



**2021 Authorization and Notification Requirements
Mental Health & Substance Use Disorder Services**

For the following UCare Plans:

**UCare Individual & Family Plans
UCare Individual & Family Plans with M Health Fairview
(MNsure Program)**

Important Information regarding Authorization & Notification:

- Submit authorization requests 14 calendar days prior to the start of the service for non-urgent conditions.
- All services are subject to member eligibility and benefit coverage.
- For services that require an 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 is used for medical necessity determinations. You may request a copy of the criteria used to make a medical necessity determination.
- Provider of Service qualifications, eligibility and licensure requirements must be met to provide services and submit claims to UCare.
- Threshold limits are cumulative and can be exceeded when a member has seen multiple providers for the same service within a calendar year. Once threshold limits are exceeded, an authorization is required.
- Contact UCare Provider Assistance Center (612-676-3300 or 1-888-531-1493) for additional information on thresholds.
- Court-ordered mental health and substance use disorder services provided do not require a separate medical necessity review; however, it is required to have a copy of the court order and behavioral health evaluation on file with UCare to ensure claim payment. Services must be a covered benefit.

Forms Needed – please leverage our PA Forms under each specialty type on the [UCare Provider website](#), select a UCare product under *Authorization Requirements*, click Mental Health & SUD Services Authorization tab at top and scroll to *Forms & Information*.

AUTHORIZING ENTITY	PHONE	FAX	EMAIL / WEBSITE
UCare Mental Health & Substance Use Disorder Services	612-676-6533 or 1-833-276-1185 (toll free)	612-884-2033 or 1-855-260-9710 (toll free)	MHSUDservices@ucare.org UCare Provider Website / Eligibility

REQUIREMENTS DEFINITION	DEFINITION
Approval Authority	Is UCare or an organization delegated by UCare to approve or deny prior authorization requests
Notification	Is the process of informing UCare or delegates of UCare of a specific medical treatment or services prior to, or within a specified time period after, the start of the treatment or service.
Pre-Service Determination (PSD)	An enrollee, or a provider acting on behalf of the enrollee, always has the right to request at pre-service determination if there is a question as to whether an item or service will be covered by plan.
Prior Authorization	Is an approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medical necessary, an eligible expense and appropriate and that other alternatives have been considered.

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Adult Day Treatment	Authorization required beyond threshold. Concurrent review for additional days.	H2012	More than 15 hours per week or 12 weeks per calendar year
Children's Residential Treatment	Authorization required prior to admission. Concurrent review for additional days. Upon discharge send discharge summary.	H0019	N/A
Crisis Residential Treatment	Consultation required with Behavioral Health staff if treatment required beyond threshold.	H0018	10 day threshold per month
CTSS Children's Day Treatment	Authorization required beyond threshold. Concurrent review for additional days.	H2012 UA, H2015 UA, H2019 UA; H0032 UA Add additional CTSS modifiers as appropriate.	200 hours threshold per calendar year for any combination of H2012 UA, H2015 UA, H2019 UA, H0031 UA, H0032 UA
CTSS Admin & Reporting Standardized Measures	Authorization required beyond threshold. Concurrent review for additional days.	H0031 UA Add additional CTSS modifiers as appropriate.	200 hours threshold per calendar year for any combination of H2012 UA, H2015 UA, H2019 UA, H0031 UA, H0032 UA
CTSS Service Plan Development Or Treatment plan development and review	Authorization required beyond threshold. Concurrent review for additional days.	H0032 UA Add additional CTSS modifiers as appropriate.	200 hours threshold per calendar year for any combination of H2012 UA, H2015 UA, H2019 UA, H0031 UA, H0032 UA
Diagnostic Assessment	Authorization required beyond threshold.	90791, 90792 Add 52 modifier as appropriate for brief assessments	4 sessions per calendar year for any combination of 90791, 90792 Max of 2 brief assessments per calendar year

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Inpatient Mental Health Admission	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge send discharge summary.	N/A	N/A
Inpatient Substance Use Disorder Admission	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge send discharge summary.	N/A Treatment based on Rule 25 / Comprehensive Assessment.	N/A
Intensive Outpatient Dialectical Behavior Therapy (DBT)	Authorization required beyond threshold.	Individual H2019 Add U1, HA, HN modifier as appropriate. Group: H2019 Add U1, HA, HQ, HN modifiers as appropriate.	416 units / 104 hours per calendar year
Intensive Residential Treatment Services (IRTS)	Notification required within 24 hours of intake. Concurrent review for additional days. Upon discharge send discharge summary.	H0019	N/A
Outpatient Substance Use Disorder Treatment	Notification required within 10 days of intake. Concurrent review for additional days. Treatment based on Rule 25 or Comprehensive Assessment.	Individual Hourly: H2035 Group Hourly: H2035 HQ	N/A

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Partial Hospitalization (per diem)	Notification required within 24 hours of intake. Concurrent review for additional days. Upon discharge send discharge summary.	H0035	N/A
Psychological & Neuropsychological Testing	Authorization required beyond threshold.	96136, 96137, 96138, 96139	15 cumulative hours per calendar year
Substance Use Disorder Residential Treatment	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge send discharge summary.	N/A	N/A
Transcranial Magnetic Stimulation	Authorization required prior to service.	LCD L33398 90867, 90868, 90869 National Government services Transcranial Magnetic Stimulation	N/A
Withdrawal Management	Notification required within 24 hours of intake. Concurrent review for additional days. (<i>Treatment based on Comprehensive Assessment.</i>)	Follow MHCP Guidelines	N/A