



## 2021 Authorization and Notification Requirements – Medical Services

For the following UCare Plans:

**UCare Connect** = Special Needs BasicCare | **MSC Plus** = Minnesota Senior Care Plus

**PMAP** = Prepaid Medical Assistance Plan | **MnCare** = MinnesotaCare

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 Hospital, Acute](#)

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

[Non-Contracted Provider](#)

[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 – RENTAL](#)

[Wheelchair & Accessories - PURCHASE](#)

**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 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.
- 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

**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 –

- Review the list of injectable drugs that require medical prior authorization. (Click the list for Minnesota State Public Programs, the list for Special Needs Program (SNP) plans at [UCare's Provider's Pharmacy](#) page.) The list explains who to contact for each category of injectable drugs.
- The Formularies page on the UCare Provider Pharmacy Information website shows which drugs are covered on the pharmacy benefit 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)	N/A	<a href="#">Fulcrum</a>
Delta Dental of Minnesota	Medicaid - 1-855-648-1415 (toll free)	N/A	<a href="#">Delta Dental</a>
Express Scripts, Inc. (ESI)	Medicaid Phone line for Prior Authorization 1-877-558-7523 (toll free)	Medicaid FAX for Prior Authorization 1-877-251-5896 (toll free)	<a href="#">Express Scripts</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/HCPC Codes	State Public Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<a href="#">Acupuncture</a>	Authorization required beyond threshold of 20 visits per calendar year.	97810, 97811, 97813, 97814	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>Acupuncture</li> </ul>
<a href="#">Acute Inpatient Rehabilitation</a>	Obtain authorization before admission.  Concurrent Review for additional days. Upon discharge please send discharge summary.	Not Applicable	Yes	Yes	Yes	Yes	<b>InterQual: LOC Rehabilitation</b> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on reason acute inpatient rehabilitation admission</li> </ul>
<a href="#">Back (Spine) Surgery</a>  Lumbar Spinal Fusion Sacroiliac Joint Fusion	Obtain authorization prior to service. Authorization not required for: <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	Yes	Yes	<b>InterQual: Medicare Procedures</b> <ul style="list-style-type: none"> <li>Lumbar Spinal Fusion</li> <li>Minimally Invasive Sacroiliac (SI) Joint Fusion</li> </ul> <b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>No criteria listed for Lumbar Fusion and Sacroiliac Joint Fusion</li> </ul>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<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	Yes	Yes	<b>InterQual Procedures:</b> <ul style="list-style-type: none"> <li>Bariatric or Metabolic Surgery</li> </ul> <b>Minnesota Health Care Programs Provider Manual:</b> <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.	E0747, E0748, E0749, E0760	Yes	Yes	Yes	Yes	<b>InterQual CP Durable Medical Equipment:</b> <ul style="list-style-type: none"> <li>Bone Growth Stimulators, Noninvasive</li> </ul> <b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</b> <ul style="list-style-type: none"> <li>Bone Growth Stimulators</li> </ul>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<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>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, 15879, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15876, 15877, 15878, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 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>	Yes	Yes	Yes	Yes	<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>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<b><u>Cranial Nerve Stimulation including Vagus Nerve and Hypoglossal Nerve</u></b>	Obtain authorization prior to service.	0466T, 64553, 64568, 64569	Yes	Yes	Yes	Yes	<b>InterQual CP Procedures:</b> <ul style="list-style-type: none"> <li>Vagus Nerve Stimulation</li> </ul> <b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>No criteria listed for Cranial Nerve, Vagus Nerve and Hypoglossal Nerve Stimulation</li> </ul>
<b><u>Durable Medical Equipment – RENTAL</u></b>  <a href="#">See also: Wheelchairs and accessories</a>  UCare reserves the right to determine rental vs. purchase.  Repair or replacement of rental equipment is the provider’s responsibility.  <b>Authorization is not required for:</b> <ul style="list-style-type: none"> <li>Monthly rental of ventilators</li> <li>Oxygen</li> <li>Prosthetics and orthotic devices/equipment</li> </ul>	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, E0766, E0783, E0784, E0786, E1035, E1036, E1841, E2402, E2510, K0606	Yes	Yes	Yes	Yes	<b>InterQual CP Durable Medical Equipment:</b> <ul style="list-style-type: none"> <li>Appropriate subset will be chosen based on requested DME item</li> </ul> <b>Minnesota Health Care Programs Provider Manual: Equipment and Supplies</b> <ul style="list-style-type: none"> <li>Appropriate coverage criteria for equipment will be chosen based on requested DME item</li> </ul>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<p><b><u>Durable Medical Equipment – PURCHASE</u></b>  <a href="#">See also: Wheelchairs and accessories</a></p> <p>Wheelchairs and wheelchair parts/ accessories listed separately at end of document. 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>Prosthetics and orthotic devices/equipment</li> </ul>	<p>Obtain authorization prior to purchase.</p> <p>All DME items over \$500 allowable require prior authorization.</p>	Not Applicable	Yes	Yes	Yes	Yes	<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>
<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>Colorectal cancer (excluding Fecal DNA test)</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, 81525, 81535, 81536, 81539, 81540, 81541, 81551, 81599, 84999	Yes	Yes	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>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 NCCN Guidelines</b></p>



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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<u>Home Health Care</u> <ul style="list-style-type: none"> <li>Skilled Nurse Visits (SNV)</li> <li>Home Health Aide (HHA)</li> </ul>	Obtain authorization prior to 1st date of service in a calendar year.	SNV - 550, 551, T1030, T1031 HHA – 570, 571, T1021	Yes	No	No	No	<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 Health Agency Services</li> </ul> </li> </ul>
<u>Home Care Nursing</u> (Formerly known as Private Duty Nursing)	Obtain authorization prior to 1st visit.	T1002 and T1003 including modifiers TG, TT, UC	Not a covered benefit through UCare. May be covered by Medicaid Fee for Service Contact Member's county.	Yes	PMAP, MnCare 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>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<u>Inpatient Hospital, Acute</u> <ul style="list-style-type: none"> <li>All Hospital Inpatient Level of Care Admissions</li> </ul>	<p>Notification required 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>Not Applicable</p> <p><b>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>	Yes	Yes	Yes	Yes	<p><b>InterQual: LOC Acute Adult</b></p> <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>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<a href="#"><u>Long-Term Acute Care (LTAC)</u></a>	Obtain authorization before admission.  Concurrent Review for additional days. Upon discharge please send discharge summary.	Not Applicable	Yes	Yes	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="#"><u>Non-UCare Contracted Provider</u></a>  (Not part of our provider network.)	Obtain authorization prior to service.	Not Applicable	Yes	Yes	Yes	Yes	Appropriate criteria will be chosen based on services items requested
<a href="#"><u>Nursing Facility Admission (for Custodial Care)</u></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.	Notify within 1 business day of admission and upon a change in care level.	Not a covered benefit.	Not a covered benefit.	<b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>Nursing Facilities</li> </ul>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<u><a href="#">Personal Care Assistant (PCA)</a></u>  An in-person assessment conducted by a UCare-contracted agency is required before a determination can be made to approve service.	Obtain authorization prior to service.	T1001, T1019 and T1019UA  See Product →	Not a UCare-covered benefit.	Yes	Not a UCare-covered benefit.	Not a UCare-covered benefit.	<b>Minnesota Health Care Programs Provider Manual:</b> <ul style="list-style-type: none"> <li>PCA Services</li> </ul>
<u><a href="#">Proton Beam Therapy</a></u>	Obtain authorization prior to service.	77520, 77522, 77523, 77525	Yes	Yes	Yes	Yes	<b>InterQual CP Procedures:</b> <ul style="list-style-type: none"> <li>Proton Beam Therapy</li> </ul> <b>Minnesota Health Care Programs Provider Manual</b> <ul style="list-style-type: none"> <li>Radiology &amp; Diagnostic Services</li> </ul>
<u><a href="#">Spinal Cord Stimulation</a></u>	Obtain authorization prior to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685	Yes	Yes	Yes	Yes	<b>InterQual CP Procedures:</b> <ul style="list-style-type: none"> <li>Spinal Cord Stimulator (SCS) Insertion</li> </ul>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<u>Transplant</u> <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>Concurrent Review for:</p> <ul style="list-style-type: none"> <li>Inpatient stays greater than 7 days</li> </ul> <p>Upon discharge please send discharge summary.</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>	Not Applicable	Yes	Yes	Yes	Yes	<p><b>InterQual: LOC Acute Adult</b></p> <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>
<u>Vein Procedures</u>	Obtain authorization prior to service.	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37765, 37766	Yes	Yes	Yes	Yes	<p><b>InterQual CP Procedures:</b></p> <ul style="list-style-type: none"> <li>Ablation, Endovenous, Varicose Veins Ambulatory Phlebectomy, Varicose Vein 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>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MnCare)	
<p><b><u>Wheelchair &amp; Wheelchair Accessories – RENTAL</u></b></p> <p>Repair or replacement of rental equipment is the DME provider’s responsibility. UCare reserves the right to determine rental vs. purchase.</p>	<p>Authorization is required prior to delivery or dispensing wheelchair and separately billable accessories with a per month allowable rental rate over \$500.</p> <p>All months must be authorized.</p>	<p>UCare Medicare Plans – K0824, K0825, K0826, K0827, K0828, K0829, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, E0986, E1003, E1004, E1005, E1006, E1007, E1008, E2328</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 \$500 per month to rent.</p>	Yes	Yes	Yes	Yes	<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>
<p><b><u>Wheelchair &amp; Wheelchair Accessories – PURCHASE</u></b></p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase of all wheelchair bases.</p> <p>Wheelchair accessories for purchase, repair and replacement require authorization if over \$500 allowable each item.</p>	Not Applicable	Yes	Yes	Yes	Yes	<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>