



2017 UCare Choice & Fairview UCare Choices (MNsure Program) Authorization and Notification Requirements – Mental Health & Chemical Dependency Services

Important Information regarding Authorization & Notification:

- For services that require an authorization, failing to obtain the authorization in advance may result in a denied claim.
- Court-ordered mental health and chemical dependency services provided do not require a separate medical necessity review; however, it is required to have a copy of the court order on file with UCare to ensure claim payment. Services must be a covered benefit.
- Submit authorization requests 14 calendar days prior to the start of the service for non-urgent conditions.
- All services are subject to member eligibility and benefit coverage.
- 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.
- 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.
- Please contact UCare Behavioral Health for additional information on threshold units.

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

AUTHORIZING ENTITY	PHONE	FAX	WEBSITE
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



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
DIAGNOSTIC ASSESSMENTS:	Standard Diagnostic Assessment	Authorization required beyond threshold of 4 sessions.	Standard: 90791 Standard with E/M Services: 90792	4 sessions per calendar year of any combination of assessments.
PSYCHOTHERAPY:	Group Psychotherapy	Authorization required beyond threshold of 52 sessions.	90853	52 sessions per calendar year.
	Family Psychotherapy	Authorization required beyond threshold of 26 sessions.	90846, 90847, 90849	26 sessions per calendar year.
	Individual Psychotherapy	Authorization required beyond threshold of 26 sessions.	90832, 90834, 90837	26 sessions per calendar year.
	Individual Psychotherapy With E/M Services	Authorization required beyond threshold of 20 sessions.	90833, 90836, 90838	20 sessions per calendar year.
TESTING & SERVICES:	Psychological Testing	Authorization required beyond threshold.	96101, 96102, 96103	6 units of any combination of 96101 & 96102 or 1 unit of 96103 per calendar year.
	Partial Hospitalization (per diem)	Notification required prior to service. Concurrent review for additional days.	H0035	N/A
	Day Treatment	Authorization required prior to service.	H2012	Max of 15 hour/week.
	Children's Residential Treatment	Authorization required at the time of admission.	H0017, H0018 This service must be provided by a hospital or residential treatment center licensed by Minnesota DHS.	N/A



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
INPATIENT & SUBSTANCE ABUSE SERVICES:	Outpatient Chemical Dependency Treatment	Notification required within 24 hours of service. Treatment based on Rule 25 Assessment. Send Rule 25 Summary to UCare. Concurrent review for additional days.	Individual hourly: H2035 Group: H2035 HQ	N/A
	Chemical Dependency Residential Treatment	Authorization required prior to admission. Treatment based on Rule 25 Assessment. Send Rule 25 Summary to UCare. Concurrent review for additional days.	1002	N/A
	Inpatient Chemical Dependency Admission	Authorization required prior to admission. Concurrent review for additional days.		N/A
	Inpatient Mental Health Admission	Notification required within 24 hours of admission. Concurrent review for additional days.		N/A
	Community Detox	Notification required within 24 hours of admission. Concurrent review for additional days.	0126	N/A
	Residential Eating Disorder Treatment	Authorization required prior to admission. Concurrent review for additional days.	1001, H0017, H0018	N/A