



2017 Authorization and Notification Requirements – Medical Services

For the following UCare plans:

MSHO=Minnesota Senior Health Options | MSC Plus=Minnesota Senior Care Plus | *UCare Connect*=Special Needs BasicCare | *UCare Connect + Medicare* | PMAP=Prepaid Medical Assistance Plan | MnCare=MinnesotaCare | *UCare for Seniors*=Medicare Advantage

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

Authorizations

- Chiropractic care
- Dental care
- Pharmacy

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

[Acute Inpatient Rehabilitation](#)

[Durable Medical Equipment – PURCHASE](#)

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

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

[Genetic Testing for Cancer](#)

[Personal Care Assistant \(PCA\)](#)

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

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

[Private Duty Nursing \(see Home Care Nursing\)](#)

[Bone Growth Stimulator](#)

[Home Care Nursing \(formerly Private Duty Nursing\)](#)

[Proton Beam Therapy](#)

[Cosmetic or Reconstructive Procedures](#)

[Hysterectomy](#)

[Skilled Nursing Facility & Swing Bed](#)

[Deep Brain Stimulation](#)

[Inpatient Medical/Surgical Admission](#)

[Spinal Cord Stimulation](#)

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

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

[Transplant](#)

[Durable Medical Equipment – RENTAL](#)

[Non-Contracted Provider](#)

[Wheelchair & Accessories – RENTAL](#)

[Nursing Facility Admission \(Custodial\)](#)

[Wheelchair & Accessories – PURCHASE](#)

Important Information for Medical Authorization & Notification

- UCare is the authorizing entity for all services, unless a member is assigned to Mayo Clinic or Mayo Clinic Health System PCP.
- Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.
- Check whether Medicare is the primary insurance for members of UCare's Minnesota Senior Care Plus and *UCare Connect*, by checking the Minnesota [DHS MN-ITS site](#). If Medicare is the primary coverage, it must be used for all Medicare-eligible/covered services or equipment.
- All services are subject to member eligibility and benefit coverage.
- Clinical criteria may vary by UCare plan.
- 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 (Click the [list for Minnesota State Public Programs](#), the list for [Special Needs Program \(SNP\)](#) or the list for [UCare's Medicare plans](#)). The lists explain 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)		www.chirocare.com
Delta Dental of Minnesota	1-800-328-1188 (toll free)		www.deltadentalmn.org
Express Scripts, Inc. (ESI)	Medicare <u>Phone line</u> for Prior Authorization 1-877-558-7521 (toll free)	Medicare <u>FAX</u> for Prior Authorization 1-877-837-5922 (toll free)	www.express-scripts.com/contact
	Medicaid <u>Phone line</u> for Prior Authorization 1-877-558-7523 (toll free)	Medicaid <u>FAX</u> for Prior Authorization 1-800-357-9577 (toll free)	
Fairview Partners	952-914-1720	952-914-1730	www.fairview.org/Services/SeniorServices/FairviewPartners/index.htm
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
Mayo Clinic Health Solutions	1-800-645-6296 (toll free)	1-888-889-7822 (toll free)	www.MayoClinicHealthSolutions.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 for extensions.	Not Applicable	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
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; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
Bariatric Surgery (Gastric Bypass)	Obtain authorization prior to service.	43644, 43645, 43770, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
Bone Growth Stimulator	Obtain authorization prior to purchase or placement.	E0747, E0748, E0749, E0760	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.

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"> • Abdominoplasty • Breast reduction surgery • Gynecomastia • Mammoplasty • Panniculectomy • 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, 15880, 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, 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</p>	<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</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; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>
<p>Detox – Inpatient Admission</p>	<p>Notify within 24 hours of admission.</p>	<p>Not Applicable</p>	<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</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 or our authorizing delegate reserves the right to determine rental vs. purchase.</p> <p>Repair or replacement of rental equipment is the provider's responsibility.</p>	<p>Authorization is required prior to delivery or dispensing DME items with a per month allowable rental rate over \$500.</p> <p>All months must be authorized.</p> <p>Authorization is not required for monthly rental of ventilators or oxygen equipment.</p>	<p><i>UFS</i> - 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</p> <p>In addition to the codes listed above the following DME codes require prior authorization for MSHO, Connect + Medicare, MSC Plus, PMAP, MnCare, Connect: E0277, E0372, E0373, E0471 *E0764 is not a covered code under DHS</p> <p>Please note: This may not be an all-inclusive list. Please review the Medicare or DHS fee schedule to determine if the item you are requesting would be over \$500 per month to rent.</p>	<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>
<p>Durable Medical Equipment – PURCHASE</p> <p>Wheelchairs and wheelchair parts/accessories listed separately at end of document.</p> <p>UCare or our authorizing delegate reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase.</p> <p>All DME items over \$500 require prior authorization.</p> <p>Authorization is not required for prosthetic and orthotic devices/equipment.</p>	<p>DME items over \$500 to purchase require authorization.</p>	<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>
<p>Genetic/Molecular Diagnostic tests for the following:</p> <ul style="list-style-type: none"> • Breast cancer • Ovarian cancer • Colorectal cancer (excluding Fecal DNA test) • Pancreatic cancer • Prostate cancer <p>And all cancer panels (i.e., gene sequencing, whole genome/exome sequencing)</p>	<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; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Home Health Care <ul style="list-style-type: none"> Skilled nursing care (SNV) Home health aides (HHA) 	All visits require notification .	MSC Plus – T1021, T1030	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	All visits require notification .	MSHO – G0156, G0299, G0300, T1021, T1030	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Obtain authorization prior to 1 st date of service in a calendar year.	<i>UCare Connect + Medicare</i> – G0299, G0300, G0156, T1030, T1021	On waiver: Contact member’s county waiver case manager.
	Obtain authorization prior to 1 st date of service in a calendar year.	<i>UCare Connect</i> – T1021, T1030	Not on waiver: UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	All visits require notification .	<i>UCare for Seniors</i> – G0156, G0299, G0300 MnCare – T1021, T1030 PMAP – T1021, T1030	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
Home Care Nursing (Formerly known as Private Duty Nursing)	Obtain authorization prior to 1st visit.	MSHO, MSC Plus, PMAP & MnCare – T1002 and T1003 including modifiers TG, TT, UC	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Not a covered benefit.	<i>UCare for Seniors, UCare Connect + Medicare, UCare Connect</i>	Not a covered benefit through UCare. May be covered by Medicaid Fee For Service—contact member’s county.
Hysterectomy	Obtain authorization 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; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Inpatient Medical/Surgical Admission	Notify within 24 hours of admission.	Not Applicable	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
Long-Term Acute Care Hospitalization (LTAC)	Obtain authorization before admission and as requested for extensions.	Not Applicable	UCare
Non-UCare Contracted Provider – Not part of our provider network	Obtain authorization prior to service. ** UCare for Seniors: Only required for procedures and services with authorization requirements listed on this grid.	Not Applicable	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Nursing Facility Admission for Custodial Care.	Notify within 1 business day of admission and upon a change in care level.	MSHO	UCare; Fairview Partners or Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Notify within 1 business day of admission and upon a change in care level.	MSC Plus	UCare; Fairview Partners or Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Notify within 1 business day of admission and upon a change in care level.	<i>UCare Connect</i>	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Notify within 1 business day of admission and upon a change in care level.	<i>UCare Connect + Medicare</i>	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Not a covered benefit.	PMAP	Not a covered benefit.
	Not a covered benefit.	MnCare	Not a covered benefit.
	Not a covered benefit.	<i>UCare for Seniors</i>	Not a covered benefit – only skilled (Medicare) care in a nursing home is covered –custodial care in a nursing home is not covered.
Outpatient Therapy (PT, OT & ST) Includes therapy in the home and outpatient therapy provided in a nursing facility.	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

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
Personal Care Assistant (PCA) An in-person assessment conducted by a UCare-contracted agency is required before a determination can be made to approve service.	Obtain authorization prior to service.	MSHO – T1001, T1019 and T1019UA	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Obtain authorization prior to service.	MSC Plus – T1001, T1019 and T1019UA	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Not a UCare-covered benefit.	<i>UCare Connect</i>	Not a covered benefit through UCare. May be covered by Medicaid Fee For Service—contact member's county.
	Not a UCare-covered benefit.	<i>UCare Connect + Medicare</i>	Not a covered benefit through UCare. May be covered by Medicaid Fee For Service—contact member's county.
	Obtain authorization prior to service.	PMAP – T1001, T1019, T1019UA	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Obtain authorization prior to service.	MnCare – T1001, T1019, T1019UA	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Not a covered benefit.	<i>UCare for Seniors</i>	Not a covered benefit.
Proton Beam Therapy	Obtain authorization prior to service.	77520, 77522, 77523, 77525	UCare
Skilled Nursing Facility (SNF) or Swing Bed Admission Medicare-covered Skilled Nursing Facility coverage for members who have their Medicare coverage through UCare.	Obtain authorization within 1 business day of admission, and upon request for extensions.	MSHO <i>UCare Connect + Medicare</i>	UCare; Fairview Partners, Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.
	Notification within 1 business day of admission – Medicare Skilled Level Care is Not a covered benefit.	MSC Plus	Not a covered benefit through UCare. Check MN-ITS to see if member may have Original Medicare.
	Notification within 1 business day of admission – Medicare Skilled Level Care is not a covered benefit.	<i>UCare Connect</i>	Not a covered benefit through UCare. Check MN-ITS to see if member may have Original Medicare.
	Not a covered benefit.	PMAP	Not a covered benefit.
	Not a covered benefit.	MnCare	Not a covered benefit.
	Obtain authorization within 1 business day of admission and upon request for extensions.	<i>UCare for Seniors</i>	UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.

Service	Requirements	Codes Requiring Authorization CPT/HCPC Codes	Contact for Approval or Notification
<p>Spinal Cord Stimulation</p>	<p>Obtain authorization prior to trial and prior to permanent placement.</p>	<p>63650, 63655, 63663, 63664, 63685, 0282T, 0283T, 0284T</p>	<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>
<p>Transplant</p> <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>	<p>Not Applicable</p>	<p>UCare</p>
<p>Wheelchair & Wheelchair Accessories – RENTAL</p> <p>Repair or replacement of rental equipment is the DME provider's responsibility.</p> <p>UCare or our authorizing delegate reserves the right to determine rental vs. purchase.</p>	<p>Authorization is required prior to delivery or dispensing wheelchair and separately billable accessories with a per month rental rate over \$500.</p> <p>All months must be authorized.</p>	<p><i>UFS</i> - 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</p> <p>In addition to the codes listed above, the following wheelchair codes require prior authorization for MSHO, Connect + Medicare, MSC Plus, PMAP, MnCare, Connect: K0815, K0822, K0823, K0825, K0836, K0838, K0841, K0842</p> <p>*K0011 is not a covered code under DHS</p> <p>Please note: This may not be an all-inclusive list. Please review the Medicare or DHS fee schedule to determine if the item you are requesting would be over \$500 per month to rent.</p>	<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>

<p>Wheelchair & Wheelchair Accessories – PURCHASE</p> <p>UCare or our authorizing delegate reserves the right to determine rental vs. purchase.</p>	<p>Obtain authorization prior to purchase of all wheelchair bases.</p> <p>Wheelchair accessories for purchase, repair and replacement require authorization if over \$500 each item.</p>		<p>UCare; Mayo Clinic Health Solutions for members assigned to Mayo Clinic or MCHS PCP.</p>
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