



PRE-DETERMINATION REQUEST FORM (MEDICARE ONLY)

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



For questions, call Mental Health and Substance Use Disorder Services at:
612-676-6533 or **1-833-276-1185**



To **fax** form and any relevant documentation:
For **initial** admission notifications:
612-884-2033 or **1-855-260-9710**



Submit Request: [UCare's Secure Email Site](#)
Intake: MHSUDservices@ucare.org

MEMBER INFORMATION

UCare ID _____ PMI _____

Member Name _____ DOB _____

Address _____

City, State, Zip _____ Phone _____

ORDERING PRACTITIONER INFORMATION

Practitioner Name _____ NPI Number _____

Address, City, State, Zip _____

Contact Phone _____ Fax _____

SERVICING CLINIC INFORMATION

Practitioner Name _____ NPI Number _____

Clinic Location Address _____

Facility Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Email _____

Phone _____ Total Pages Faxed _____

REASON FOR PRE-DETERMINATION REQUEST: (SELECT ONE)

- Service / Procedure does not meet Original Medicare Necessity Criteria
- Service / Procedure is not covered by Original Medicare
- Out of Network requesting Prior Authorization
- Other: _____

Pre-Determination Request Form (Medicare Only Continued)

PROCEDURE CODE(S) CPT/HCPCS:

Please list all necessary code(s) and units associated with your visit.

Description of Request: _____

ICD-10: _____ Date of Service _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

Procedure Code _____ Units Requested _____

STANDARD REQUEST

Medicare review timeframe for an authorization decision is within 14 calendar days or 10 business days from the date the request was received, as expeditiously as the member's health condition requires.

EXPEDITED REQUEST

Only request an urgent/ emergent review if waiting the standard review timeframe would potentially jeopardize the member's health, life, or ability to regain function. Medicare decision within 72 hours. Billing and retrospective authorizations are not expedited.

Will waiting the standard review time seriously jeopardize member's health, life or ability to regain maximum function?

Yes No

Clinical reason for urgency (unrelated to scheduling issues):

CONFIRM AND COMPLETE THE REQUIRED STEPS TO PROCEED

Clinical notes supporting any of the above have been included in the submission form. (Incomplete submission can delay decision time)

Practitioner Signature _____ Date: _____