2024 Authorization and Notification Requirements

UCare Individual & Family Plans (IFP) | UCare Individual & Family Plans with M Health Fairview

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 five business 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 & SUD 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. This is to determine if the service or treatment is medically necessary, an eligible, appropriate, expense and that other alternatives have been considered.

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
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	**InterQual LOC Rehabilitation:** - Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission
Adult Residential Crisis Stabilization Services	Notification required beyond threshold of 10 days per admit.	H0018	**InterQual Behavioral Health (BH): Adult and Geriatric Psychiatry** - Residential Crisis Program
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	**InterQual Medicare Procedures:** - Lumbar Spinal Fusion - Minimally Invasive Sacroiliac (SI) Joint Fusion - Vertebroplasty or Kyphoplasty

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Children's Residential Treatment	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	H0019	**InterQual BH: Child and Adolescent Psychiatry** - Residential Treatment Center
Cosmetic Procedures Examples include: - Abdominoplasty - Breast reduction surgery - Gynecomastia - Mammoplasty - Panniculectomy - Removal of breast implant(s) or replacement of breast implants - Rhinoplasty or Septorhinoplasty - Skin peel(s) **Authorization not required for:** - Blepharoplasty - Breast reconstruction associated with breast cancer - Ear cartilage graft - HIV related indications for G0429, Q2026, and Q2028	Prior authorization required prior to service. 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.	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, 19325, 19328, 19355, 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	**InterQual Critical Points (CP) Procedures:** - Appropriate subset will be chosen based on requested procedure

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	Prior authorization required prior to service. Vagus Nerve Stimulation mental health diagnosis, send to Mental Health and Substance Use Disorder fax line.	64553, 64568, 64569, 64582	**InterQual Medicare Procedures:** - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea - Vagus Nerve Stimulation **InterQual CP or BH Procedures:** - Vagus Nerve Stimulation

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Durable Medical Equipment (DME) - Rental See also: *Wheelchairs and Accessories* UCare reserves the right to determine rental vs. purchase. Repair or replacement of rental equipment is the provider's responsibility. **Authorization not required for:** - Apnea monitors - Enteral feeding pump - Hospital Grade Breast Pumps - Insulin pump - IV pump & pole - Nebulizer - Oximeters - Oxygen (equipment) - TENS units - Ventilator - Monthly rental of ventilators - Monthly rental of oxygen and equipment - Prosthetics and orthotic devices or equipment	Prior authorization required prior to delivery or dispensing of DME items that require authorization. All months must be authorized.	E0483 - High Frequency Chest Wall Oscillation System E0652 - Pneumatic Compression Device E0694 - Ultraviolet Multidirectional Light Therapy E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications E0749 - Osteogenesis stimulator, electrical, surgically implanted E0764 - Functional Neuromuscular Stimulator (rental only item) E0766 - Electrical Stimulation Device (rental only item)	**InterQual CP Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Durable Medical Equipment - Purchase See also: *Wheelchairs and Accessories* UCare reserves the right to determine rental vs. purchase. **Authorization not required for:** - Baclofen pump - Enteral feeding pump - Implantable pain pumps - Insulin pump & pole - Orthotics - Oxygen (contents only) - Prosthetics and orthotic devices or equipment - TENS units	Prior authorization required prior to delivery or dispensing of DME items that require authorization. All months must be authorized. For continuous glucose monitors please refer to the Pharmacy prior authorization grid.	E0483 - High Frequency Chest Wall Oscillation System E0652 - Pneumatic Compression Device E0694 - Ultraviolet Multidirectional Light Therapy E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications E0749 - Osteogenesis stimulator, electrical, surgically implanted E0764 - Functional Neuromuscular Stimulator (rental only item) E0766 - Electrical Stimulation Device (rental only item)	**InterQual CP Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item
Genetic or Molecular Diagnostic tests for the following: - Breast cancer - Colorectal cancer (excluding Fecal DNA test) - Ovarian cancer - Pancreatic cancer - Prostate cancer - All cancer panels (i.e., gene sequencing, whole genome/exome sequencing)	Prior authorization is 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, 81523, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999	**InterQual Molecular Diagnostics:** - Appropriate subset will be chosen based on requested genetic testing **Medical Policy may be available for select genetic tests** **NCCN Guidelines**

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Inpatient Hospital, Acute	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. Please fax information to 612-884-2499 or 1-866-610-7215 toll-free.	N/A	**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
Inpatient Mental Health Admission	Notification required within 24 hours of admission. Include admission history and physical information	N/A	**InterQual Adult and Geriatric Psychiatry:** - Inpatient **InterQual Child and Adolescent Psychiatry:**

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
	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. Please fax information to 612-884-2033 or 1-855-260-9710 toll-free.		- Inpatient
Inpatient Substance Use Disorder Admission	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	N/A	**InterQual: American Society of Addiction Medicine**

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
	stay. Discharge summary required to be sent within 72 hours of discharge. Please fax information to 612-884-2033 or 1-855-260-9710 toll-free.		
Long-Term Acute Care (LTAC)	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	**InterQual LOC Long Term Acute Care:** - Appropriate subset will be chosen based on reason for LTAC admission
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	**InterQual CP Procedures:** - Proton Beam Therapy (PBRT)
Residential Treatment Services - Adult	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	H0019	**InterQual Adult and Geriatric Psychiatry:** - Residential Treatment Center

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Skilled Nursing Facility (SNF) or Swing Bed Admission	Prior authorization required within one business day of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	Post-acute treatment and rehabilitative care of illness or injury following a hospital stay. **InterQual LOC Subacute or SNF:** - Appropriate subset will be chosen based on reason for SNF admission
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	**InterQual CP Procedures:** - Spinal Cord Stimulator (SCS) Insertion
Substance Use Disorder Residential Treatment	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	H2036	**InterQual:** American Society of Addiction Medicine
Transcranial Magnetic Stimulation	Prior authorization required prior to service.	90867, 90868, 90869	**InterQual BH:** Behavioral Health Services Transcranial Magnetic Stimulation (TMS)

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Transplant - Bone marrow - Heart - Heart-lung - Kidney - Liver - Lung - Pancreas - Stem cell	Step one: Notification required for transplant consult or evaluation. Step two: Notification required for transplant listing. Step three: Notification required within 24 hours of inpatient hospital admissions.	N/A	**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	**InterQual CP Procedures:** - Ablation, Endovenous Varicose Vein - Ambulatory Phlebectomy, Varicose Veins - Sclerotherapy, Varicose Veins **InterQual Medicare Procedures:** - Varicose Veins
Wheelchair Accessories – Purchase & Rental Repair or replacement of rental equipment is the provider's responsibility. UCare or our authorizing delegate reserves the right to determine rental vs. purchase.	Prior authorization is required before delivering or dispensing accessories or items that require authorization, including new, replacement or repaired accessories. All months must be authorized.	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	**InterQual CP Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item

Service Category	Requirements	Codes Requiring Authorization CPT or HCPTC Codes	Medical Necessity Criteria
Wheelchair - Purchase	Prior authorization required prior to purchase of manual wheelchairs, power operated vehicles and power wheelchairs, excludes K0001 See *Wheelchair Accessories* for purchase, repair and replacement authorization requirements.	Manual wheelchairs, power operated vehicles and power wheelchairs, excludes K0001.	**InterQual CP Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item
Wheelchair - Rental	Prior authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs for items that require authorization. All months must be authorized.	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, K0890, K0891	**InterQual CP Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item

Contact Information

UCare Contact	Service Area	Phone	Fax	Website/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	1-855-648-1417 toll-free 651-768-1417	N/A	Delta Dental
Fulcrum Health	Chiropractic	1-877-886-4941 toll-free	N/A	Fulcrum Health
Navitus	Pharmacy	833-837-4300	833-210-5963	CoverMyMeds Surescripts Express-PAth (for dates of service prior to 1/1/2024)