



## 2022 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-UCare 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 – PURCHASE/RENTAL](#)

[Wheelchair PURCHASE](#)

[Wheelchair RENTAL](#)

[Wound VAC](#)

**Effective 1/1/2022**

## 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

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

**Prior Authorization / Notification 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 and Medical Injectable Drugs –

- Review the list of medical injectable drugs that require prior authorization and the policies that contain coverage criteria in the [Medical Drug Policies](#) library.
- The Formulary pages on the [UCare Provider's Pharmacy](#) website show which drugs are covered on the pharmacy benefit for each UCare Plan, as well as everything you need to request exceptions or prior authorization.

### Authorization and Notification Contacts

Authorizing Entity	Phone	Fax	Website
Fulcrum Chiropractic	1-877-886-4941 (toll free)	N/A	<a href="#">Fulcrum Chiropractic</a>
Fulcrum Acupuncture		763-204-8572	
Delta Dental of Minnesota	<b>Medicaid</b> 1-855-648-1415 (toll free)	N/A	<a href="#">Delta Dental</a>
Care Continuum	1-800-818-6747 (toll free)	1-877-266-1871 (toll free)	<a href="#">ExpressPAth</a>
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)	<a href="#">ExpressPAth</a>
Fairview Partners	952-914-1720	612-884-3602	<a href="#">Fairview Partners</a>
Magellan Healthcare	952-225-5700 1-888-660-4705 (toll free)	1-888-656-1952 (toll free)	<a href="https://www.hsminc.com/MagellanClinicalGuidelines">https://www.hsminc.com/Magellan Clinical Guidelines</a>
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)	<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	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><a href="#">Acupuncture</a></p> <p>Effective <b>8/8/22</b>, fax PA Form to Fulcrum</p>	<p>Authorization required beyond threshold of 20 units per calendar year. *Updated 8/24/2022</p>	97810, 97811, 97813, 97814	Yes	Yes	<p><b>Minnesota Health Care Programs Provider Manual:</b></p> <ul style="list-style-type: none"> <li>Acupuncture Services</li> <li><a href="#">Fulcrum licensed acupuncture policy</a></li> </ul>
<p><a href="#">Acute Inpatient Rehabilitation</a></p>	<p>Obtain authorization before admission.</p> <p>Concurrent Review for additional days. Upon discharge, please send discharge summary.</p>	Not Applicable	Yes	Yes	<p><b>InterQual LOC Rehabilitation:</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission</li> </ul> <p><b>Medicare Benefit Policy Manual:</b></p> <ul style="list-style-type: none"> <li>Chapter 1 - Inpatient Hospital Services Covered Under Part A</li> </ul>
<p><a href="#">Back (Spine) Surgery</a></p> <p>Lumbar Spinal Fusion Sacroiliac Joint Fusion</p>	<p>Obtain authorization prior to service. Authorization not required for:</p> <ul style="list-style-type: none"> <li>Emergency surgery for trauma</li> <li>Acute transverse myelopathy</li> <li>Tumors</li> <li>Cervical and 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	Yes	Yes	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>Lumbar Spinal Fusion</li> <li>Minimally Invasive Sacroiliac (SI) Joint Fusion</li> <li>Vertebroplasty or Kyphoplasty 0200T, 0201T</li> </ul> <p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>Lumbar Spinal Fusion</li> </ul> <p><b>Medicare Local Coverage Determination:</b></p> <ul style="list-style-type: none"> <li>Minimally-invasive Surgical (<a href="#">MIS</a>) Fusion of the Sacroiliac Joint L36406</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual:</b></p> <ul style="list-style-type: none"> <li>No criteria listed for Lumbar Fusion and Sacroiliac Joint Fusion</li> </ul>

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

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><a href="#">Cosmetic or Reconstructive Procedures</a></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>Obtain authorization prior to service.</p> <p>Authorization not required for:</p> <ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Breast Reconstructive Surgery following medically necessary mastectomy</li> </ul> <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>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, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 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><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested procedure</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Medicare National Coverage Determination (NCD)</a> or <a href="#">Local Coverage Determination (LCD)</a> will be chosen based on the requested procedure</li> </ul> <p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested procedure</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual: Physician and Professional Services</b></p> <ul style="list-style-type: none"> <li>• Plastic and Reconstructive Surgery</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve</a>	Obtain authorization prior to service.	64553, 64568, 64569, 64582	Yes	Yes	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea</li> <li>Vagus Nerve Stimulation</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>National Coverage Determination (NCD) for Vagus Nerve Stimulation (VNS) (160.18)</li> <li>Local Coverage Determination (LCD) Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387)</li> </ul> <p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>Vagus Nerve Stimulation</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual:</b></p> <ul style="list-style-type: none"> <li>No criteria listed for Cranial Nerve, Vagus Nerve and Hypoglossal Nerve Stimulation</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><b><u>Durable Medical Equipment – PURCHASE and RENTAL</u></b></p> <p><b>See also:</b> <a href="#">Wheelchairs and Accessories</a></p> <p><b>See also:</b> <a href="#">Wound VAC</a></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><b>Authorization is not required for:</b></p> <ul style="list-style-type: none"> <li>• Monthly rental of ventilators</li> <li>• Monthly rental of oxygen and equipment</li> <li>• Prosthetics and orthotic devices/equipment</li> </ul>	<p>Authorization is required prior to delivery or dispensing DME items.</p> <p>All months must be authorized.</p>	<p><b>E0483</b> – High Frequency Chest Wall Oscillation System</p> <p><b>E0652</b> – Pneumatic Compression Device</p> <p><b>E0694</b> – Ultraviolet Multidirectional Light Therapy</p> <p><b>E0764</b> – Functional Neuromuscular Stimulator (this is a Rental only item)</p> <p><b>E0766</b> – Electrical Stimulation Device (this is a Rental Only item)</p> <p><b>E2510</b> – Speech Generating Device</p>	Yes	Yes	<p><b>InterQual Medicare Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested DME item</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>• Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item</li> </ul> <p><b>InterQual CP Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested DME item</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>• Appropriate coverage criteria for equipment will be chosen based on requested DME item</li> </ul>




Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><b><u>Genetic/Molecular Diagnostic Tests</u></b> for the following:</p> <ul style="list-style-type: none"> <li>Breast cancer</li> <li>Ovarian cancer</li> <li><b>Colorectal cancer (excluding Fecal DNA test)</b></li> <li>Pancreatic cancer</li> <li>Prostate cancer</li> <li>And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing)</li> </ul>	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, 81523, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999	Yes	Yes	<p><b>InterQual Molecular Diagnostics</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on requested genetic testing</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000)</li> <li>Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms (L37810)</li> <li>Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the treatment Hematolymphoid Diseases (L37606)</li> </ul> <p><b>Minnesota Health Care Provider Manual Lab/Pathology, Radiology &amp; Diagnostic Services:</b></p> <ul style="list-style-type: none"> <li>Lab / Pathology Services <ul style="list-style-type: none"> <li>Genetic Testing</li> </ul> </li> </ul> <p><b>Medical Policy may be available for select genetic tests</b></p> <p><b>NCCN Guidelines</b></p>
<p><b><u>Home Health Care</u></b></p> <ul style="list-style-type: none"> <li>Skilled Nurse Visits (SNV)</li> <li>Home Health Aide (HHA)</li> </ul>	Obtain authorization prior to 1 <sup>st</sup> 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><b>Minnesota Health Care Programs Community Based Services Manual:</b></p> <ul style="list-style-type: none"> <li>Home Care <ul style="list-style-type: none"> <li>Home Health Agency Services</li> </ul> </li> </ul>

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			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Home Care Nursing</a> (Formerly known as Private Duty Nursing)	Obtain authorization prior to 1 <sup>st</sup> visit.	MSHO, 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.	<b>Minnesota Health Care Programs Community Based Services Manual:</b> <ul style="list-style-type: none"> <li>Home Care               <ul style="list-style-type: none"> <li>Home Care Nursing (HCN)</li> </ul> </li> </ul>
<a href="#">Inpatient Hospital, Acute</a> <ul style="list-style-type: none"> <li>All Hospital Inpatient Level of Care Admissions</li> </ul>	Notification required within 24 hours of admission.  Concurrent review required for non-UCare contracted provider over the course of the hospital stay.	Not Applicable  <b>Information needed for concurrent review for inpatient for non-UCare contracted hospital stays:</b> <ul style="list-style-type: none"> <li>Admission History and Physical</li> <li>Current MD notes</li> <li>Current labs</li> <li>Diagnostic imaging</li> <li>PT/OT Progress notes</li> <li>Discharge Summary upon discharge</li> </ul> Please fax this information to 612-884-2499 or 1-866-610-7215 (toll free).	Yes	Yes	<b>InterQual LOC Acute Adult:</b> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for inpatient admission</li> </ul> <b>InterQual LOC Acute Pediatric:</b> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for inpatient admission</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Long-Term Acute Care (LTAC)</a>	Obtain authorization before admission.  Concurrent Review for additional days. Upon discharge, please send discharge summary.	Not Applicable	Yes	Yes	<b>InterQual LOC Long Term Acute Care:</b> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for LTAC admission</li> </ul>
<a href="#">Non-UCare Contracted Provider</a>  (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
<a href="#">Nursing Facility Admission (for Custodial Care)</a>	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.	<b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>Nursing Facilities</li> </ul>
<a href="#">Personal Care Assistant (PCA)</a>  A PCA Assessment is required to evaluate eligible UCare member's need for PCA services. The assessment must be performed by the UCare Care Coordinator or County Waiver Case Manager in order to approve services.	Obtain authorization prior to service.	T1001, T1019 and T1019UA  See Product →	Yes	Not a UCare covered benefit.	<b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>PCA Services</li> </ul>

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			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Proton Beam Therapy</a>	Obtain authorization prior to service.	77520, 77522, 77523, 77525	Yes	Yes	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>Proton Beam Therapy</li> </ul> <p><b>Medicare:</b> Local Coverage Determination (LCD):</p> <ul style="list-style-type: none"> <li>Proton Beam Therapy (L35075)</li> </ul> <p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>Proton Beam Radiotherapy</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual:</b> No criteria available for proton beam therapy</p>
<p><a href="#">Skilled Nursing Facility (SNF) or Swing Bed Admission</a></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><b>Obtain authorization</b> 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><b>Obtain authorization</b> within 1 business day of admission.</p> <p>Concurrent Review for additional days. Upon discharge, please send discharge summary.</p>	<p><b>InterQual LOC Subacute / SNF:</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for SNF admission</li> </ul> <p><b>Medicare Benefit Policy Manual:</b></p> <ul style="list-style-type: none"> <li>Chapter 8 – Coverage of Extended Care (SNF) Services Under Hospital Insurance</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Spinal Cord Stimulation</a>	Obtain authorization prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>Spinal Cord Stimulator</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)</li> </ul> <p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>Spinal Cord Stimulator (SCS) Insertion</li> </ul> <p><b>Minnesota Health Care Provider Manual:</b> No criteria available for spinal cord stimulation</p>
<p><a href="#">Transplant</a></p> <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>	<p>For a Medicare-approved transplant at a UCare-contracted facility: Notify UCare within 24 hours of inpatient hospital admissions.</p> <p>For a non-Medicare-approved transplant and/or at a <b>non-UCare-contracted facility</b>: Notify UCare <b>prior</b> to referral to a provider or center.</p> <p>Concurrent review  required for non-UCare contracted provider over the course of the hospital stay.</p>	<p>Not Applicable</p> <p><b>Concurrent review for inpatient for non-UCare contracted hospital stays</b></p> <ul style="list-style-type: none"> <li>Admission History and Physical</li> <li>Current MD notes</li> <li>Current labs</li> <li>Diagnostic imaging</li> <li>PT/OT Progress notes</li> <li>Discharge Summary upon discharge</li> </ul> <p>Please fax this information to 612-884-2499 or 1-866-610-7215 (toll free).</p>	Yes	Yes	<p><b>InterQual LOC Acute Adult:</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for inpatient admission</li> </ul> <p><b>InterQual LOC Acute Pediatric:</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for inpatient admission</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Vein Procedures</a>	Obtain authorization prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>• Varicose Veins</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>• Local Coverage Determination (LCD) for Varicose Veins of the Lower Extremity, Treatment of (L33575)</li> </ul> <p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>• Ablation, Endovenous, Varicose Veins</li> <li>• Ambulatory Phlebectomy, Varicose Vein</li> <li>• Sclerotherapy, Varicose Veins</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual:</b></p> <ul style="list-style-type: none"> <li>• No criteria listed for Vein Procedures</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><b><u>Wheelchair Accessories – PURCHASE or RENTAL</u></b></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 separately billable accessories with a per month allowable rental rate or purchase over \$1000 per item.</p> <p>All months must be authorized.</p>	<p>Rental allowable over \$1000 per month requiring authorization: E1008 K0108*** if over \$1000 per item</p> <p>Purchase allowable over \$1000 per month requiring authorization: E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1012, E1030, E2204, E2227, E2228, E2310***, E2311***, E2312***, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2373, E2376 K0108*** if over \$1000 per item ***Effective 2-15-22</p> <p><b>Please note:</b> 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 \$1000 per month to purchase or rent.</p>	Yes	Yes	<p><b>InterQual Medicare Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on requested wheelchair item</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair</li> </ul> <p><b>InterQual CP: Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on requested wheelchair item</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><b><u>Wheelchair – RENTAL</u></b></p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs.</p> <p>For wheelchair accessories please see the wheelchair accessories auth section above</p>	<p>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, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898</p>	Yes	Yes	<p><b>InterQual Medicare Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested wheelchair item</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>• Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item</li> </ul> <p><b>InterQual CP Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested wheelchair item</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>• Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item</li> </ul>



Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<p><a href="#">Wheelchair – PURCHASE</a></p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase of <b>all</b> wheelchair bases.</p> <p>For wheelchair accessories please see the wheelchair accessories auth section above</p>	<p><b>All</b> Manual Wheelchair, Power Operated Vehicles, and Power Wheelchairs require prior authorization when purchased.</p>	<p>Yes</p>	<p>Yes</p>	<p><b>InterQual Medicare Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested wheelchair item</li> </ul> <p><b>Medicare:</b></p> <ul style="list-style-type: none"> <li>• Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item</li> </ul> <p><b>InterQual CP: Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Appropriate subset will be chosen based on requested wheelchair item</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>• Appropriate coverage criteria for equipment will be chosen based on requested wheelchair item</li> </ul>

Service Category	Requirements	CPT Codes	Integrated Programs		Medical Necessity Criteria
			Minnesota Senior Health Options (MSHO)	UCare Connect + Medicare	
<a href="#">Wound VAC</a>	Obtain authorization prior to the 4 <sup>th</sup> month of rental.	E2402	Yes	Yes	<p><b>InterQual Medicare Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>Negative Pressure Wound Therapy Pumps</li> </ul> <p><b>Medicare Local Coverage Determination for Negative Pressure Wound Therapy Pumps (L33821)</b></p> <p><b>InterQual CP: Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>Negative Pressure Wound Therapy (NPWT) Pump</li> </ul> <p><b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies, Specialized Wound Treatment Technology</b></p>