



2021 Authorization and Notification Requirements – Medical Services

For the following UCare Plans:

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

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.)

[Acupuncture](#)

[Acute Inpatient Rehabilitation](#)

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

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

[Bone Growth Stimulator](#)

[Cosmetic or Reconstructive Procedures](#)

[Cranial Nerve Stimulation](#)

[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 \(Custodial\)](#)

[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](#)

Effective 1/1/2021

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.
- Upon discharge from an observation or an inpatient admission, please provide the discharge date

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
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
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 (toll free)	https://www.hsminc.com/ Magellan Clinical Guidelines
UCare Mental Health and Substance Use Disorder 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	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Acupuncture	Authorization required beyond threshold of 20 visits per calendar year.	97810, 97811, 97813, 97814	Yes	Yes	Minnesota Health Care Programs Provider Manual: <ul style="list-style-type: none"> Acupuncture
Acute Inpatient Rehabilitation	Obtain authorization before admission. Concurrent Review for additional days. Upon discharge please send discharge summary.	Not Applicable	Yes	Yes	InterQual: LOC Rehabilitation <ul style="list-style-type: none"> Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission Medicare Benefit Policy Manual: <ul style="list-style-type: none"> Chapter 1 - Inpatient Hospital Services Covered Under Part A
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	InterQual: Medicare Procedures <ul style="list-style-type: none"> Lumbar Spinal Fusion Minimally Invasive Sacroiliac (SI) Joint Fusion Medicare <ul style="list-style-type: none"> No National Coverage Determination (NCD) or Local Coverage Determination (LCD) for MN Minnesota Health Care Programs Provider Manual: <ul style="list-style-type: none"> No criteria listed for Lumbar Fusion and Sacroiliac Joint Fusion

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Bariatric Surgery (Gastric Bypass)	Obtain authorization prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> Bariatric Surgery <p>Medicare:</p> <ul style="list-style-type: none"> National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1) <p>InterQual Procedures:</p> <ul style="list-style-type: none"> Bariatric or Metabolic Surgery <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> No criteria listed for Bariatric or Metabolic Surgery
Bone Growth Stimulator	Obtain authorization prior to purchase or placement.	E0747, E0748, E0749, E0760	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> Bone Growth Stimulators, Noninvasive <p>Medicare:</p> <ul style="list-style-type: none"> National Coverage Determination (NCD) for Osteogenic Stimulators (150.2) Local Coverage Determination (LCD) Osteogenesis Stimulators (L33796) <p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> Bone Growth Stimulators, Noninvasive <p>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</p> <ul style="list-style-type: none"> Bone Growth Stimulators

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><u>Cosmetic or Reconstructive Procedures</u></p> <p>Examples include:</p> <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) 	<p>Obtain authorization prior to service. Authorization not required for:</p> <ul style="list-style-type: none"> • Blepharoplasty • Breast Reconstructive Surgery following medically necessary mastectomy <p>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.</p>	<p>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</p>	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested procedure <p>Medicare</p> <ul style="list-style-type: none"> • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item <p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested procedure <p>Minnesota Health Care Programs Provider Manual: Physician and Professional Services</p> <ul style="list-style-type: none"> • Plastic and Reconstructive Surgery

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<u>Cranial Nerve Stimulation</u> including Vagus Nerve and Hypoglossal Nerve	Obtain authorization prior to service.	64553, 64568, 64569, 0466T	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea Vagus Nerve Stimulation <p>Medicare:</p> <ul style="list-style-type: none"> 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) <p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> Vagus Nerve Stimulation <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> No criteria listed for Cranial Nerve, Vagus Nerve and Hypoglossal Nerve Stimulation

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><u>Durable Medical Equipment – RENTAL</u></p> <p>See also: Wheelchairs and accessories</p> <p>UCare reserves the right to determine rental vs. purchase.</p> <p>Repair or replacement of rental equipment is the provider’s responsibility.</p> <p>Authorization is not required for:</p> <ul style="list-style-type: none"> • Monthly rental of ventilators • Monthly rental of oxygen and equipment • Prosthetics and orthotic devices/equipment 	<p>Authorization is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500.</p> <p>All months must be authorized.</p>	<p>E0193, E0194, E0277, E0302, E0304, E0472, E0482, E0483, E0636, E0652, E0694, E0764, E0766, E0783, E0784, E0786, E1035, E1036, E1841, E2402, E2510, K0606</p>	<p>Yes</p>	<p>Yes</p>	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested DME item <p>Medicare:</p> <ul style="list-style-type: none"> • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item <p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested DME item <p>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</p> <ul style="list-style-type: none"> • Appropriate coverage criteria for equipment will be chosen based on requested DME item

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><u>Durable Medical Equipment – PURCHASE</u></p> <p><u>See also: Wheelchairs and accessories</u></p> <p>Wheelchairs and wheelchair parts/accessories listed separately at end of document.</p> <p>UCare reserves the right to determine rental vs. purchase.</p> <p>Authorization is not required for: Prosthetics and orthotic devices/equipment</p>	<p>Obtain authorization prior to purchase.</p> <p>All DME items over \$500 allowable require prior authorization.</p>	NA	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested DME item <p>Medicare:</p> <ul style="list-style-type: none"> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item <p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested DME item <p>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</p> <ul style="list-style-type: none"> Appropriate coverage criteria for equipment will be chosen based on requested DME item

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><u>Genetic/Molecular Diagnostic Tests</u> for the following:</p> <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.	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, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999	Yes	Yes	<p>InterQual Molecular Diagnostics</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested genetic testing <p>Medicare:</p> <ul style="list-style-type: none"> 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) <p>Minnesota Health Care Provider Manual Lab/Pathology, Radiology & Diagnostic Services</p> <ul style="list-style-type: none"> Lab / Pathology Services <ul style="list-style-type: none"> Genetic Testing <p>Medical Policy may be available for select genetic tests NCCN Guidelines</p>
<p><u>Home Health Care</u></p> <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.	<p>For SNV - 550, 551, T1030, T1031</p> <p>For HHA – 570, 571, T1021</p>	No	Yes	<p>Minnesota Health Care Programs Community Based Services Manual:</p> <ul style="list-style-type: none"> Home Care <ul style="list-style-type: none"> Home Health Agency Services

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<u>Home Care Nursing</u> (Formerly known as Private Duty Nursing)	Obtain authorization prior to 1st visit.	MSHO, MSC Plus – T1002 and T1003 including modifiers TG, TT, UC	Yes	Not a covered benefit through UCare. May be covered by Medicaid Fee For Service— contact member’s county.	Minnesota Health Care Programs Community Based Services Manual: <ul style="list-style-type: none"> • Home Care <ul style="list-style-type: none"> ○ Home Care Nursing (HCN)
<u>Inpatient Hospital, Acute</u> <ul style="list-style-type: none"> • All Hospital Inpatient Level of Care Admissions 	Notification required within 24 hours of admission. Concurrent Review for: <ul style="list-style-type: none"> • Inpatient stays greater than 7 days • Maternity Stays greater than 4 days Upon discharge please send discharge summary.	Not Applicable Information needed for concurrent review for inpatient stays beyond 7 days and Maternity stays greater than 4 days: <ul style="list-style-type: none"> • Admission History and Physical • Current MD notes • Current labs • Diagnostic imaging • PT/OT Progress notes • Discharge Summary upon discharge Please fax this information to 612-884-2499 or 1-866-610-7215 (toll free)	Yes	Yes	InterQual: LOC Acute Adult <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for inpatient admission
<u>Long-Term Acute Care (LTAC)</u>	Obtain authorization before admission. Concurrent Review for additional days. Upon discharge please send discharge summary.	Not Applicable	Yes	Yes	InterQual: LOC Long Term Acute Care <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for LTAC admission

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<u>Non-UCare Contracted Provider</u> (Not part of our provider network.)	Obtain authorization prior to service.	Not Applicable	Yes	Yes	Appropriate criteria will be chosen based on services items requested
<u>Nursing Facility Admission (for Custodial Care)</u>	Notification required within 24 hours of admission. Updates as needed upon MN RUGS changes, transfers to other facilities/ hospitals or discharge to home.	Not Applicable See Product →	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.	Minnesota Health Care Programs Provider Manual: <ul style="list-style-type: none"> Nursing Facilities
<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 →	Yes	Not a UCare covered benefit.	Minnesota Health Care Programs Provider Manual: <ul style="list-style-type: none"> PCA Services

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Proton Beam Therapy	Obtain authorization prior to service.	77520, 77522, 77523, 77525	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> Proton Beam Therapy <p>Medicare: Local Coverage Determination (LCD):</p> <ul style="list-style-type: none"> Proton Beam Therapy (L35075) <p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> Proton Beam Therapy <p>Minnesota Health Care Programs Provider Manual</p> <ul style="list-style-type: none"> Radiology & Diagnostic Services
<p>Skilled Nursing Facility (SNF) or Swing Bed Admission</p> <p>Medicare-covered Skilled Nursing Facility coverage for members who have their Medicare coverage through UCare.</p>	Obtain authorization within 1 business day of admission.	<p>Not Applicable</p> <p>See Product →</p>	<p>Obtain authorization within 1 business day of admission.</p> <p>Concurrent Review for additional days. Upon discharge please send discharge summary.</p> <p>Contact UCare or Fairview Partners.</p>	<p>Obtain authorization within 1 business day of admission.</p> <p>Concurrent Review for additional days. Upon discharge please send discharge summary.</p>	<p>InterQual: LOC Subacute / SNF</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on reason for SNF admission <p>Medicare Benefit Policy Manual</p> <ul style="list-style-type: none"> Chapter 8 – Coverage of Extended Care (SNF) Services Under Hospital Insurance

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<u>Spinal Cord Stimulation</u>	Obtain authorization prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> Spinal Cord Stimulator <p>Medicare:</p> <ul style="list-style-type: none"> National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) <p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> Spinal Cord Stimulator (SCS) Insertion
<u>Transplant</u> <ul style="list-style-type: none"> Bone marrow Heart Heart-lung Kidney Liver Lung Pancreas Stem cell 	<p>For a Medicare-approved transplant at a UCare-contracted facility: Notify UCare within 24 hours of inpatient hospital admissions.</p> <p>Concurrent Review for:</p> <ul style="list-style-type: none"> Inpatient stays greater than 7 days <p>Upon discharge please send discharge summary.</p> <p>For a non-Medicare-approved transplant and/or at a non-UCare-contracted facility: Notify UCare prior to referral to a provider or center.</p>	Not Applicable	Yes	Yes	<p>InterQual: LOC Acute Adult</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on reason for inpatient admission

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
Vein Procedures	Obtain authorization prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> Varicose Veins <p>Medicare:</p> <ul style="list-style-type: none"> Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of (L33575) <p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> Ablation, Endovenous, Varicose Veins Ambulatory Phlebectomy, Varicose Vein Sclerotherapy, Varicose Veins <p>Minnesota Health Care Programs Provider Manual:</p> <ul style="list-style-type: none"> No criteria listed for Vein Procedures
<p>Wheelchair & Wheelchair Accessories – RENTAL</p> <p>Repair or replacement of rental equipment is the DME provider’s responsibility.</p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Authorization is required prior to delivery or dispensing wheelchair and separately billable accessories with a per month allowable rental rate over \$500.</p> <p>All months must be authorized.</p>	<p>E0986, E1003, E1004, E1005, E1006, E1007, E1008, E2328, K0011, 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</p> <p>*K0011 is not a covered code under DHS</p> <p>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.</p>	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested DME item <p>Medicare:</p> <ul style="list-style-type: none"> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item <p>InterQual CP: Durable Medical Equipment:</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested wheelchair item <p>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</p> <ul style="list-style-type: none"> Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><u>Wheelchair & Wheelchair Accessories – PURCHASE</u></p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase of all wheelchair bases.</p> <p>Wheelchair accessories for purchase, repair and replacement require authorization if over \$500 allowable each item.</p>	Not Applicable	Yes	Yes	<p>InterQual Medicare Durable Medical Equipment:</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested DME item <p>Medicare:</p> <ul style="list-style-type: none"> Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item <p>InterQual CP: Durable Medical Equipment:</p> <ul style="list-style-type: none"> Appropriate subset will be chosen based on requested wheelchair item <p>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</p> <ul style="list-style-type: none"> Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item