



**2022 Authorization and Notification Requirements
Mental Health & Substance Use Disorder Services**

For the following UCare Plans:

**UCare Medicare Plans
UCare Medicare Plans with M Health Fairview
North Memorial | EssentiaCare
UCare Institutional Special Needs Plans**

Important Information regarding Authorization & Notification:

- Submit authorization requests 14 calendar days prior to the start of the service for non-urgent conditions. Allow up to 14 calendar days for a decision.
- 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 and Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Local Coverage Articles are used for medical necessity determinations. You may request a copy of the criteria used to make a medical necessity determination.
- Medicare 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 must be a covered benefit and meet Medicare coverage guidelines.
- **EssentiaCare:** Out of network providers are not required to obtain an authorization for services. Medicare provider qualifications and benefits rules apply when an out of network provider is utilized.

Forms Needed – Please leverage our prior authorization (PA) forms under each specialty type on the [UCare Provider website](#), select a UCare product under *View Mental Health and SUD Authorization Requirements & Forms by Plan*.

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 / Authorization

REQUIREMENTS DEFINITION	DEFINITION
Approval Authority	UCare or an organization delegated by UCare to approve or deny prior authorization requests.
Notification	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	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
Diagnostic Assessment	Authorization required after threshold.	90791, 90792 Add 52 modifier as appropriate for brief assessments.	4 sessions per calendar year for any combination of 90791, 90792
Inpatient Mental Health Admission	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge, send discharge summary.	Follow National Government Services Psychiatric Inpatient Hospitalization LCD L33624.	N/A
Inpatient Substance Use Disorder Admission	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge, send discharge summary.	Follow Medicare National Coverage Determinations 130.1 through 130.6.	N/A
Partial Hospitalization	Authorization required beyond threshold. Concurrent review for additional days. Upon discharge send discharge summary.	G0129, G0176, G0177, G0410, G0411 Follow National Government Services Partial Hospitalization Program LCD L33626.	21 days per admission
Psychological & Neuropsychological Testing	Authorization required beyond threshold.	96136, 96137, 96138, 96139	15 cumulative hours per calendar year
Transcranial Magnetic Stimulation	Authorization required prior to service.	LCD L33398 90867, 90868, 90869 National Government Services Transcranial Magnetic Stimulation	N/A