



## 2023 Authorization and Notification Requirements - Mental Health and Substance Use Disorder Services

UCare Connect | MSC Plus | Prepaid Medical Assistance Plan (PMAP) | MinnesotaCare (MnCare)

### Important Information

- Allow up to 14 calendar days for a non-urgent authorization 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.
- If you are not able to obtain services in your network, you may submit a prior authorization request prior to services.
- UCare reserves the right to review and verify medical necessity for all services.
- Inclusion or exclusion of a code listed does not constitute or imply member coverage or provider reimbursement.
- Authorization is not required for prosthetics and/or orthotics.
- Providers may request a copy of the criteria used to make a medical necessity determination on [UCare's website](#).
- Provider of service qualifications, eligibility and licensure requirements must be met to provide services and submit claims to UCare.
- Contact the UCare Provider Assistance Center (612-676-3300 or 1-888-531-1493) for additional information on eligibility, benefits and network status.

### Forms

- [UCare Authorization and Notifications Forms](#)

### Prescription Drugs and Medical Injectable Drugs

- The Medical Drug Policies library is a list of medical injectable drugs that require prior authorization and the policies that contain coverage criteria.
- The formulary page, located on [ucare.org/providers](https://ucare.org/providers) indicates which drugs are covered under the pharmacy benefit.
- The prior authorization and benefit exception for pharmacy benefits can be found on [UCare's Provider Page](#).

## Requirement Definitions

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

## Contact Information

UCare Contact	Service Area	Phone	Fax	Website/Email
<b>Clinical Services</b>	Medical Authorizations	612-676-6705 1-877-447-4384 toll-free	612-884-2499	<a href="#">UCare</a>
<b>Mental Health and Substance Use Disorder Services</b>	MH/SUD Authorizations	612-676-6533 1-833-276-1185 toll-free	612-884-2033 1-855-260-9710 toll-free	<a href="#">UCare</a> <a href="mailto:MHSUDservices@ucare.org">MHSUDservices@ucare.org</a>
<b>Provider Assistance Center (PAC)</b>	Member Eligibility/Benefits and Network Status	612-676-3300 1-888-531-1493 toll-free	N/A	<a href="#">UCare</a>

Service Category	Requirements	CPT Codes	Integrated Programs				Medical Necessity Criteria
			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
<b>Adult Rehabilitative Mental Health Services (ARMHS) Community Intervention</b>	Prior authorization prior to 1st date of service in a calendar year.	90882  Add HM, U3 or U3 HM modifiers as appropriate.	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> - Mental Health Services, ARMHS
<b>ARMHS Medication Education</b>	Prior authorization prior to 1st date of service in a calendar year.	H0034	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> - Mental Health Services, ARMHS
<b>ARMHS Mental Health Assessment</b>	Prior authorization prior to 1st date of service in a calendar year.	H0031  Add TS modifier as appropriate.	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> - Mental Health Services, ARMHS
<b>ARMHS Mental Health Services Plan Development by Non-physician or Treatment Plan Development and Review</b>	Prior authorization prior to 1st date of service in a calendar year.	H0032  Add TS modifier as appropriate.	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> - Mental Health Services, ARMHS
<b>ARMHS Psychosocial Rehabilitation</b>	Prior authorization required prior to 1st date of service in a calendar year.	H2017  Add HM, HQ, U3 or U3 HM.	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> - Mental Health Services, ARMHS

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
<b>Adult Residential Crisis Stabilization Services</b>	Authorization required beyond threshold of 10 days per admit.	H0018	Yes	Yes	Yes	Yes	<b>InterQual BH Adult and Geriatric Psychiatry</b> - Residential Crisis Program
<b>Children's Residential Treatment</b>	Prior authorization required prior to admission.	H0019	Yes	Yes	Yes	Yes	<b>InterQual BH: Child and Adolescent Psychiatry</b> - Residential Treatment Center
<b>Early Intensive Developmental and Behavioral Intervention (EIDBI) - Intervention Individual</b>	Prior authorization required prior to service.	97153 UB	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</b>
<b>EIDBI - Intervention Group</b>	Prior authorization required prior to service.	97154 UB	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</b>
<b>EIDBI - Observation &amp; Direction</b>	Prior authorization required prior to service.	97155 UB	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</b>
<b>EIDBI - Family Caregiving Training and Counseling Individual</b>	Prior authorization required prior to service.	97156 UB	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</b>
<b>EIDBI - Family Caregiving Training and Counseling Individual</b>	Prior authorization required prior to service.	97157 UB	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</b>

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
<b>EIDBI - Higher Intensity</b>	Prior authorization required prior to service.	0373T	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Applied Behavior Analysis (ABA) Program</b>
<b>Inpatient Mental Health Admission</b>	Notification required within 24 hours of admission.  UCare reserves the right to require a concurrent review for any inpatient hospital stay.	N/A	Yes	Yes	Yes	Yes	<b>InterQual Adult and Geriatric Psychiatry:</b> - Inpatient  <b>InterQual Child and Adolescent Psychiatry:</b> - Inpatient
<b>Inpatient Substance Use Disorder Admission</b>	Notification required within 24 hours of admission.  UCare reserves the right to require a concurrent review for any inpatient hospital stay.	N/A	Yes	Yes	Yes	Yes	<b>American Society of Addiction Medicine: Clinical Guidelines</b>
<b>Intensive Outpatient Dialectical Behavior Therapy (DBT)</b>	Authorization required beyond threshold of 416 units or 104 hours per calendar year.	H2019 Add U1, HA, HN modifier as appropriate.  Group: H2019 Add U1, HA, HQ, HN modifiers as appropriate.	Yes	Yes	Yes	Yes	<b>InterQual Adult and Geriatric Psychiatry:</b> - Intensive Outpatient Program  <b>InterQual Child and Adolescent Psychiatry:</b> - Intensive Outpatient Program

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			UCare Connect	Minnesota Senior Care Plus (MSC+)	Prepaid Medical Assistance Plan (PMAP)	Minnesota Care (MNCare)	
<b>Intensive Residential Treatment Services (IRTS)</b>	Notification required within 24 hours of admission.  Concurrent review for additional days. Upon discharge send discharge summary.	H0019	Yes	Yes	Yes	Yes	<b>InterQual Adult and Geriatric Psychiatry:</b> - Residential Treatment Center
<b>Psychiatric Residential Treatment Facilities (PRTF)</b>	Prior authorization required prior to admission.	N/A	Yes	Yes	Yes	Yes	<b>Minnesota Health Care Programs Provider Manual:</b> - Psychiatric Residential Treatment Facilities
<b>Substance Use Disorder Residential Treatment</b>	Notification required within 24 hours of admission.  Concurrent review for additional days. Upon discharge send discharge summary.	N/A	Yes	Yes	Yes	Yes	<b>American Society of Addiction Medicine: Clinical Guidelines</b>
<b>Transcranial Magnetic Stimulation</b>	Prior authorization required prior to service.	90867, 90868, 90869	Yes	Yes	Yes	Yes	<b>InterQual BH: Behavioral Health Services Transcranial Magnetic Stimulation (TMS)</b>