



## 2021 Authorization and Notification Requirements – Medical Services

For the following UCare plans:

### UCare Individual & Family Plans UCare Individual & Family Plans with M Health Fairview

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 at

[www.ucare.org/providers/Eligibility- Authorizations](http://www.ucare.org/providers/Eligibility-Authorizations).

- Chiropractic care
- Dental care
- Pharmacy

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

[Acute Inpatient Rehabilitation](#)

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

[Bone Growth Stimulator](#)

[Cosmetic or Reconstructive Procedures](#)

[Cranial Nerve Stimulation](#)

[Durable Medical Equipment – RENTAL](#)

[Durable Medical Equipment – PURCHASE](#)

[Genetic/Molecular Diagnostics](#)

[Inpatient Medical/Surgical Admission](#)

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

[Proton Beam Therapy](#)

[Skilled Nursing Facility or Swing Bed](#)

[Spinal Cord Stimulation](#)

[Transplant](#)

[Vein Procedures](#)

[Wheelchair & Accessories – RENTAL](#)

[Wheelchair & Accessories - PURCHASE](#)

**Effective 1/1/2021**

### Important Information for 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.
- UCare is the contact resource for all utilization service requests, concerns and questions, unless noted otherwise.
- Authorization is not required for orthotics.
- Upon discharge from an observation or an inpatient admission, please provide the discharge date.

**Forms Needed** – please leverage our [Individual & Family Plan Forms](#) under each specialty type on the [UCare's Provider Website](#), and scroll to *Forms & Information*.

### Prescription 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 Formularies page on the [UCare provider website](#) shows which drugs are covered on the Pharmacy Benefit for the UCare Individual & Family Plans, as well as everything you need to request exceptions or prior authorization.

### Authorization and Notification Contacts

Authorizing Entity	Phone	Fax	Website
Fulcrum	1-877-886-4941 (toll free)		<a href="#">Fulcrum</a>
Delta Dental of Minnesota	1-855-648-1417 (toll free)		<a href="#">Delta Dental</a>
Express Scripts, Inc. (ESI)	1-877-558-7523 (toll free)	1-800-357-9577 (toll free)	<a href="#">Express Scripts</a>
Magellan Healthcare (formerly HSM, Inc.)	952-225-5700 1-888-660-4705 (toll free)	1-888-656-1952 (toll free)	<a href="#">Magellan Healthcare</a>
UCare Mental Health and Substance Use Disorder Services	612-676-6533 or 1-833-276-11185 (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)	<a href="#">UCare</a>

Service Category	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<a href="#">Acute Inpatient Rehabilitation</a>	<p><b>Obtain authorization</b> before admission</p> <p>Concurrent Review for additional days. Upon discharge please send discharge summary.</p>	Not Applicable	<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><a href="#">Back (Spine) Surgery</a></p> <ul style="list-style-type: none"> <li>• Lumbar Spinal fusion</li> <li>• Sacroiliac joint fusion</li> </ul>	<p>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	<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> </ul>
<a href="#">Bone Growth Stimulator</a>	<b>Obtain authorization</b> prior to purchase or placement.	E0747, E0748, E0749, E0760	<p><b>InterQual Medicare Durable Medical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Bone Growth Stimulators, Noninvasive</li> </ul>

Service Category	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<p><b><u>Cosmetic or Reconstructive Procedures</u></b></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><b>Obtain authorization</b> 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, 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>	<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>

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<p><a href="#">Cranial Nerve Stimulation including Vagus Nerve</a> and <b>Hypoglossal Nerve</b></p>	<p>Obtain authorization prior to service.</p>	<p>0466T, 64553, 64568, 64569</p>	<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><a href="#">Durable Medical Equipment – RENTAL</a></b></p> <p>See also: <a href="#">Wheelchairs and accessories</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 not required for:</b></p> <ul style="list-style-type: none"> <li>Apnea monitors</li> <li>Hospital Grade Breast Pumps</li> <li>Insulin pump</li> <li>IV pump &amp; pole</li> <li>Nebulizer</li> <li>Oximeters</li> <li>Oxygen (equipment)</li> <li>Prosthetics and orthotic devices/equipment</li> <li>TENS units</li> <li>Ventilator</li> </ul>	<p>Obtain authorization prior to 5<sup>th</sup> month of rental.</p> <p><b>Obtain authorization prior to first month for:</b></p> <ul style="list-style-type: none"> <li>Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring)</li> </ul>	<p>Not Applicable</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 DME item</li> </ul>

Service Category	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<p><a href="#">Durable Medical Equipment – PURCHASE</a></p> <p>See also: <a href="#">Wheelchairs and accessories</a></p> <p>UCare reserves the right to determine rental vs. purchase.</p> <p><b>Authorization is not required for:</b></p> <ul style="list-style-type: none"> <li>• Baclofen pump</li> <li>• Enteral feeding pump</li> <li>• Implantable pain pumps</li> <li>• Insulin pump &amp; pole</li> <li>• Orthotics</li> <li>• Oxygen (contents only)</li> <li>• Prosthetics and orthotic devices/equipment</li> <li>• TENS units</li> </ul>	<p><b>Obtain authorization</b> prior to purchase.</p> <p>All DME items over \$1,000 require prior authorization.</p> <p><b>Obtain authorization in advance for:</b></p> <ul style="list-style-type: none"> <li>• Alternatives/disposable insulin delivery systems</li> <li>• Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring)</li> </ul>	<p>DME items over \$1,000 to purchase require authorization.</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 DME item</li> </ul>

Service Category	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<p><b><u>Genetic/Molecular Diagnostic tests</u></b> for the following:</p> <ul style="list-style-type: none"> <li>Breast cancer</li> <li>Colorectal cancer (excluding Fecal DNA test)</li> <li>Ovarian cancer</li> <li>Pancreatic cancer</li> <li>Prostate cancer</li> <li>And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing)</li> </ul>	<p><b>Obtain authorization</b> prior to ordering test.</p>	<p>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</p>	<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>Medical Policy may be available for select genetic tests</b></p> <p><b>NCCN Guidelines</b></p>
<p><b><u>Inpatient Medical/ Surgical Admission</u></b></p>	<p><b>Notify</b> within 24 hours of admission.</p> <p>Concurrent Review for:</p> <ul style="list-style-type: none"> <li>Maternity Stays greater than 4 days</li> <li>Inpatient stays greater than 7 days</li> </ul> <p>Upon discharge please send discharge summary.</p>	<p>CPT/HCPC Not Applicable Inpatient Hospital Notification requires valid diagnosis codes</p> <p><b>Concurrent review Information needed for concurrent review for inpatient stays beyond 7 days and Maternity stays greater than 4 days:</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>	<p><b>InterQual: LOC Acute Adult</b> <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	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<a href="#"><u>Long-Term Acute Care (LTAC)</u></a>	<p><b>Obtain authorization</b> before admission</p> <p>Concurrent Review for additional days. Upon discharge please send discharge summary.</p>	Not Applicable	<p><b>InterQual: LOC Long Term Acute Care</b></p> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason for LTAC admission</li> </ul>
<a href="#"><u>Proton Beam Therapy</u></a>	<p><b>Obtain authorization</b> prior to service.</p>	77520, 77522, 77523, 77525	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>Proton Beam Therapy</li> </ul>
<a href="#"><u>Skilled Nursing Facility (SNF) or Swing Bed Admission</u></a>	<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>	Post-Acute treatment and rehabilitative care of illness or injury following a hospital stay.	<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>
<a href="#"><u>Spinal Cord Stimulation</u></a>	<p><b>Obtain authorization</b> prior to service.</p>	63650, 63655, 63663, 63664, 63685	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>Spinal Cord Stimulator</li> </ul>



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<p><b><u>Transplant</u></b></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: <b>Notify UCare</b> within 24 hours of inpatient hospital admission.</p> <p>Concurrent Review for: Inpatient stays greater than 7 days</p> <p>Upon discharge please send discharge summary.</p> <p>For a non-Medicare-approved transplant and/or at a non-UCare-contracted facility: <b>Notify UCare</b> prior to referral to a provider or center.</p>	<p>Not Applicable</p>	<p><b>InterQual: LOC Acute Adult</b> <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>
<p><b><u>Vein Procedures</u></b></p>	<p><b>Obtain authorization</b> prior to service.</p>	<p>36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765</p>	<p><b>InterQual Medicare Procedures:</b></p> <ul style="list-style-type: none"> <li>• Varicose Veins</li> </ul>

Service Category	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<p><a href="#"><u>Wheelchair &amp; Wheelchair Accessories – RENTAL</u></a></p> <p>Repair or replacement of rental equipment is the provider’s responsibility.</p> <p>UCare or our authorizing delegate reserves the right to determine rental vs. purchase.</p>	<p><b>Obtain authorization</b> prior to 5<sup>th</sup> month of rental.</p> <p><b>Excludes:</b></p> <ul style="list-style-type: none"> <li>• Arm rests</li> <li>• Batteries</li> <li>• General-use seat cushions</li> <li>• Tires</li> </ul>	<p>Not Applicable</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 DME item</li> </ul>
<p><a href="#"><u>Wheelchair &amp; Wheelchair Accessories – PURCHASE</u></a></p> <p>All manual and power wheelchairs (standard and complex rehab), including separately payable accessories, require prior authorization.</p> <p>Repair or replacement of member owned equipment or accessories require authorization.</p> <p><b>UCare or our authorizing delegate reserves the right to determine rental vs. purchase.</b></p>	<p><b>Obtain authorization</b> prior to purchase.</p> <p><b>Excludes:</b></p> <ul style="list-style-type: none"> <li>• Arm rests</li> <li>• Batteries</li> <li>• General-use seat cushions</li> <li>• Tires</li> </ul>	<p>Not Applicable</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 DME item</li> </ul>