

**UCare
2011 Authorization Grid**

Services	Prior Authorization Requirements*	Products	Approval Authority
Acute Inpatient Rehabilitation	Before admission and as requested for extensions.	MSHO	Aspen, MMSI UCare for all others
		MSC+**	Aspen, MMSI UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Back (Spine) Surgery <ul style="list-style-type: none"> • Percutaneous vertebroplasty/kyphoplasty • Spinal fusion – lumbar only 	Prior to Service Excludes: <ul style="list-style-type: none"> • Emergency surgery for trauma • Acute transverse myelopathy • Tumors 	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Note:

*Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.

- All services subject to member eligibility and benefit coverage.
- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
- **UCare reserves the right to review and verify medical necessity for all services.**

**** Medicare benefits must be utilized for Medicare eligible/covered services or equipment for MSC+ members if Medicare is primary. Obtain verification from DHS (MN-ITS) regarding Medicare coverage.**

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Services	Prior Authorization Requirements*	Products	Approval Authority
Bariatric Surgery (Gastric Bypass)	Prior to Service	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare or MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Behavioral Health & Chemical Dependency Outpatient Visits Court ordered services do not require authorization.	Please refer to Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services .	MSHO	BHP, MMSI
		MSC+**	BHP, MMSI
		SNBC (<i>UCare Connect</i>)	BHP, MMSI
		PMAP	BHP, MMSI
		MnCare	BHP, MMSI
		<i>UCare for Seniors MN</i>	BHP, MMSI
		<i>UCare for Seniors WI</i>	BHP, MMSI

Note:

*Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.

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- Clinical criteria determined by product.
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Benefit Exceptions include: <ul style="list-style-type: none"> • Services specifically excluded from the member's benefit set. • Requests for service beyond coverage limits. • Requests for services that do not meet coverage criteria. • Any experimental service. 	Prior to Service	MSHO	UCare
		MSC+**	UCare
		SNBC (<i>UCare Connect</i>)	UCare
		PMAP	UCare
		MnCare	UCare
		<i>UCare for Seniors MN</i>	UCare
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Chiropractic Services	Varies by provider and product. Note: For PMAP, MnCare, MSC+ and UCare Connect non-dual (Medicaid only) members effective January 1, 2011: payment is limited to one annual evaluation and 12 visits per year unless prior authorization from ChiroCare of a greater number of visits is obtained. This requirement is applicable to all contracted chiropractors.	MSHO	Contact ChiroCare for information regarding all necessary care authorizations. www.chirocare.com/pages/doctors .
		MSC+**	
		SNBC (<i>UCare Connect</i>)	
		PMAP	
		MnCare	
		<i>UCare for Seniors MN</i>	
<i>UCare for Seniors WI</i>			

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Cosmetic or Reconstructive Procedure Including, but not limited to: <ul style="list-style-type: none"> • Blepharoplasty/Ptosis Repair • Mammoplasty • Skin peel(s) • Salabrasion • Tattooing or removal of tattoo • Removal of breast implant(s) • Breast reduction surgery • Elective procedure to change contours of the body • Rhinoplasty • Panniculectomy/Abdominoplasty 	Prior to Service	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors</i> MN	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors</i> WI	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Dental Services	Certain dental procedures require prior authorization. Contact DentaQuest.	MSHO	DentaQuest
		MSC+**	DentaQuest
		SNBC (<i>UCare Connect</i>)	DentaQuest
		PMAP	DentaQuest
		MnCare	DentaQuest
		<i>UCare for Seniors</i> MN	Prior Authorization is not required
		<i>UCare for Seniors</i> WI	Prior Authorization is not required

Note:

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- All services subject to member eligibility and benefit coverage.
- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
- **UCare reserves the right to review and verify medical necessity for all services.**

**** Medicare benefits must be utilized for Medicare eligible/covered services or equipment for MSC+ members if Medicare is primary. Obtain verification from DHS (MN-ITS) regarding Medicare coverage.**

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Services	Prior Authorization Requirements*	Products	Approval Authority
<p>Durable Medical Equipment (DME)</p> <p>Prior authorization requirements for wheelchair and wheelchair accessories are listed in the section titled “Wheelchair and Wheelchair Accessories”.</p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p> <p>Repair/replacement of rental accessories on rental equipment is <u>not</u> covered – it is provider responsibility.</p>	<p>Prior to 5th month of rental.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Oxygen (equipment only) • CPAP/BiPAP machines • Insulin pumps • Ventilators • Nebulizers • Enteral Feeding Pumps 	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

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- All services subject to member eligibility and benefit coverage.
- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
- **UCare reserves the right to review and verify medical necessity for all services.**

**** Medicare benefits must be utilized for Medicare eligible/covered services or equipment for MSC+ members if Medicare is primary. Obtain verification from DHS (MN-ITS) regarding Medicare coverage.**

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Services	Prior Authorization Requirements*	Products	Approval Authority
<p>Durable Medical Equipment (DME)</p> <p>Prior authorization requirements for wheelchair and wheelchair accessories are listed in the section titled “Wheelchair and Wheelchair Accessories”.</p> <p>DME items over \$1,000.</p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p> <p>Repair/replacement of rental accessories on rental equipment is <u>not</u> covered – it is provider responsibility.</p>	<p>Prior to purchase.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Oxygen (contents only) • Baclofen pumps • Cutaneous nerve stimulators (TENS) • Insulin pumps • CPAP/BiPAP purchase • Enteral Feeding Pumps <p>MUST prior authorize the following:</p> <ul style="list-style-type: none"> • Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring) • Alternatives/disposable Insulin delivery systems 	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
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- All services subject to member eligibility and benefit coverage.
- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
- **UCare reserves the right to review and verify medical necessity for all services.**

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Services	Prior Authorization Requirements*	Products	Approval Authority
External Electrical bone growth stimulators. Implantable Electrical bone growth stimulators.	Prior to purchase. Prior to placement.	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Home Health Care Skilled Nursing Care Home Health Aids (HHA) All services, beginning with the first visit and all subsequent visits must meet medical necessity and coverage criteria for the product.	Prior to 16th date of service in a calendar year.	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Note:

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- All services subject to member eligibility and benefit coverage.
- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
- **UCare reserves the right to review and verify medical necessity for all services.**

** Medicare benefits must be utilized for Medicare eligible/covered services or equipment for MSC+ members if Medicare is primary. Obtain verification from DHS (MN-ITS) regarding Medicare coverage.

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Services	Prior Authorization Requirements*	Products	Approval Authority
Non-participating Provider Provider not contracted with UCare (Excludes waiver services) For Non-participating behavioral health requests, please refer to the Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services.	Prior to Service	MSHO	MMSI, or UCare for all others
		MSC+**	UCare, MMSI
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Personal Care Assistant (PCA) An in-person assessment conducted by a UCare contracted agency is required before a determination can be made to approve services.	Prior to Service	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	Contact member's county case manager
		PMAP	UCare, MMSI
		MnCare (M1-only)	UCare, MMSI
		<i>UCare for Seniors MN</i>	Not a covered benefit
		<i>UCare for Seniors WI</i>	Not a covered benefit

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- Clinical criteria determined by product.
- No authorization is needed for Orthotics and Prosthetics.
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Services	Prior Authorization Requirements*	Products	Approval Authority
Prescription Drugs	When prescribed go to: <a href="http://www.ucare.org/providers/Pages/Fo
rmularies.aspx">http://www.ucare.org/providers/Pages/Fo rmularies.aspx for a list of drugs that require prior authorization.	MSHO	Contact Express Scripts for all products.
		MSC+**	
		SNBC (<i>UCare Connect</i>)	
		PMAP	
		MnCare	
		<i>UCare for Seniors MN</i>	
		<i>UCare for Seniors WI</i>	

Services	Prior Authorization Requirements*	Products	Approval Authority
Private Duty Nursing Must be received through a Medicare certified home health agency. All services, beginning with the first visit and all subsequent visits must meet medical necessity and coverage criteria for the product.	Prior to 16th date of service in calendar year for all products.	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	Contact member's county case manager
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI (May not be covered)
		<i>UCare for Seniors MN</i>	Not a covered benefit
		<i>UCare for Seniors WI</i>	Not a covered benefit

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Services	Prior Authorization Requirements*	Products	Approval Authority
Radiofrequency Ablation (Percutaneous) for Facet Medicated Neck and Back Pain	Prior to Service	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Skilled Nursing Facility and Medicare Swing Bed Admissions	Within 1 business day of admission to facility and upon request.	MSHO	Aspen, Fairview Partners, MMSI, or UCare for all others
		MSC+**	Contact DHS
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	Contact DHS
		MnCare	Contact DHS
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
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Services	Prior Authorization Requirements*	Products	Approval Authority
Specialty Medications	Refer to the list of specialty medications that require prior authorization: http://www.ucare.org/providers/Pages/Formularies.aspx .	MSHO	Contact Express Scripts for all products.
		MSC+**	
		SNBC (<i>UCare Connect</i>)	
		PMAP	
		MnCare	
		<i>UCare for Seniors MN</i>	
		<i>UCare for Seniors WI</i>	

Services	Prior Authorization Requirements*	Products	Approval Authority
Spinal cord stimulation.	Prior to Service	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
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- Clinical criteria determined by product.
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Services	Prior Authorization Requirements*	Products	Approval Authority
Therapies in outpatient or home setting: PT – Physical Therapy OT – Occupational Therapy ST – Speech Therapy	Prior to 11th date of service in calendar year for all products.	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements*	Products	Approval Authority
Wheelchair and Wheelchair Accessories All manual and power wheelchairs (standard and complex rehab) including separately payable accessories require prior authorization. Authorizing entity reserves the right to determine rental vs. purchase. Repair/replacement of rental accessories on rental equipment is <u>not</u> covered – it is provider responsibility.	Prior to 5th month of rental .	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, or UCare for all others
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- Clinical criteria determined by product.
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Services	Prior Authorization Requirements*	Products	Approval Authority
<p>Wheelchair and Wheelchair Accessories</p> <p>All manual and power wheelchairs (standard and complex rehab) including separately payable accessories require prior authorization.</p> <p><u>NOTE:</u> Wheelchair repair, including replacement of accessories, requires prior authorization. <u>Must include repair/replacement modifiers.</u></p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p> <p>Repair/replacement of rental accessories on rental equipment is <i>not</i> covered – it is provider responsibility.</p>	<p>Prior to purchase.</p>	MSHO	Aspen, MMSI, or UCare for all others
		MSC+**	Aspen, MMSI, or UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, or UCare for all others
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- Clinical criteria determined by product.
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Services	Notification Due	Products	Who Needs to be Notified
Hospice	When member elects hospice.	MSHO	Complete the Hospice Election form and send to UCare. The form can be found on UCare's website under General Forms.
		MSC+**	
		SNBC (<i>UCare Connect</i>)	
		PMAP	
		MnCare	
		<i>UCare for Seniors MN</i> <i>UCare for Seniors WI</i>	

Services	Notification Due	Products	Who Needs to be Notified
Inpatient Behavioral Health Admission	Within 24 hours of admission.	MSHO	BHP, MMSI
		MSC+**	BHP, MMSI
		SNBC (<i>UCare Connect</i>)	BHP, MMSI
		PMAP	BHP, MMSI
		MnCare	BHP, MMSI
		<i>UCare for Seniors MN</i> <i>UCare for Seniors WI</i>	BHP, MMSI

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- Clinical criteria determined by product.
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Services	Notification Due	Products	Who Needs to be Notified
Inpatient Medical/Surgical Admission	Within 24 hours of admission	MSHO	UCare, MMSI
		MSC+**	UCare, MMSI
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	UCare, MMSI
		<i>UCare for Seniors WI</i>	UCare

Services	Notification Due	Products	Who Needs to be Notified
Long-Term Acute Care (LTAC)	Within 24 hours of admission	MSHO	UCare, MMSI
		MSC+**	UCare, MMSI
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	UCare, MMSI
		<i>UCare for Seniors WI</i>	UCare, MMSI

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Services	Notification Due	Products	Who Needs to be Notified
Nursing Facility (NF) Admit (Custodial care at a Nursing Facility)	Within 1 business day of admission to facility and upon change in care level.	MSHO	Aspen, MMSI UCare for all others
		MSC+**	Aspen, MMSI UCare for all others
		SNBC (<i>UCare Connect</i>)	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Not a covered benefit
		<i>UCare for Seniors WI</i>	Not a covered benefit

Services	Notification Due	Products	Who Needs to be Notified
Transplant	For a Medicare approved transplant <u>and</u> at UCare contracted facility: contact UCare within 24 hours of inpatient hospital admission. For a non-Medicare approved transplant and/or at a non-contracted facility: contact UCare prior to referral to a provider or center.	MSHO	Contact UCare for all products.
		MSC+**	
		SNBC (<i>UCare Connect</i>)	
		PMAP	
		MnCare	
		<i>UCare for Seniors MN</i>	
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**UCare
Authorization/Notification Contact List**

Care System	Phone	Fax
Aspen/Allina Medical Group	For nursing home, DME, or home health care services, please call 612-262-1511. For all other services, please call the member's Primary Care Clinic for authorizations/notifications.	For nursing home, DME, or home health care services, please send the fax to 612-262-0948. For all other services, call the member's Primary Care Clinic for the appropriate fax number where to send in authorizations/notifications.
Behavioral Healthcare Providers (BHP)	763-525-9919 800-361-0491	763-486-4435
ChiroCare	888-638-7719	800-599-8350
DentaQuest	800-341-8478	262-241-7150
Express Scripts, Inc.	877-558-7521 (for Medicare) 877-558-7523 (for Medicaid)	877-837-5922 (for Medicare) 800-357-9577 (for Medicaid)
Fairview Partners	952-914-1720	952-914-1731
MMSI	800-645-6296	888-889-7822
UCare Clinical Services	612-676-6705 877-447-4384	612-884-2499 866-610-7215

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