



2017 Authorization and Notification Requirements – Medical Services

For the following UCare plans:
UCare Choices | Fairview UCare Choices

UCare works with delegated organizations to handle the following types of authorization, so they are not included in this document. Find current guidelines and contact information at www.ucare.org/providers/Eligibility-Authorizations

- Chiropractic care
- Dental care
- Pharmacy

The following medical services require authorization or notification. (Click a topic for details.)

[Acute Inpatient Rehabilitation](#)

[Back \(Spine\) Surgery](#)

[Bone Growth Stimulator](#)

[Cosmetic-Reconstructive Procedures](#)

[Deep Brain Stimulation](#)

[Detox \(Inpatient Admission\)](#)

[Durable Medical Equipment – RENTAL](#)

[Durable Medical Equipment – PURCHASE](#)

[Genetic Testing for Cancer](#)

[Home Health Care \(SNV, HHA\)](#)

[Hysterectomy](#)

[Inpatient Medical/Surgical Admission](#)

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

[Outpatient Therapy \(PT, OT & ST\)](#)

[Proton Beam Therapy](#)

[Skilled Nursing Facility & Swing Bed](#)

[Spinal Cord Stimulator](#)

[Transplant](#)

[Wheelchair & Accessories – RENTAL](#)

[Wheelchair & Accessories – PURCHASE](#)

Important Information for 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.
- Authorization is not required for orthotics.
- UCare reserves the right to review and verify medical necessity for all services.
- For services that require authorization, failing to obtain the authorization in advance may result in a denied claim.
- 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.

Forms Needed – please leverage our [Forms](#) under each specialty type on the [provider website](#).

Prescription Drugs

- Review the list of [injectable drugs that require medical prior authorization](#). The list explains whom to contact for each category of injectable drugs.
- The [Formularies page](#) on the UCare provider website shows which drugs are covered for the *UCare Choices* and *UCare Fairview Choices* plans, 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 on our [Formularies page](#).

Authorization and Notification Contacts

Authorizing Entity	Phone	Fax	Website
Fulcrum (formerly ChiroCare)	1-888-638-7719 (toll free)		www.chirocare.com
Delta Dental of Minnesota	1-855-648-1417 (toll free)		www.deltadentalmn.org
Express Scripts, Inc. (ESI)	1-877-558-7523 (toll free)	1-800-357-9577 (toll free)	www.express-scripts.com/contact
Magellan Healthcare (formerly HSM, Inc.)	651-287-4705 1-888-660-4705 (toll free)	651-287-4737 1-855-390-4737 (toll free)	www.hsminc.com
UCare Behavioral Health Services	612-676-3300 or 1-888-531-1493 (toll free)	612-884-2033 1-855-260-9710 (toll free)	www.ucare.org/providers/Eligibility-Authorizations
UCare Clinical Services	612-676-6705 1-877-447-4384 (toll free)	612-884-2499 1-866-610-7215 (toll free)	www.ucare.org/providers/Eligibility-Authorizations

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Acute Inpatient Rehabilitation	Obtain authorization before admission and as requested for extensions.	Not Applicable	UCare
Back (Spine) Surgery <ul style="list-style-type: none"> • Lumbar Spinal fusion • Sacroiliac joint fusion 	Obtain authorization prior to service. Authorization not required for: <ul style="list-style-type: none"> • Emergency surgery for trauma • Acute transverse myelopathy • Tumors 	0200T, 0201T, 0221T, 0222T, 22533, 22534, 22558, 22585, 22586, 22612, 22614, 22630, 22632, 22633, 22634, 22812, 22810, 22840, 22841, 22842, 22843, 22844, 27279, 27280	UCare
Bone Growth Stimulator	Obtain authorization prior to purchase or placement.	E0747, E0748, E0749, E0760	UCare

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
<p>Cosmetic or Reconstructive Procedures (Refer to UCare Medical Policy – Reconstructive – Cosmetic Health Services.) Examples include:</p> <ul style="list-style-type: none"> • Breast reduction surgery • Gynecomastia • Mammoplasty • Panniculectomy • Abdominoplasty • Removal of breast implant(s)/Replacement of breast implants • Rhinoplasty/septorhinoplasty • Sclerotherapy • Skin peel(s) 	<p>Obtain authorization prior to service.</p> <p>Authorization not required for:</p> <ul style="list-style-type: none"> • Blepharoplasty • Breast Reconstructive Surgery following breast cancer treatments. 	<p>11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 15775, 15776, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15876, 15877, 15878, 15780, 15819, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15879, 17106, 17107, 17108, 17340, 17360, 17380, 19300, 19303, 19304, 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, 28344, 28345, 30120, 30400, 30410, 30540, 30545, 30560, 30620, 36468, 36470, 36471, 39420, 40500, 40840, 40842, 67900, 67912, 69090, 69300, 69320, C9800, Q2026, Q2028, S2066, S2067, S2068</p>	<p>UCare</p>
<p>Deep Brain Stimulation</p>	<p>Obtain authorization prior to service.</p>	<p>61850, 61860, 61863, 61864, 61867, 61868, 61870, 61880, 61885, 61886, 61888</p>	<p>UCare</p>
<p>Detox – Inpatient Admission</p>	<p>Notify within 24 hours of admission.</p>	<p>Not Applicable</p>	<p>UCare</p>

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
<p>Durable Medical Equipment – RENTAL</p> <p>See also: Wheelchairs and accessories</p> <p>UCare reserves the right to determine rental vs. purchase.</p> <p>Repair or replacement of rental equipment is the provider's responsibility.</p>	<p>Obtain authorization prior to 5th month of rental.</p> <p>Authorization not required for:</p> <ul style="list-style-type: none"> • Apnea monitors • Hospital Grade Breast Pumps • Insulin pump • IV pump & pole • Nebulizer • Oximeters • Oxygen (equipment) • TENS units • Ventilator <p>Obtain authorization prior to first month for:</p> <ul style="list-style-type: none"> • Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring) 		UCare

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
<p>Durable Medical Equipment – PURCHASE</p> <p>See also: Wheelchairs and accessories</p> <p>UCare reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase.</p> <p>All DME items over \$1,000 require prior authorization.</p> <p>Authorization is not required for prosthetic and orthotic devices/equipment.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Baclofen pump • Enteral feeding pump • Implantable pain pumps • Insulin pump & pole • Orthotics • Oxygen (contents only) • TENS units <p>Obtain authorization in advance for:</p> <ul style="list-style-type: none"> • Alternatives/disposable insulin delivery systems • Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring) 	<p>DME items over \$1,000 to purchase require authorization.</p>	<p>UCare</p>
<p>Genetic/Molecular Diagnostic tests for the following:</p> <ul style="list-style-type: none"> • Breast cancer • Colorectal cancer • (excluding Fecal DNA test) • Ovarian cancer • Pancreatic cancer • Prostate cancer • And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing) 	<p>Obtain authorization prior to ordering test.</p>	<p>81162, 81210, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81432, 81433, 81435, 81436, 81437, 81438, 81445, 81479, 81500, 81503, 81504, 81506, 81519, 81525, 81535, 81536, 81539, 81540, 84999</p>	<p>UCare</p>
<p>Home Health Care</p> <ul style="list-style-type: none"> • Skilled nursing care (SNV) • Home health aides (HHA) 	<p>Obtain authorization prior to 1st date of service in a calendar year.</p>	<p>G0299, G0300, G0156</p>	<p>UCare</p>

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Hysterectomy	Obtain authorization prior to service.	58150, 58210, 58260, 58262, 58263, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58570, 58571, 58572, 58573	UCare
Inpatient Medical/ Surgical Admission	Notify within 24 hours of admission.	Not Applicable	UCare
Long-Term Acute Care (LTAC)	Obtain authorization before admission and as requested for extensions.	Not Applicable	UCare
Outpatient Therapy (PT, OT & ST) Includes therapy in the home and outpatient therapy provided in a NF/SNF.	Obtain authorization prior to service. *The initial evaluation does not require authorization.	92507, 92508, 92526, 92606, 92630, 92633, 97012, 97014, 97016, 97018, 97022, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97118, 97124, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97164, 97168, 97750, 97760, 97761, 97762, 97755, 97799, G0151, G0152, G0153	Magellan Healthcare (formerly HSM, Inc.)
Proton Beam Therapy	Obtain authorization prior to service.	77520, 77522, 77523, 77525	UCare
Skilled Nursing Facility (SNF) or Swing Bed Admission	Obtain authorization within 1 business day of admission and upon request for extensions.	Post-Acute treatment and rehabilitative care of illness or injury following a hospital stay.	UCare
Spinal Cord Stimulator	Obtain authorization prior to service.	63650, 63655, 63663, 63664, 63685, 0282T, 0283T, 0284T	UCare

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Transplant <ul style="list-style-type: none"> • Bone marrow • Heart • Heart-lung • Kidney • Liver • Lung • Pancreas • Stem cell 	<p>For a Medicare-approved transplant at a UCare-contracted facility: Notify UCare within 24 hours of inpatient hospital admission.</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	UCare
Wheelchair & Wheelchair Accessories – RENTAL Repair or replacement of rental equipment is the provider's responsibility. UCare or our authorizing delegate reserves the right to determine rental vs. purchase.	<p>Obtain authorization prior to 5th month of rental.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Arm rests • Batteries • General-use seat cushions • Tires 		UCare
Wheelchair & Wheelchair Accessories – PURCHASE All manual and power wheelchairs (standard and complex rehab), including separately payable accessories, require prior authorization. Repair or replacement of member owned equipment or accessories require authorization. UCare or our authorizing delegate reserves the right to determine rental vs. purchase.	<p>Obtain authorization prior to purchase.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Arm rests • Batteries • General-use seat cushions • Tires 		UCare