speech Generating Device	Yes	Yes	Yes	Yes	**InterQual CP Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** - Appropriate coverage criteria for equipment will be chosen based on requested DME item

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Genetic/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)	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/Pathology, Radiology & Diagnostic Services** - Lab / Pathology Services - Genetic Testing **Medical Policy may be available for select genetic tests** **NCCN Guidelines**
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	Yes	No	No	No	**Minnesota Health Care Programs Community Based Services Manual:** - Home Care - Home Health Agency Services

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Home Care Nursing (Formerly known as Private Duty Nursing)	Prior authorization required prior to 1st visit.	T1002 and T1003 including modifiers TG, TT, UC	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)
Inpatient Hospital, Acute - All Hospital Inpatient Level of Care Admissions	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. Discharge summary required to be sent within 72 hours of discharge.	N/A	Yes	Yes	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

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Long-Term Acute Care (LTAC)	Prior authorization required prior to admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	Yes	Yes	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)	Notification required within 24 hours of admission. Update UCare upon MN RUGS changes, transfers to other facilities/hospitals or discharge to home.	N/A See Product	Notify within one business day of admission and upon a change in care level.	Notify within one business day of admission and upon a change in care level.	Not a UCare covered benefit.	Not a UCare covered benefit.	**Minnesota Health Care Programs Provider Manual:** - Nursing Facilities
Personal Care Assistant (PCA) 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.	Prior authorization required prior to service.	T1001, T1019 and T1019UA See Product	Not a UCare-covered benefit.	Yes	Not a UCare covered benefit.	Not a UCare covered benefit.	**Minnesota Health Care Programs Provider Manual:** - PCA Services

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	Yes	Yes	Yes	Yes	**InterQual CP Procedures:** - Proton Beam Therapy **Minnesota Health Care Programs Provider Manual**: No criteria available for proton beam therapy
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	Yes	Yes	**InterQual CP Procedures:** - Spinal Cord Stimulator (SCS) Insertion **Minnesota Health Care Programs Provider Manual:** - No criteria listed for spinal cord stimulator
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	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

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
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	**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
Wheelchair Accessories - PURCHASE and RENTAL Repair or replacement of rental equipment is the DME provider's responsibility. UCare reserves the right to determine rental vs. purchase.	Prior authorization is required prior to delivery or dispensing billable accessories with a per month allowable rental rate or purchase over $1,000. All months must be authorized. No authorization required for repair of purchased wheelchair accessories under $1,000.	E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1012, E1030, E2204, E2227, E2228, E2321, E2322, E2323, E2325, E2327, E2328, E2329, E2330, E2373, E2376 Please note: This may not be an all-inclusive list. Please review the DHS fee schedule to determine if the item you are requesting would be over $1,000 per month to purchase or rent.	Yes	Yes	Yes	Yes	**InterQual CP: Durable Medical Equipment:** - Appropriate subset will be chosen based on requested wheelchair item **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** - Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Wheelchair - RENTAL UCare reserves the right to determine rental vs. purchase.	Prior authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs.	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	Yes	Yes	Yes	Yes	**InterQual CP: Durable Medical Equipment:** - Appropriate subset will be chosen based on requested wheelchair item **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** - Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
Wheelchair - PURCHASE UCare reserves the right to determine rental vs. purchase.	Prior authorization required prior to purchase of **all** wheelchair bases. See **Wheelchair Accessories** for purchase, repair and replacement authorization requirements.	**All** Manual Wheelchairs, Power Operated Vehicles and Power Wheelchairs	Yes	Yes	Yes	Yes	**InterQual CP: Durable Medical Equipment:** - Appropriate subset will be chosen based on requested wheelchair item **Minnesota Health Care Programs Provider Manual: Equipment and Supplies** - Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item
Wound VAC	Prior authorization required prior to the 4th month of rental.	E2402	Yes	Yes	Yes	Yes	**InterQual CP: Durable Medical Equipment:** - Negative Pressure Wound Therapy (NPWT) Pump **Minnesota Health Care Programs Provider Manual: Equipment and Supplies, Specialized Wound Treatment Technology**