



2020 Authorization and Notification Requirements – Medical Services

For the following UCare Plans:

UCare Medicare Plans = Medicare Advantage | **UCare Medicare Plans with M Health Fairview & North Memorial** = Medicare Advantage

MSHO = Minnesota Senior Health Options | **UCare Connect + Medicare**

UCare Connect = Special Needs BasicCare | **MSC Plus** = Minnesota Senior Care Plus

PMAP = Prepaid Medical Assistance Plan | **MnCare** = MinnesotaCare

UCare works with delegated organizations to handle the following types of authorizations, 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](#)

[Home Health Care \(SNV, HHA\)](#)

[Home Care Nursing \(formerly Private Duty Nursing\)](#)

[Inpatient Medical/Surgical Admission](#)

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

[Non-Contracted Provider](#)

[Nursing Facility Admission \(Custodial\)](#)

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

[Personal Care Assistant \(PCA\)](#)

[Private Duty Nursing \(see Home Care Nursing\)](#)

[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), Local Coverage Articles and MHCP coverage policies are used as appropriate 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.
- Check whether Medicare is the primary insurance for members of UCare's Minnesota Senior Care Plus and UCare Connect, by checking the Minnesota [DHS-MN-ITS](#) site. If Medicare is the primary coverage, it must be used for all Medicare-eligible/covered services or equipment.
- UCare is the authorizing entity for all services, unless noted otherwise.
- Clinical criteria may vary by UCare plan.
- Authorization is not required for orthotics and prosthetics.

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

Forms Needed – State Public Programs & Special Needs Plans - Please leverage our [SPP/Integrated Plans 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. (Click the list for Minnesota State Public Programs, the list for Special Needs Program (SNP) or the list for UCare's Medicare plans at [UCare's Provider's Pharmacy](#) page.) The list explains who to contact for each category of injectable drugs.
- The Formularies page on the UCare Provider Pharmacy Information website shows which drugs are covered on the pharmacy benefit 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)	N/A	Fulcrum
Delta Dental of Minnesota	Medicaid - 1-855-648-1415 (toll free)	N/A	Delta Dental
	Medicare 1-855-648-1416 (toll free)		
Express Scripts, Inc. (ESI)	Medicare/MSHO/Connect + Medicare Phone line for Prior Authorization 1-877-558-7521 (toll free)	Medicare FAX for Prior Authorization 1-877-251-5896 (toll free)	Express Scripts
	Medicaid Phone line for Prior Authorization 1-877-558-7523 (toll free)	Medicaid FAX for Prior Authorization 1-877-251-5896 (toll free)	
Fairview Partners	952-914-1720	612-884-3602	Fairview Partners
Magellan Healthcare	952-225-5700 1-888-660-4705 (toll free)	1-888-656-1952	https://www.hsminc.com/ Magellan Clinical Guidelines
UCare Behavioral Health Services	612-676-6533 or 1-833-276-1185 (toll free)	612-884-2033 1-855-260-9710 (toll free)	UCare
UCare Clinical Services	612-676-6705 1-877-447-4384 (toll free)	612-884-2499 1-866-610-7215 (toll free)	

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
Acute Inpatient Rehabilitation	Obtain authorization before admission and for extensions.	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Back (Spine) Surgery Back (Spine) Surgery Lumbar Spinal Fusion Sacroiliac Joint Fusion	Obtain authorization prior to service. Authorization not required for: <ul style="list-style-type: none"> 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	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bariatric Surgery (Gastric Bypass)	Obtain authorization prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bone Growth Stimulator	Obtain authorization prior to purchase or placement.	E0747, E0748, E0749, E0760	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
<u>Cosmetic or Reconstructive Procedures</u> Examples include: <ul style="list-style-type: none"> • Abdominoplasty • Breast reduction surgery • Gynecomastia • Mammoplasty • Panniculectomy • Removal of breast implant(s)/ Replacement of breast implants • Rhinoplasty /septorhinoplasty • Skin peel(s) 	Obtain authorization prior to service. Authorization not required for: <ul style="list-style-type: none"> • Blepharoplasty • Breast Reconstructive Surgery following breast cancer treatments *Please note: 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	11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 15775, 15776, 15879, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15876, 15877, 15878, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 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	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<u>Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve</u>	Obtain authorization prior to service.	64553, 64568, 64569	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
Detox Inpatient Admission	Notify within 24 hours of admission.	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durable Medical Equipment – 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 is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500. 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	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		*E0764 is not a covered code under DHS.	Please note: This may not be an all-inclusive list. Please review the Medicare or DHS fee schedule to determine if the item you are requesting would be over \$500 per month to rent.							
Durable Medical Equipment – PURCHASE See also: Wheelchairs and accessories Wheelchairs and wheelchair parts/accessories listed separately at end of document. UCare reserves the right to determine rental vs. purchase.	Obtain authorization prior to purchase. All DME items over \$500 allowable require prior authorization. Authorization is not required for prosthetic and orthotic devices/equipment.	NA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
Genetic/Molecular Diagnostic Tests for the following: <ul style="list-style-type: none"> Breast cancer Ovarian cancer Colorectal cancer (excluding Fecal DNA test) Pancreatic cancer Prostate cancer And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing). 	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, 81541, 81551, 81599, 84999	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Home Health Care <ul style="list-style-type: none"> Skilled Nurse Visits (SNV) Home Health Aide (HHA) 	Obtain authorization prior to 1st date of service in a calendar year.	For SNV - 550, 551, G0299, G0300, T1030, T1031 For HHA – 570, 571, G0156, T1021	No	No	No	Yes	Yes	No	No	No
Home Care Nursing (Formerly known as Private Duty Nursing)	Obtain authorization prior to 1st visit.	MSHO, MSC Plus – T1002 and T1003 including modifiers TG, TT, UC	Not a covered benefit.	Not a covered benefit.	Yes	<u>Connect + Medicare, Connect</u> Not a covered benefit through UCare. May be covered by Medicaid Fee For Service— contact member’s county.	Yes	<u>PMAP, MnCare</u> Not a covered benefit through UCare. May be covered by Medicaid Fee For Service— contact member’s county.		

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
Inpatient Medical/Surgical Admission	Notify within 24 hours of admission.	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Long-Term Acute Care (LTAC)	Obtain authorization before admission and for extensions.	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Non-UCare Contracted Provider (Not part of our provider network.)	Obtain authorization prior to service.	Not Applicable	Only required for procedures and services with authorization requirements listed on this grid.	Only required for procedures and services with authorization requirements listed on this grid.	Yes	Yes	Yes	Yes	Yes	Yes
Nursing Facility Admission (for Custodial Care)	See Product →		Not a covered benefit.	Not a covered benefit.	Notify within 1 business day of admission and upon a change in care level. Contact UCare or Fairview Partners.	Notify within 1 business day of admission and upon a change in care level.	Notify within 1 business day of admission and upon a change in care level.	Notify within 1 business day of admission and upon a change in care level.	Not a covered benefit.	Not a covered benefit.

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
<u>Outpatient Therapy (PT, OT & ST)</u> Includes therapy in the home and outpatient therapy provided in a nursing facility.	<p>Physical Therapy - Authorization required beyond threshold of 20 visits per calendar year.</p> <p>Occupational Therapy - Authorization required beyond threshold of 20 visits per calendar year.</p> <p>Speech Therapy - Authorization required beyond threshold of 30 visits per calendar year.</p>	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	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Contact Magellan Healthcare PH 952-225-5700 PH 1-888-660-4705 (toll free)										
<u>Personal Care Assistant (PCA)</u> An in-person assessment conducted by a UCare-contracted agency is required before a determination can be made to approve service.	Obtain authorization prior to service.	T1001, T1019 and T1019UA See Product →	Not a UCare-covered benefit.	Not a UCare-covered benefit.	Yes	Not a UCare-covered benefit.	Not a UCare-covered benefit.	Yes	Not a UCare-covered benefit.	Not a UCare-covered benefit.
<u>Proton Beam Therapy</u>	Obtain authorization prior to service.	77520, 77522, 77523, 77525	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
Skilled Nursing Facility (SNF) or Swing Bed Admission Medicare-covered Skilled Nursing Facility coverage for members who have their Medicare coverage through UCare.	See Product →		Obtain authorization within 1 business day of admission and upon request for extensions. Contact UCare or Fairview Partners.	Obtain authorization within 1 business day of admission and upon request for extensions. Contact UCare or Fairview Partners.	Obtain authorization within 1 business day of admission, and upon request for extensions. Contact UCare or Fairview Partners.	Obtain authorization within 1 business day of admission, and upon request for extensions.	Not a covered benefit.	Not a covered benefit.	Not a covered benefit.	Not a covered benefit.
Spinal Cord Stimulation	Obtain authorization prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Transplant <ul style="list-style-type: none"> • Bone marrow • Heart • Heart-lung • Kidney • Liver • Lung • Pancreas • Stem cell 	For a Medicare-approved transplant at a UCare-contracted facility: Notify UCare within 24 hours of inpatient hospital admissions. For a non-Medicare-approved transplant and/or at a non-UCare-contracted facility: Notify UCare prior to referral to a provider or center.	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Vein Procedures	Obtain authorization prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Service Category	Requirements	CPT Codes	Medicare Plans		Integrated Programs		State Public Programs			
			UCare Medicare Plans	UCare Medicare with M Health Fairview & North Memorial	Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)
Wheelchair & Wheelchair Accessories – RENTAL Repair or replacement of rental equipment is the DME provider’s responsibility. UCare reserves the right to determine rental vs. purchase.	Authorization is required prior to delivery or dispensing wheelchair and separately billable accessories with a per month allowable rental rate over \$500. All months must be authorized.	UCare Medicare Plans - K0011, K0606, K0824, K0825, K0826, K0827, K0828, K0829, 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 *K0011 is not a covered code under DHS Please note: This may not be an all-inclusive list. Please review the Medicare or DHS fee schedule to determine if the item you are requesting would be over \$500 per month to rent.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wheelchair & Wheelchair Accessories – PURCHASE UCare reserves the right to determine rental vs. purchase.	Obtain authorization prior to purchase of all wheelchair bases. Wheelchair accessories for purchase, repair and replacement require authorization if over \$500 allowable each item.	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes