UCare

2022 EssentiaCare Authorization and Notification Requirements – Medical Services

For the following UCare Plans:

EssentiaCare

UCare works with delegated organizations to handle the following types of authorization, so they are not included in this document. Find current guidelines and contact information on the UCare Provider website. • Chiropractic care • Dental care • Pharmacy

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

Acute Inpatient Rehabilitation

Back (Spine) Surgery

Bariatric Surgery (Gastric Bypass)

Bone Growth Stimulator

Cosmetic or Reconstructive Procedures

Cranial Nerve Stimulation

Durable Medical Equipment – PURCHASE & RENTAL

Genetic/Molecular Diagnostic Testing

Inpatient Hospital, Acute

Long-Term Acute Care (LTAC)

Proton Beam Therapy

Skilled Nursing Facility or Swing Bed

Spinal Cord Stimulation

Transplant

Vein Procedures

Wheelchair & Accessories – RENTAL/PURCHASE

Wheelchair – PURCHASE

Wheelchair – RENTAL

Wound VAC

Effective 1/1/2022

Prior Authorization / Notification Forms

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 (612-676-3300 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 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 for the EssentiaCare Medicare plan, as well as everything you need to request exceptions or prior authorization.

Prior Authorization / Notification Forms

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
Care Continuum	1-800-818-6747 (toll free)	1-877-266-1871 (toll free)	ExpressPAth
Express Scripts, Inc. (ESI)	1-877-558-7521 (toll free)	1-877-251-5896 (toll free)	ExpressPAth
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 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)	

Prior Authorization / Notification Forms

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 • Vertebroplasty or Kyphoplasty 0200T, 0201T **Medicare Local Coverage Determination:** • Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac Joint L36406
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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)
	Contact UCare for Authorization or Notification.			
Bone Growth Stimulator	**Obtain authorization** prior to purchase or placement.	**Obtain authorization** prior to purchase or placement.	E0748, E0749	**InterQual Medicare Durable Medical Equipment:** • Osteogenesis Stimulators **Medicare:** • National Coverage Determination (NCD) for Osteogenic Stimulators (150.2) • Local Coverage Determination (LCD) Osteogenesis Stimulators
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Prior Authorization / Notification Forms

* Essentia Health Providers contact Essentia Health Managed Care Support Services

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
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, 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	**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 procedure
	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
Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	**No authorization or notification requirements.***	**Obtain authorization** prior to service.	64553, 64568, 64569, 64582	**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)
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Prior Authorization / Notification Forms

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Durable Medical Equipment – PURCHASE & RENTAL **See also**: Wheelchairs Accessories **See also:** Wound VAC 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.** All months must be authorized. Contact UCare for Author	**Authorization is required prior to delivery or dispensing DME items.** All months must be authorized. ization or Notification.	**E0483** - High Frequency Chest Wall Oscillation System **E0652** - Pneumatic Compression Device **E0694** - Ultraviolet Multidirectional Light Therapy **E0764** – Functional Neuromuscular Stimulator (this is a rental only item) **E0766** - Electrical Stimulation Device (this is a rental only item) **E2510** - Speech Generating Device	**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

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.*** Contact UCare for Authorization or Notification.	**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	**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**

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Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Inpatient Hospital, Acute All Hospital Inpatient Level of Care Admissions	Notification required within 24 hours of admission.	Notification required within 24 hours of admission.	Not Applicable	
	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.			

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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.	**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)
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Transplant • 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. Concurrent review needed for non-EssentiaCare contracted provider hospital stay.	For a Medicare-approved transplant at a UCare-contracted facility: **Notify** UCare within 24 hours of inpatient hospital admissions.	Not Applicable	
	Contact UCare for Authorization or Notification.			
Vein Procedures	**No authorization or notification requirements.***	**Obtain authorization** prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	**InterQual Medicare Procedures:** • Varicose Veins **Medicare:** • Local Coverage Determination (LCD): Varicose Veins of the Lower Extremity, Treatment of (L33575)
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Prior Authorization / Notification Forms

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Wheelchair Accessories – PURCHASE & 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 separately billable accessories with a per month allowable rental rate or purchase over $1000 per item.** All months must be authorized.	**Authorization is required prior to delivery or dispensing separately billable accessories with a per month allowable rental rate or purchase over $1000 per item.** All months must be authorized.	Rental allowable over $1000 per month requiring authorization: E1008 K0108*** if over $1000 per item Purchase allowable over $1000 per month requiring authorization: E2204 K0108*** if over $1000 per item ***Effective 2-15-222 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 $1000 per month to purchase or rent.	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested wheelchair item **Medicare:** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item
	Contact UCare for Authorization or Notification.			

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Wheelchair - RENTAL UCare reserves the right to determine rental vs. purchase.	Authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs. All months must be authorized. For wheelchair accessories please see the wheelchair accessories auth section above	Authorization is required prior to delivery or dispensing power operated vehicles and power wheelchairs. All months must be authorized. For wheelchair accessories please see the wheelchair accessories auth section above	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	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested wheelchair item **Medicare:** • Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item
	Contact UCare for Authorization or Notification.			

[Prior Authorization / Notification Forms](#)

Service Category	Essentia Health Provider Requirements	Other EssentiaCare Network Providers	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
Wheelchair - PURCHASE UCare reserves the right to determine rental vs. purchase.	Obtain authorization prior to purchase of **all** wheelchair bases. For wheelchair accessories please see the wheelchair accessories auth section above	Obtain authorization prior to purchase of **all** wheelchair bases. For wheelchair accessories please see the wheelchair accessories auth section above	**All** Manual Wheelchairs, Power Operated Vehicles, and Power Wheelchairs require prior authorization when purchased.	**InterQual Medicare Durable Medical Equipment:** • Appropriate subset will be chosen based on requested wheelchair item **Medicare:** Medicare National Coverage Determination (NCD) or Local Coverage Determination (LCD) will be chosen based on the requested wheelchair item
	Contact UCare for Authorization or Notification.			
Wound VAC	Obtain authorization prior to the 4ᵗʰ month of rental.	Obtain authorization prior to the 4ᵗʰ month of rental.	E2402	**InterQual Medicare Durable Medical Equipment:** • Negative Pressure Wound Therapy Pumps **Medicare Local Coverage Determination for Negative Pressure Wound Therapy Pumps (L33821)**
	Contact UCare for Authorization or Notification.			

Prior Authorization / Notification Forms