2023 Authorization and Notification Requirements - Mental Health and Substance Use Disorder Services

UCare Medicare Plans | UCare Your Choice | UCare Medicare Plans with M Health Fairview & North Memorial | Institutional Special Needs Plans (I-SNP)

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 additional 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.
- The prior authorization and benefit exception for pharmacy benefits can be found on UCare's Provider Page.

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
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

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
Inpatient Mental Health Admission	Notification required within 24 hours of admission. UCare reserves the right to require a concurrent review for any inpatient hospital stay.	N/A	**InterQual Adult and Geriatric Psychiatry:** - Inpatient **InterQual Child and Adolescent Psychiatry:** - Inpatient
Inpatient Substance Use Disorder Admission	Notification required within 24 hours of admission. UCare reserves the right to require a concurrent review for any inpatient hospital stay.	N/A	**American Society of Addiction Medicine: Clinical Guidelines**
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	**InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)**