2024 Authorization and Notification Requirements

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

General Information

UCare requires that providers obtain prior authorization/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.

For new members identified as being new to Medicare, the Medicare Advantage plan, or a product within the Medicare Advantage plan and on an active course of treatment, authorization requirements will not be applied for a 90-day transition period.

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 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 additional information on eligibility, benefits, and network status.

Authorization and Notification Forms

- Medical Authorization and Notification Forms
- Mental Health and Substance Use Disorder 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/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 **Medicare Benefit Policy Manual:** - Chapter 1 - Inpatient Hospital Services Covered Under Part A
Back (Spine) Surgery	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 **Medicare Local Coverage Determination:** - Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac Joint L36406
Bariatric Surgery (Gastric Bypass)	Prior authorization required prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	**InterQual Medicare Procedures:** - Bariatric Surgery **Medicare:** - National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
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, 19324, 19325, 19328, 19355, 19366, 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 Medicare Procedures:** - Appropriate subset will be chosen based on requested procedure **Medicare:** - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested procedure

Service Category	Requirements	Codes Requiring Authorization CPT/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 Disorders fax line.	64553, 64568, 64569, 64582	**InterQual Medicare Procedures:** - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea - Vagus Nerve Stimulation **InterQual Critical Points or Behavioral Health Procedures:** - Vagus Nerve Stimulation **Medicare:** - 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)

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
Durable Medical Equipment (DME) - 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. **Authorization not required for:** - Monthly rental of ventilators - Monthly rental of oxygen and equipment - Prosthetics and orthotic devices and 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 E0764 - Functional Neuromuscular Stimulator (rental only item) E0766 - Electrical Stimulation Device (rental only item) E2510 - Speech Generating Device E0748 - Osteogenesis stimulator, electrical, non-invasive, spinal applications E0749 - Osteogenesis stimulator, electrical, surgically implanted	**InterQual Medicare Durable Medical Equipment:** - Appropriate subset will be chosen based on requested DME item **Medicare:** - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
Genetic or 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 or 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, 81523, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999	**InterQual Molecular Diagnostics:** - Appropriate subset will be chosen based on requested genetic testing **Medicare:** - 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) **Medical Policy may be available for select genetic tests** **NCCN Guidelines**

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
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. 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

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
Inpatient Mental Health 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 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.	N/A	**InterQual Adult and Geriatric Psychiatry:** - Inpatient

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
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 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.	N/A	**InterQual: American Society of Addiction Medicine**
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

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
Proton Beam Therapy	Prior authorization required prior to service.	77520, 77522, 77523, 77525	**InterQual Medicare Procedures:** - Proton Beam Therapy **Medicare:** - Local Coverage Determination (LCD): Proton Beam Therapy (L35075)
Skilled Nursing Facility (SNF) or Swing Bed Admission	Notification within 24 hours of admission. Concurrent review required for additional days. Discharge summary required to be sent upon discharge.	N/A	**InterQual LOC Subacute or SNF:** - Appropriate subset will be chosen based on reason for SNF admission **Medicare Benefit Policy Manual:** - Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance
Spinal Cord Stimulation	Prior authorization required prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	**InterQual Medicare Procedures:** - Spinal Cord Stimulator **Medicare:** - National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)
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/HCPTC Codes	Medical Necessity Criteria
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	**InterQual LOC Acute Adult:** - 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	**InterQual Medicare Procedures:** - Varicose Veins **Medicare:** - Local Coverage Determination (LCD): Varicose Veins of the Lower Extremity, Treatment of (L33575)
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 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 Medicare Durable Medical Equipment:** - Appropriate subset will be chosen based on requested wheelchair item **Medicare:** - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
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 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 Medicare Durable Medical Equipment:** - Appropriate subset will be chosen based on requested wheelchair item **Medicare:** - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item
Wheelchair - Purchase UCare reserves the right to determine rental vs. 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 Medicare Durable Medical Equipment:** - Appropriate subset will be chosen based on requested wheelchair item **Medicare:** - Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item

Service Category	Requirements	Codes Requiring Authorization CPT/HCPTC Codes	Medical Necessity Criteria
Wound VAC	Prior authorization required prior to the 4th month of rental.	E2402	**InterQual Medicare Durable Medical Equipment:** - Negative Pressure Wound Therapy Pumps **Medicare:** - Medicare Local Coverage Determination for Negative Pressure Wound Therapy Pumps (L33821)

Contact Information

UCare Contact	Service Area	Phone	Fax	Website or 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	1-855-648-1416 toll-free 651-768-1416	N/A	Delta Dental
Fulcrum Health	Chiropractic	1-877-886-4941 toll-free	N/A	Fulcrum Health
Navitus	Pharmacy Drug Prior Authorizations	833-837-4300	855-668-8552	CoverMyMeds Surescripts Express-PAth (for dates of service prior to Jan. 1, 2024)