



2022 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/authorization.

- 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 \(LTAC\)](#)

[Non-UCare Contracted Provider](#)

[Proton Beam Therapy](#)

[Skilled Nursing Facility \(SNF\) or Swing Bed](#)

[Spinal Cord Stimulation](#)

[Transplant](#)

[Vein Procedures](#)

[Wheelchair & Accessories - RENTAL](#)

[Wheelchair & Accessories - PURCHASE](#)

Effective 1/1/2022

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 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 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)		Fulcrum
Delta Dental of Minnesota	1-855-648-1417 (toll free)		Delta Dental
Care Continuum	1-800-818-6747 (toll free)	1-877-266-1871 (toll free)	ExpressPAth
Express Scripts, Inc. (ESI)	1-877-558-7523 (toll free)	1-800-357-9577 (toll free)	ExpressPAth
Magellan Healthcare (formerly HSM, Inc.)	952-225-5700 1-888-660-4705 (toll free)	1-888-656-1952 (toll free)	Magellan Healthcare
UCare Mental Health and Substance Use Disorder Services	612-676-6533 or 1-833-276-11185 (toll)	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)	UCare

[Prior Authorization / Notification Forms](#)

Service Category	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Medical Necessity Criteria
<u>Acute Inpatient Rehabilitation</u>	<p>Obtain authorization before admission.</p> <p>Concurrent Review for additional days. Upon discharge, please send discharge summary.</p>	Not applicable.	<p>InterQual LOC Rehabilitation:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission
<p><u>Back (Spine) Surgery</u></p> <ul style="list-style-type: none"> • Lumbar Spinal Fusion • Sacroiliac Joint Fusion 	<p>Authorization not required for:</p> <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	<p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> • Lumbar Spinal Fusion • Minimally Invasive Sacroiliac (SI) Joint Fusion • Vertebroplasty or Kyphoplasty
<u>Bone Growth Stimulator</u>	Obtain authorization prior to purchase or placement.	E0748, E0749	<p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> • Bone Growth Stimulators, Noninvasive

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<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.</p> <p>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, 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>	<p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested procedure

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Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve	Obtain authorization prior to service.	64553, 64568, 64569, 64582	InterQual Medicare Procedures: <ul style="list-style-type: none"> • Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea • Vagus Nerve Stimulation
<p>Durable Medical Equipment – RENTAL</p> <p>See also: Wheelchairs & 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 not required for:</p> <ul style="list-style-type: none"> • Apnea monitors • Hospital Grade Breast Pumps • Insulin pump • IV pump & pole • Nebulizer • Oximeters • Oxygen (equipment) • Prosthetics and orthotic devices/equipment • TENS units • Ventilator 	<p>Obtain authorization prior to 5th month of rental.</p> <p>Obtain authorization prior to first month for:</p> <ul style="list-style-type: none"> • Glucose Monitoring Systems (real time and Continuous Glucose Monitoring) 	Not applicable.	InterQual CP Durable Medical Equipment: <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested DME item

[Prior Authorization / Notification Forms](#)

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<p><u>Durable Medical Equipment – PURCHASE</u></p> <p>See also: <u>Wheelchairs & Accessories</u>.</p> <p>UCare reserves the right to determine rental vs. purchase.</p> <p>Authorization is not required for:</p> <ul style="list-style-type: none"> • Baclofen pump • Enteral feeding pump • Implantable pain pumps • Insulin pump & pole • Orthotics • Oxygen (contents only) • Prosthetics and orthotic devices/equipment • TENS units 	<p>Obtain authorization prior to purchase.</p> <p>All DME items over \$1,000 require prior authorization.</p> <p>Obtain authorization in advance for:</p> <ul style="list-style-type: none"> • Alternatives/disposable insulin delivery systems • Glucose monitoring systems (real time and continuous glucose monitoring) 	<p>DME items over \$1,000 to purchase require authorization.</p>	<p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested DME item

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<p><u>Genetic/Molecular Diagnostic tests</u> for the following:</p> <ul style="list-style-type: none"> • Breast cancer • Colorectal cancer (excluding Fecal DNA test) • Ovarian cancer • Pancreatic cancer • Prostate cancer • And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing) 	<p>Obtain authorization 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, 81523, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999</p>	<p>InterQual Molecular Diagnostics:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested genetic testing <p>Medical Policy may be available for select genetic tests</p> <p>NCCN Guidelines</p>
<p><u>Inpatient Medical/Surgical Admission</u></p>	<p>Notification required within 24 hours of admission.</p> <p>Concurrent review required for non-UCare contracted provider over the course of the hospital stay. ➡</p>	<p>Not applicable.</p> <p>Concurrent review for inpatient for non-UCare contracted hospital stays.</p> <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 <p>Please fax this information to 612-884-2499 or 1-866-610-7215 (toll free).</p>	<p>InterQual LOC Acute Adult:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for inpatient admission <p>InterQual LOC Acute Pediatric:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for inpatient admission

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Long-Term Acute Care (LTAC)	<p>Obtain authorization before admission.</p> <p>Concurrent Review for additional days. Upon discharge please send discharge summary.</p>	Not applicable.	<p>InterQual LOC Long Term Acute Care:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for LTAC admission
Non-UCare Contracted Provider (Not part of our provider network.)	<p>Obtain authorization prior to service.</p> <p>Only required for procedures and services with authorization requirements listed on this grid.</p>	Not applicable.	Appropriate criteria will be chosen based on services items requested
Proton Beam Therapy	Obtain authorization prior to service.	77520, 77522, 77523, 77525	<p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> • Proton Beam Therapy (PBRT)
Skilled Nursing Facility (SNF) or Swing Bed Admission	<p>Obtain authorization 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>InterQual LOC Subacute/SNF:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for SNF admission
Spinal Cord Stimulation	Obtain authorization prior to service.	63650, 63655, 63663, 63664, 63685	<p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> • Spinal Cord Stimulator (SCS) Insertion

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<p><u>Transplant</u></p> <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 admission.</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> <p>Concurrent review required for non-UCare contracted provider over the course of the hospital stay. ➡</p>	<p>Not applicable.</p> <p>Concurrent review for inpatient for non-UCare contracted hospital stays.</p> <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 <p>Please fax this information to 612-884-2499 or 1-866-610-7215 (toll free).</p>	<p>InterQual LOC Acute Adult:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for inpatient admission <p>InterQual LOC Acute Pediatric:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on reason for inpatient admission
<p><u>Vein Procedures</u></p>	<p>Obtain authorization prior to service.</p>	<p>36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765</p>	<p>InterQual CP Procedures:</p> <ul style="list-style-type: none"> • Ablation, Endovenous Varicose Vein • Ambulatory Phlebectomy, Varicose Veins • Sclerotherapy, Varicose Veins <p>InterQual Medicare Procedures:</p> <ul style="list-style-type: none"> • Varicose Veins

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<p><u>Wheelchair & Accessories – RENTAL</u></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>Obtain authorization prior to 5th month of rental.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Arm rests • Batteries • General-use seat cushions • Tires 	<p>Not applicable.</p>	<p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested DME item
<p><u>Wheelchair & Accessories – PURCHASE</u></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>UCare or our authorizing delegate reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Arm rests • Batteries • General-use seat cushions • Tires 	<p>Not applicable.</p>	<p>InterQual CP Durable Medical Equipment:</p> <ul style="list-style-type: none"> • Appropriate subset will be chosen based on requested DME item