

To: UCare Network Providers

From: UCare's Utilization Management Department

Date: 11/1/2024

Re: Utilization Management Criteria

Utilization Management Criteria

UCare's Utilization Management Program is based on nationally recognized, evidence-based medical necessity guidelines. UCare uses the decision support tool InterQual, provided electronically by Change Healthcare. InterQual criteria is reviewed annually by a panel of national experts, including physicians, surgeons, psychiatrists, physical therapists, and other healthcare professionals. Additionally, Change Healthcare continuously monitors changes to NCDs, LCDs, and other national guidelines and requirements and provides quarterly releases of changes to the medical necessity criteria.

UCare makes available to physicians and all other health care professionals the medical necessity criteria used when making medical necessity determinations. Information regarding accessing these criteria is available on the UCare website, and requests are also taken via phone.

The utilization management criteria are presented annually to the Health Services Management Council and Quality Improvement Advisory & Credentialing Committee for adoption and approval. The Utilization Management Program is based on the following guidelines and criteria applied in the rank order for each product.

UCare Medicare Plans (Medicare Advantage)

1. Change Healthcare InterQual Medical Necessity Criteria for Medicare.
2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS) may be used for medical necessity decisions.
 - a. Local Coverage Determinations (LCDs)
 - b. National Coverage Determination (NCDs)
3. Medicare Benefit Policy Manual Chapter 1, Inpatient Hospital Services Covered Under Part A.
4. Medicare Benefit Policy Manual Chapter 8, Coverage of Extended Care (SNF) Services Under Hospital Insurance.
5. Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services.
6. Medicare Benefit Policy Manual Chapter 20, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).
7. Change Healthcare InterQual Medical Necessity Criteria Care Plan (CP).
8. UCare medical policy is applied when none of the above is appropriate to the coverage determination.

Minnesota Senior Health Options (MSHO) & Connect + Medicare

1. Change Healthcare InterQual Medical Necessity Criteria for Medicare.
2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS) may be used for medical necessity decisions.



- a. Local Coverage Determinations (LCDs)
 - b. National Coverage Determination (NCDs)
3. Medicare Benefit Policy Manual Chapter 1, Inpatient Hospital Services Covered Under Part A
4. Medicare Benefit Policy Manual Chapter 8, Coverage of Extended Care (SNF) Services Under Hospital Insurance.
5. Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services.
6. Medicare Benefit Policy Manual Chapter 20, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).
7. When Medicare criteria are not met, or Medicare does not cover the service, and a benefit is available under the State of Minnesota Department of Human Services (DHS) benefit set, then staff will apply DHS criteria as found in the Minnesota Health Care Plans (MCHP) provider manual (appropriate coverage criteria), or American Society of Addiction Medicine (ASAM) Criteria, as applicable.
8. Change Healthcare InterQual Medical Necessity Criteria Care Plan (CP).
9. UCare medical policy is applied when none of the above is appropriate to the coverage determination.

Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), Minnesota Senior Care Plus, and Special Needs Basic Care (SNBC)

1. Change Healthcare InterQual Medical Necessity Criteria Care Plan (CP).
2. When InterQual criteria are not available, then staff will apply DHS criteria as found in the Minnesota Health Care Plans (MCHP) provider manual (appropriate coverage criteria), or American Society of Addiction Medicine (ASAM) Criteria, as applicable.
3. UCare medical policy is applied when none of the above is appropriate to the coverage determination.

UCare Individual & Family Plans

1. Change Healthcare InterQual Medical Necessity Criteria Care Plan (CP).
2. American Society of Addiction Medicine (ASAM) Criteria, as applicable for Substance Use Disorder services.
3. Change Healthcare InterQual Medical Necessity Criteria for Medicare.
4. UCare medical policy is applied when none of the above is appropriate to the coverage determination.