2021 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.)

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) 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 Essentia 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 Formularies 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	Fulcrum
Delta Dental of Minnesota	1-855-648-1416 (toll free)	NA	Delta Dental
Express Scripts, Inc. (ESI)	1-877-558-7521 (toll free)	1-877-251-5896 (toll free)	Express Scripts
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	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Acute Inpatient Rehabilitation	**Obtain authorization** before admission. Concurrent Review for additional days. Upon discharge please send discharge summary.	**Obtain authorization** before admission. Concurrent Review for additional days. Upon discharge please send discharge summary.	Not Applicable	**InterQual: LOC Rehabilitation** • Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission **Medicare Benefit Policy Manual:** • Chapter 1 - Inpatient Hospital Services Covered Under Part A
	Contact UCare for Authorization or Notification			
Back (Spine) Surgery Lumbar Spinal Fusion Sacroiliac Joint Fusion	**No authorization or notification requirements***	**Obtain authorization** prior to service. Authorization not required for: • Emergency surgery for trauma • Acute transverse myelopathy • Tumors • Cervical & Thoracic back surgery	0200T, 0201T, 0221T, 0222T, 22533, 22534, 22558, 22585, 22586, 22612, 22614, 22630, 22632, 22633, 22634, 22808, 22810, 22812, 22840, 22841, 22842, 22843, 22844, 27279, 27280	**InterQual: Medicare Procedures** • Lumbar Spinal Fusion • Minimally Invasive Sacroiliac (SI) Joint Fusion **Medicare:** • No National Coverage Determination (NCD) or Local Coverage Determination (LCD) for MN
	Contact UCare for Authorization or Notification			
Bariatric Surgery (Gastric Bypass)	**No authorization or notification requirements***	**Obtain authorization** prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	**InterQual Medicare Procedures:** • Bariatric Surgery **Medicare:** • National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)
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Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Bone Growth Stimulator	**Obtain authorization** prior to purchase or placement.	**Obtain authorization** prior to purchase or placement.	E0747, E0748, E0749, E0760	**InterQual Medicare Durable Medical Equipment:** • Bone Growth Stimulators, Noninvasive **Medicare:** • National Coverage Determination (NCD) for Osteogenic Stimulators (150.2) • Local Coverage Determination (LCD) Osteogenesis Stimulators (L33796)
	Contact UCare for Authorization or Notification			
Cosmetic or Reconstructive Procedures Examples include: • Abdominoplasty • Breast reduction surgery • Gynecomastia • Mammoplasty • Panniculectomy • Removal of breast implant(s)/ Replacement of breast implants • Rhinoplasty/ septorhinoplasty • Skin peel(s)	**No authorization or notification requirements*** **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.	**Obtain authorization** prior to service. Authorization **not** required for: • Blepharoplasty • Breast Reconstructive Surgery following medically necessary Mastectomy	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	**InterQual Medicare Procedures:** • Appropriate subset will be chosen based on requested procedure **Medicare** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item
	Contact UCare for Authorization or Notification			

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Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	**No authorization or notification requirements ***	**Obtain authorization** prior to service.	64553, 64568, 64569, 0466T	**InterQual Medicare Procedures:** • Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea • Vagus Nerve Stimulation **Medicare:** • Local Coverage Determination (LCD) Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) • National Coverage Determination (NCD) for Vagus Nerve Stimulation (VNS) (160.18)
	Contact UCare for Authorization or Notification			

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
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 not required for:** • monthly rental of ventilators • monthly rental of oxygen and equipment • Prosthetics and orthotic devices/equipment	**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 required prior to delivery or dispensing DME items with a per month allowable rental rate over $500.** All months must be authorized.	E0193, E0194, E0277, E0302, E0304, E0472, E0482, E0483, E0636, E0652, E0694, E0764, E0766, E0784, E1035, E1036, E1841, E2402, E2510, K0606 **Please note: This may not be an all-inclusive list.**	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested DME item **Medicare:** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item
	Contact UCare for Authorization or Notification			

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Durable Medical Equipment – PURCHASE See also: Wheelchairs and wheelchair parts/accessories listed separately UCare reserves the right to determine rental vs. purchase. **Authorization is not required for:** • Prosthetics and orthotic devices/equipment	**Obtain authorization** prior to purchase. All DME items over $500 require prior authorization.	**Obtain authorization** prior to purchase. All DME items over $500 require prior authorization.	DME items over $500 to purchase require authorization.	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested DME item **Medicare:** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item
	Contact UCare for Authorization or Notification			

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Genetic/Molecular Diagnostic tests for the following: • Breast cancer • Colorectal cancer (excluding Fecal) • Ovarian cancer • Pancreatic cancer • Prostate cancer • And all cancer panels (i.e., gene sequencing, whole genome/ exome sequencing)	**No authorization or notification requirements. ***	**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, 84999, 81541, 81551, 81599	**InterQual Molecular Diagnostics** • Appropriate subset will be chosen based on requested genetic testing **Medicare:** • Local Coverage Determination (LCD): Molecular Pathology Procedures (L35000) • Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms (L37810) • Local Coverage Determination (LCD): Genomic Sequence Analysis Panels in the treatment Hematolymphoid Diseases (L37606) **Medical Policy may be available for select genetic tests** **NCCN Guidelines**
	Contact UCare for Authorization or Notification			

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Inpatient Hospital, Acute All Hospital Inpatient Level of Care Admissions	Notification required within 24 hours of admission. Concurrent Review for: • Inpatient stays greater than 7 days Upon discharge please send discharge summary.	Notification required within 24 hours of admission. Concurrent Review for: • Inpatient stays greater than 7 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:** • 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)	**InterQual: LOC Acute Adult/Acute Pediatric** • Appropriate subset will be chosen based on reason for inpatient admission
	Contact UCare for Authorization or Notification			
Long-Term Acute Care Hospitalization (LTAC)	Obtain authorization prior to admission Concurrent Review for additional days. Upon discharge please send discharge summary	Obtain authorization prior to admission Concurrent Review for additional days. Upon discharge please send discharge summary	Not Applicable	**InterQual: LOC Long Term Acute Care** • Appropriate subset will be chosen based on reason for LTAC admission
	Contact UCare for Authorization or Notification			

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Proton Beam Therapy	**Obtain authorization** prior to service.	**Obtain authorization** prior to service.	77520, 77522, 77523, 77525	**InterQual Medicare Procedures:** • Proton Beam Therapy **Medicare:** • Local Coverage Determination (LCD): Proton Beam Therapy (L35075)
	Contact UCare for Authorization or Notification			
Skilled Nursing Facility (SNF) or Swing Bed Admission		**Obtain authorization** within 1 business day of admission Concurrent Review for additional days. Upon discharge please send discharge summary.	Not Applicable	**InterQual: LOC Subacute / SNF** • Appropriate subset will be chosen based on reason for SNF admission **Medicare Benefit Policy Manual** • Chapter 8 – Coverage of Extended Care (SNF) Services Under Hospital Insurance
	Contact UCare for Authorization or Notification			
Spinal Cord Stimulation	**Obtain authorization prior** to trial and prior to permanent placement.	**Obtain authorization prior** to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	**InterQual Medicare Procedures:** • Spinal Cord Stimulator **Medicare:** • National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)
	Contact UCare for Authorization or Notification			

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<tr><th>Service Category</th><th>Essentia Health Provider Requirements</th><th>Other EssentiaCare Network Providers</th><th>Codes Requiring Authorization CPT/HCPC Codes</th><th>Medical Necessity Criteria</th></tr>
<tr><td rowspan="2">Transplant
Bone marrow
Heart
Heart-lung
Kidney
Liver
Lung
Pancreas
Stem Cell</td><td>For a Medicare-approved transplant at a UCare-contracted facility: Notify UCare within 24 hours of inpatient hospital admissions.

Concurrent Review for:
Inpatient stays greater than 7 days
Upon discharge please send discharge summary.</td><td>For a Medicare-approved transplant at a UCare-contracted facility: Notify UCare within 24 hours of inpatient hospital admissions.

Concurrent Review for:
Inpatient stays greater than 7 days
Upon discharge please send discharge summary.</td><td rowspan="2">Not Applicable</td><td rowspan="2">InterQual: LOC Acute Adult
Appropriate subset will be chosen based on reason for Inpatient admission</td></tr>
<tr><td colspan="2">Contact UCare for Authorization or Notification</td></tr>
<tr><td rowspan="2">Vein Procedures</td><td>No authorization or notification requirements. *</td><td>Obtain authorization prior to service.</td><td rowspan="2">36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766</td><td rowspan="2">InterQual Medicare Procedures:
Varicose Veins
Medicare:
Local Coverage Determination (LCD): Varicose Veins of the Lower Extremity, Treatment of (L33575)</td></tr>
<tr><td colspan="2">Contact UCare for Authorization or Notification</td></tr>
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Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
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 wheelchairs and separately billable accessories with a per month allowable rental rate over $500.** All months must be authorized.	**Authorization is required prior to delivery or dispensing wheelchairs and separately billable accessories with a per month allowable rental rate over $500.** All months must be authorized.	E0986, E1003, E1004, E1005, E1006, E1007, E1008, E2328, K0011, K0822, K0824, K0825, K0826, K0827, K0828, K0829, 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 **Please note: This may not be an all-inclusive list.**	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested DME item **Medicare:** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item
	Contact UCare for Authorization or Notification			
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 each item.	**Obtain authorization prior to purchase of all wheelchair bases.** **Wheelchair accessories for purchase, repair and replacement** require authorization if over $500 each item.	Not Applicable	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested DME item **Medicare:** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested DME item
	Contact UCare for Authorization or Notification			