



## 2020 EssentiaCare Authorization and Notification Requirements – Medical Services

For the following UCare Plans:

### EssentiaCare

UCare works with delegated organizations to handle the following types of authorization, so they are not included in this document. Find current guidelines and contact information on the [UCare Provider website](#).

- Chiropractic care
- Dental care
- Pharmacy

**The following medical services require authorization or notification.** (Click a topic for details.)

[Acute Inpatient Rehabilitation](#)

[Back \(Spine\) Surgery](#)

[Bariatric Surgery \(Gastric Bypass\)](#)

[Bone Growth Stimulator](#)

[Cosmetic or Reconstructive Procedures](#)

[Cranial Nerve Stimulation](#)

[Detox – Inpatient Admission](#)

[Durable Medical Equipment – RENTAL](#)

[Durable Medical Equipment – PURCHASE](#)

[Genetic Testing for Cancer](#)

[Inpatient Medical/Surgical Admission](#)

[Long-Term Acute Care \(LTAC\)](#)

[Outpatient Therapy \(OT, PT, ST\)](#)

[Proton Beam Therapy](#)

[Skilled Nursing Facility & Swing Bed](#)

[Spinal Cord Stimulation](#)

[Transplant](#)

[Vein Procedures](#)

[Wheelchair & Accessories – RENTAL](#)

[Wheelchair & Accessories - PURCHASE](#)

## Important Information regarding Medical Authorization & Notification

- Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.
- 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.
- UCare reserves the right to review and verify medical necessity for all services.
- UCare does not instruct providers on how to bill. The codes listed on the authorization grid are for informational purposes only to assist our providers in the authorization process.
- InterQual Decision Support tool and Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and Local Coverage Articles are used for medical necessity determinations. You may request a copy of the criteria used to make a medical necessity determination.
- Contact UCare Provider Assistance Center (612-676-3000 or 1-888-531-1493) for additional information on thresholds.
- Essentia Health Providers – Contact Essential Health Managed Care Support Services.
- Authorization is not required for orthotics and prosthetics.
- EssentiaCare - Out of network providers are not required to obtain an authorization for services. Medicare provider qualifications and benefit rules apply when an out of network provider is utilized.

**Forms Needed** – Please leverage our [EssentiaCare Forms](#) under each specialty type on the UCare Provider website, and scroll to *Forms & Information*.

### Prescription Drugs –

- Review the list of injectable drugs that require medical prior authorization. The list explains who to contact for each category of injectable drugs.
- The Formulary page on the [UCare provider website](#) shows which drugs are covered for each UCare plan, as well as everything you need to request exceptions or prior authorization.
- Any medication, even on the formulary of covered drugs, requires prior authorization if the use is not supported by an FDA-approved Indication. Use the exception request form and the contact information that matches the member's UCare plan on our [Formularies page](#).

### Authorization and Notification Contacts

Authorizing Entity	Phone	Fax	Website
Fulcrum	1-877-886-4941 (toll free)	NA	<a href="#">Fulcrum</a>
Delta Dental of Minnesota	1-855-648-1416 (toll free)	NA	<a href="#">Delta Dental</a>
Express Scripts, Inc. (ESI)	1-877-558-7521 (toll free)	1-877-251-5896 (toll free)	<a href="#">Express Scripts</a>
Magellan Healthcare	952-225-5700 1-888-660-4705 (toll free)	1-888-656-1952	<a href="https://www.hsminc.com/Magellan_Clinical_Guidelines">https://www.hsminc.com/ Magellan Clinical Guidelines</a>
UCare Behavioral Health Services	612-676-6533 or 1-833-276-1185 (toll free)	612-884-2033 1-855-260-9710 (toll free)	<a href="#">UCare</a>
UCare Clinical Services	612-676-6705 1-877-447-4384 (toll free)	612-884-2499 1-866-610-7215 (toll free)	

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HPCPC Codes	Contact for Authorization or Notification
<a href="#"><u>Acute Inpatient Rehabilitation</u></a>	<b>Obtain authorization</b> before admission and for extensions.	<b>Obtain authorization</b> before admission and for extensions.	Not Applicable	UCare
<a href="#"><u>Back (Spine) Surgery</u></a> <ul style="list-style-type: none"> <li>• Lumbar Spinal Fusion</li> <li>• Sacroiliac Joint Fusion</li> </ul>	<b>No authorization or notification requirements. *</b>	<b>Obtain authorization</b> prior to service. Authorization not required for: <ul style="list-style-type: none"> <li>• Emergency surgery for trauma</li> <li>• Acute transverse myelopathy</li> <li>• Tumors</li> <li>• Cervical &amp; Thoracic back surgery</li> </ul>	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	UCare
<a href="#"><u>Bariatric Surgery (Gastric Bypass)</u></a>	<b>No authorization or notification requirements. *</b>	<b>Obtain authorization</b> prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	UCare
<a href="#"><u>Bone Growth Stimulator</u></a>	<b>Obtain authorization</b> prior to purchase or	<b>Obtain authorization</b> prior to purchase or placement.	E0747, E0748, E0749, E0760	UCare

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Contact for Authorization or Notification
<p><b><u>Cosmetic or Reconstructive Procedures</u></b></p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Abdominoplasty</li> <li>• Breast reduction surgery</li> <li>• Gynecomastia</li> <li>• Mammoplasty</li> <li>• Panniculectomy</li> <li>• Removal of breast implant(s)/ Replacement of breast implants</li> <li>• Rhinoplasty /septorhinoplasty</li> <li>• Skin peel(s)</li> </ul>	<p><b>No authorization or notification requirements. *</b></p> <p><b>Please note:</b> 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</p>	<p><b>Obtain authorization</b> prior to service.</p> <p>Authorization not required for:</p> <ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Breast Reconstructive Surgery following breast cancer treatments</li> </ul>	<p>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, 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</p>	<p>UCare</p>
<p><b><u>Cranial Nerve Stimulation including Vagus Nerve</u></b> and Hypoglossal Nerve</p>	<p><b>No authorization or notification requirements. *</b></p>	<p><b>Obtain authorization</b> prior to service.</p>	<p>64553, 64568, 64569</p>	<p>UCare</p>

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Contact for Authorization or Notification
<a href="#">Detox – Inpatient Admission</a>	<b>Notify</b> within 24 hours of admission.	<b>Notify</b> within 24 hours of admission.	Not Applicable	UCare
<a href="#">Durable Medical Equipment – RENTAL</a>  See also: <a href="#">Wheelchairs and accessories</a> UCare reserves the right to determine rental vs. purchase. Repair or replacement of rental equipment is the provider’s responsibility.	<b>Authorization is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500.</b>  All months must be authorized.  Authorization is not required for monthly rental of ventilators or oxygen equipment.	<b>Authorization is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500.</b>  All months must be authorized.  Authorization is not required for monthly rental of ventilators or oxygen equipment.	E0193, E0194, E0302, E0304, E0472, E0482, E0483, E0636, E0652, E0694, E0764, E0766, E0783, E0786, E0986, E1004, E1005, E1006, E1007, E1008, E1035, E1036, E1841, E2328, E2402, E2510  <b>Please note: This may not be an all-inclusive list.</b>	UCare
<a href="#">Durable Medical Equipment – PURCHASE</a>  See also: <a href="#">Wheelchairs and wheelchair parts/accessories listed separately</a>  UCare reserves the right to determine rental vs. purchase.	<b>Obtain authorization</b> prior to purchase.  All DME items over \$500 require prior authorization.  Authorization is not required for prosthetic and orthotic devices/equipment.	<b>Obtain authorization</b> prior to purchase.  All DME items over \$500 require prior authorization.  Authorization is not required for prosthetic and orthotic devices/equipment.	DME items over \$500 to purchase require authorization.	UCare

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<u><a href="#">Genetic/Molecular Diagnostic tests for the following:</a></u> <ul style="list-style-type: none"> <li>Breast cancer</li> <li>Colorectal cancer (excluding Fecal)</li> <li>Ovarian cancer</li> <li>Pancreatic cancer</li> <li>Prostate cancer</li> <li>And all cancer panels (i.e., gene sequencing, whole genome/ exome sequencing)</li> </ul>	No authorization or notification requirements. *	Obtain authorization prior to ordering test.	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, 81432, 81433, 81435, 81436, 81437, 81438, 81445, 81479, 81500, 81503, 81504, 81506, 81518, 81520, 81521, 81525, 81535, 81536, 81539, 81540, 84999, 81541, 81551, 81599	UCare
<u><a href="#">Inpatient Medical/ Surgical Admission</a></u>	Notify within 24 hours of admission.	Notify within 24 hours of admission.	Not Applicable	UCare
<u><a href="#">Long-Term Acute Care Hospitalization (LTAC)</a></u>	Obtain authorization prior to service.	Obtain authorization prior to service.	Not Applicable	UCare
<u><a href="#">Outpatient Therapy (PT, OT &amp; ST)</a></u>  Includes therapy in the home and outpatient therapy provided in a nursing facility.	<b>Physical Therapy</b> - Authorization required beyond threshold of 20 visits per calendar year. <b>Occupational Therapy</b> - Authorization required beyond threshold of 20 visits per calendar year. <b>Speech Therapy</b> - Authorization required beyond threshold of 30 visits per calendar year.	<b>Physical Therapy</b> - Authorization required beyond threshold of 20 visits per calendar year. <b>Occupational Therapy</b> - Authorization required beyond threshold of 20 visits per calendar year. <b>Speech Therapy</b> - Authorization required beyond threshold of 30 visits per calendar year.	20560, 20561, 92507, 92508, 92526, 92606, 92630, 92633, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97799, G0151, G0152, G0153, G2168, G2169	Magellan Healthcare  PH 952-225-5700 PH 1-888-660-4705 (toll free)
<u><a href="#">Proton Beam Therapy</a></u>	Obtain authorization prior to service.	Obtain authorization prior to service.	77520, 77522, 77523, 77525	UCare

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<a href="#"><u>Skilled Nursing Facility (SNF) or Swing Bed Admission</u></a>	<b>Obtain authorization</b> within 1 business day of admission and upon request for extensions.	<b>Obtain authorization</b> within 1 business day of admission and upon request for extensions.	Not Applicable	UCare
<a href="#"><u>Spinal Cord Stimulation</u></a>	<b>Obtain authorization prior</b> to trial and prior to permanent placement.	<b>Obtain authorization prior</b> to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	UCare
<a href="#"><u>Transplant</u></a> <ul style="list-style-type: none"> <li>• Bone marrow</li> <li>• Heart</li> <li>• Heart-lung</li> <li>• Kidney</li> <li>• Liver</li> <li>• Lung</li> <li>• Pancreas</li> <li>• Stem Cell</li> </ul>	<b>Notification within 24 hours</b> of inpatient hospital admission.  For a Medicare-approved transplant at a UCare-contracted facility: <b>Notify</b> UCare within 24 hours of inpatient hospital admissions.	<b>Notification within 24 hours</b> of inpatient hospital admission.  For a Medicare-approved transplant at a UCare-contracted facility: <b>Notify</b> UCare within 24 hours of inpatient hospital admissions.	Not Applicable	UCare
<a href="#"><u>Vein Procedures</u></a>	<b>No authorization or notification requirements. *</b>	<b>Obtain authorization</b> prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	UCare
<a href="#"><u>Wheelchair &amp; Wheelchair Accessories – RENTAL</u></a>  Repair or replacement of rental equipment is the DME provider's responsibility.  UCare reserves the right to determine rental vs. purchase.	<b>Authorization is required prior to delivery or dispensing wheelchairs and separately billable accessories with a per month allowable rental rate over \$500.</b>  All months must be authorized.	<b>Authorization is required prior to delivery or dispensing wheelchairs and separately billable accessories with a per month allowable rental rate over \$500.</b>  All months must be authorized.	K0010, K0011, K0606, K0824, K0826, K0827, K0828, K0829, K0837, K0839, K0840, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864  <b>Please note: This may not be an all-inclusive list.</b>	UCare



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<p><a href="#"><u>Wheelchair &amp; Wheelchair Accessories – PURCHASE</u></a></p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p><b>Obtain authorization prior to purchase of all wheelchair bases.</b></p> <p><b>Wheelchair accessories for purchase, repair and replacement</b> require authorization if over \$500 each item.</p>	<p><b>Obtain authorization prior to purchase of all wheelchair bases.</b></p> <p><b>Wheelchair accessories for purchase, repair and replacement</b> require authorization if over \$500 each item.</p>	<p>Not Applicable</p>	<p>UCare</p>