

## 2017 *EssentiaCare* Authorization and Notification Requirements – Medical Services

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](http://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](#)

[Genetic Testing for Cancer](#)

[Proton Beam Therapy](#)

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

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

[Skilled Nursing Facility & Swing Bed](#)

[Bariatric Surgery \(Gastric Bypass\)](#)

[Hysterectomy](#)

[Spinal Cord Stimulation](#)

[Bone Growth Stimulator](#)

[Inpatient Medical/Surgical Admission](#)

[Transplant](#)

[Cosmetic or Reconstructive Procedures](#)

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

[Wheelchair & Accessories – RENTAL](#)

[Deep Brain Stimulation](#)

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

[Wheelchair & Accessories – PURCHASE](#)

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

[Durable Medical Equipment – RENTAL](#)

[Durable Medical Equipment – PURCHASE](#)

### Important Information for Medical Authorization & Notification

- Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.
- Essentia Health Providers – Contact Essential Health Managed Care Support Services.
- All services are subject to member eligibility and benefit coverage.
- No authorization is needed for orthotics and prosthetics.
- 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 each UCare plan, 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 that matches the member's UCare plan on our [Formularies page](#).

**Authorization and Notification Contacts**

Authorizing Entity	Phone	Fax	Website
Fulcrum (formerly ChiroCare)	1-888-638-7719 (toll free)	NA	<a href="http://www.chirocare.com">www.chirocare.com</a>
Delta Dental of Minnesota	1-855-648-1416 (toll free)	NA	<a href="http://www.deltadentalmn.org">www.deltadentalmn.org</a>
Express Scripts, Inc. (ESI)	1-877-558-7521 (toll free)	1-877-837-5922 (toll free)	<a href="http://www.express-scripts.com/contact">www.express-scripts.com/contact</a>
Magellan Healthcare (formerly HSM, Inc.)	651-287-4705 1-888-660-4705 (toll free)	651-287-4737 1-855-390-4737 (toll free)	<a href="http://www.hsminc.com">www.hsminc.com</a>
UCare Behavioral Health Services	612-676-3300 or 1-888-531-1493 (toll free)	612-884-2033 1-855-260-9710 (toll free)	<a href="http://www.ucare.org/providers/Eligibility-Authorizations">www.ucare.org/providers/Eligibility-Authorizations</a>
UCare Clinical Services	612-676-6705 1-877-447-4384 (toll free)	612-884-2499 1-866-610-7215 (toll free)	<a href="http://www.ucare.org/providers/Eligibility-Authorizations">www.ucare.org/providers/Eligibility-Authorizations</a>

Service	Essentia Health Provider Requirements	Other <i>EssentiaCare</i> Network Provider Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Authorization Or Notification
<b>Acute Inpatient Rehabilitation</b>	<b>Obtain authorization</b> before admission and for extensions.	<b>Obtain authorization</b> before admission and for extensions.	Not Applicable	UCare
<b>Back (Spine) Surgery</b> <ul style="list-style-type: none"> <li>Lumbar Spinal Fusion</li> <li>Sacroiliac Joint Fusion</li> </ul>	No authorization or notification requirements. *	<b>Obtain authorization</b> prior to service.  Authorization not required for: <ul style="list-style-type: none"> <li>Emergency surgery for trauma</li> <li>Acute transverse myelopathy</li> <li>Tumors</li> </ul>	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
<b>Bariatric Surgery (Gastric Bypass)</b>	No authorization or notification requirements. *	<b>Obtain authorization</b> prior to service	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848,	UCare
<b>Bone Growth Stimulator</b>	<b>Obtain authorization</b> prior to purchase or placement.	<b>Obtain authorization</b> prior to purchase or placement.	E0747, E0748, E0749, E0760	UCare
<b>Cosmetic or Reconstructive Procedures</b> (Refer to <a href="#">UCare Medical Policy – Reconstructive – Cosmetic Health Services.</a> ) Examples include: <ul style="list-style-type: none"> <li>Abdominoplasty</li> <li>Breast reduction surgery</li> <li>Gynecomastia</li> <li>Mammoplasty</li> <li>Panniculectomy</li> <li>Removal of breast implant(s)/Replacement of breast implants</li> <li>Rhinoplasty/septorhinoplasty</li> <li>Sclerotherapy</li> <li>Skin peel(s)</li> </ul>	No authorization or notification requirements. *	<b>Obtain authorization</b> prior to service.  Authorization not required for: <ul style="list-style-type: none"> <li>Blepharoplasty</li> <li>Breast Reconstructive Surgery following breast cancer treatments.</li> </ul>	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, 30420, 30540, 30545, 30560, 30620, 36468, 36470, 36471, 40500, 40840, 40842, 67900, 67912, 69090, 69300, 69320, C9800, Q2026, Q2028, S2066, S2067, S2068	UCare

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<b>Deep Brain Stimulation</b>	<b>Obtain authorization</b> prior to service.	<b>Obtain authorization</b> prior to service.	61850, 61860, 61863, 61864, 61867, 61868, 61870, 61880, 61885, 61886, 61888	UCare
<b>Detox – Inpatient Admission</b>	<b>Notify</b> within 24 hours of admission.	<b>Notify</b> within 24 hours of admission.	Not Applicable	UCare
<b>Durable Medical Equipment – RENTAL</b>  See also: <a href="#">Wheelchairs and accessories</a>  UCare reserves the right to determine rental vs. purchase.  Repair or replacement of rental equipment is the provider's responsibility.	<b>Authorization is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500.</b>  All months must be authorized.  Authorization is not required for monthly rental of ventilators or oxygen equipment.	<b>Authorization is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500.</b>  All months must be authorized.  Authorization is not required for monthly rental of ventilators or oxygen equipment.	E0193, E0194, E0302, E0304, E0472, E0482, E0483, E0636, E0652, E0675, E0694, E0782, E0783, E0784, E0786, E0986, E1003, E1004, E1005, E1006, E1007, E1008, E1035, E1036, E1840, E1841, E2328, E2402, E2510  <b>Please note: This may not be an all-inclusive list.</b>	UCare
<b>Durable Medical Equipment – PURCHASE</b>  See also: <a href="#">Wheelchairs and wheelchair parts/accessories listed separately</a>  UCare reserves the right to determine rental vs. purchase.	<b>Obtain authorization</b> prior to purchase.  All DME items over \$500 require prior authorization.  Authorization is not required for prosthetic and orthotic devices/equipment.	<b>Obtain authorization</b> prior to purchase.  All DME items over \$500 require prior authorization.  Authorization is not required for prosthetic and orthotic devices/equipment.	DME items over \$500 to purchase require authorization.	UCare

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<b>Genetic/Molecular Diagnostic tests for the following:</b> <ul style="list-style-type: none"> <li>Breast cancer</li> <li>Colorectal cancer (excluding Fecal)</li> <li>Ovarian cancer</li> <li>Pancreatic cancer</li> <li>Prostate cancer</li> <li>And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing)</li> </ul>	No authorization or notification requirements. *	<b>Obtain authorization</b> prior to ordering test.	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	UCare
<b>Home Health Care</b> <ul style="list-style-type: none"> <li>Skilled nursing care (SNV)</li> <li>Home health aides (HHA)</li> </ul>	<b>Notification</b> is required for all visits.	<b>Notification</b> is required for all visits.	G0299, G0300, G0156	UCare
<b>Hysterectomy</b>	No authorization or notification requirements.	<b>Obtain authorization</b> prior to procedure.	58150, 58210, 58260, 58262, 58263, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58570, 58571, 58572, 58573	UCare
<b>Inpatient Medical/ Surgical Admission</b>	<b>Notify</b> within 24 hours of admission.	<b>Notify</b> within 24 hours of admission.	Not Applicable	UCare
<b>Long-Term Acute Care Hospitalization (LTAC)</b>	<b>Notify</b> within 24 hours of admission.	<b>Notify</b> within 24 hours of admission.	Not Applicable	UCare
<b>Outpatient Therapy (PT, OT &amp; ST)</b>  <b>Includes therapy in the home and outpatient therapy provided in a nursing facility.</b>	<b>Obtain authorization</b> prior to service.  *The initial evaluation does not require authorization.	<b>Obtain authorization</b> 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.)
<b>Proton Beam Therapy</b>	<b>Obtain authorization</b> prior to service.	<b>Obtain authorization</b> prior to service	77520, 77522, 77523, 77525	UCare

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<b>Skilled Nursing Facility (SNF) or Swing Bed Admission</b>	<b>Obtain authorization</b> within 1 business day of admission and upon request for extensions.	<b>Obtain authorization</b> within 1 business day of admission and upon request for extensions.	Not Applicable	UCare
<b>Spinal Cord Stimulator</b>	<b>Obtain authorization prior</b> to trial and prior to permanent placement.	<b>Obtain authorization prior</b> to trial and prior to permanent placement.	63650, 63655, 63663, 63664, 63685, 0282T, 0283T, 0284T	UCare
<b>Transplant</b> <ul style="list-style-type: none"> <li>• Bone marrow</li> <li>• Heart</li> <li>• Heart-lung</li> <li>• Kidney</li> <li>• Liver</li> <li>• Lung</li> <li>• Pancreas</li> <li>• Stem cell</li> </ul>	<b>Notification within</b> 24 hours of inpatient hospital admission.	<b>Notification within</b> 24 hours of inpatient hospital admission.	Not Applicable	UCare
<b>Wheelchair &amp; Wheelchair Accessories – RENTAL</b>  Repair or replacement of rental equipment is the DME provider's responsibility.  UCare reserves the right to determine rental vs. purchase.	<b>Authorization is required prior to delivery or dispensing wheelchairs and separately billable accessories with a per month allowable rental rate over \$500.</b>  All months must be authorized.	<b>Authorization is required prior to delivery or dispensing wheelchairs and separately billable accessories with a per month allowable rental rate over \$500.</b>  All months must be authorized.	K0010, K0011, K0606, K0824, K0826, K0827, K0828, K0829, K0837, K0839, K0840, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864  <b>Please note: This may not be an all-inclusive list.</b>	UCare
<b>Wheelchair &amp; Wheelchair Accessories – PURCHASE</b>  UCare reserves the right to determine rental vs. purchase.	<b>Obtain authorization prior to purchase of all wheelchair bases.</b>  <b>Wheelchair accessories for purchase, repair and replacement</b> require authorization if over \$500 each item.	<b>Obtain authorization prior to purchase of all wheelchair bases.</b>  <b>Wheelchair accessories for purchase, repair and replacement</b> require authorization if over \$500 each item.		UCare