



DTR NOTIFICATION FORM INSTRUCTIONS*
(Updated 4.20.11)

1. Member's Name.
2. Member's Date of Birth.
3. UCare Member ID #.
4. Type of Service: Use the written descriptions that are part of *Type of Service Codes**.
Examples: Home Health-PCA Service; DME-Medical Supplies-Equipment; Elderly Waiver-Homemaker.
5. Additional Information regarding Item/Service Requested, if Applicable: Provide additional information that describes the service request, if the type of service description was too general. Example: DME-Medical Supplies-Equipment was written in "Type of Service". In "Additional Information regarding Item/Service Requested", provide specific information regarding the DME request, such as "electric wheelchair".
6. CPT/HCPC Code: Use the service's HCPC code. Examples: T1019 is the HCPC code for PCA; S5130 is the HCPC code for homemaker services.
7. Type of Service Code is the numeric service code from *Type of Service Codes**.
Examples: 0701 is the code for Home Care-PCA Service; 2126 is the code for Elderly Waiver-Homemaker.
8. Diagnosis Code is the member's primary medical diagnosis.
9. Service Location is where the member will receive the service; examples: home, office, SNF.
10. If Reduction, Previously Approved Amount is filled out when an existing service is being reduced. "Previously Approved Amount" refers to the amount of service the member is currently receiving. Please describe the service amount in both hours and units (when applicable) and include how often the member receives the service.
Examples: 4 hours (16 units) PCA per day; 2 hours (8 units) per week homemaker services.
11. If Reduction, New Approved Amount is the new amount of service the member will receive, after the reduction takes effect. Example: If member was receiving 4 hours (16 units) of PCA or homemaker per day and the PCA or homemaker service was reduced by 1 hour (4 units) per day, the new amount or PCA or homemaker would be 3 hours (12 units) per day.
12. Date Request Received is the date the member (or family of member, provider, etc.) made the service request.
13. Date of Decision is the date the medical director made the denial, termination or reduction determination for a service request that required medical necessity review.

For a waiver service, this is the date the case manager made the determination because a waiver service DTR does not require a medical director to make the determination.

14. Type of Decision: Select if determination was a denial, termination or reduction:
 - a. Denial: Check this box when the request was for a new service that the member would like to receive and the request was denied. Examples: custom stair lift; request to increase PCA or homemaker hours.
 - b. Termination: Check this box when a service that the member is receiving will end. Examples: skilled nurse visits; home delivered meals.
 - c. Reduction: Check this box when the amount of service that the member is receiving will be decreased (reduced). Examples: PCA service units; homemaker units.
15. Start Date of Current Service Auth:
16. End Date of Current Service Auth:
 - a. Denial: Start date and end date are not applicable (NA) because the member is not currently receiving the requested service. Write NA on the form.
 - b. Termination: Start date is when the current service authorization began; end date is when the current authorization was to stop. Example: member attends adult day care and the auth period was 1/1/11 to 12/31/11.
 - c. Reduction: Start date is when the current service authorization began; end date is when the current authorization is to stop. Example: member is to receive PCA service from 3/1/11 to 2/29/12.
17. Effective Date of the Denial, Termination or Reduction:
 - a. Denial: no notification period required because no service is in place; use “Date Request Received” as the effective date of the denial.
 - b. Termination: a notification period is required: use 14 calendar days or 34 calendar days (for PCA and waiver PCA services) from the date the DTR Notification form is faxed to UCare for the termination’s effective date.
 - c. Reduction: a notification period is required: use 14 calendar days or 34 calendar days (for PCA and waiver PCA services) from the date the DTR Notification form is faxed to UCare for the reduction’s effective date.
18. Date You Want New Auth to End, if a Reduction: If authorization is a reduction, and you end the current service authorization the day before the reduction’s effective date, what is the date you want the new auth to end?
19. Reason Codes: see *Reason Codes** to select the reason for the DTR. *Reason Codes with Usage Examples** provides information to assist in the selection of a reason code.
20. Provider/Vendor Name is the name of provider/vendor who would be billed for service.
21. Provider/Vendor ID is the 6 digit UCare provider/vendor ID #. (It is not the provider/vendor ID number assigned for MMIS.) If the UCare ID # is unknown, then please provide the provider/vendor’s federal tax identification number, along with their address and phone number. If no vendor has been identified for the service request (e.g., a denial and no vendor was selected), then state NA.
22. Name of DTR Decision Maker: For medical reviews, name of doctor that made the DTR decision; for waived service, name of care manager.
23. Date Faxed to UCare.

24. Name of Person Faxing to UCare.
25. Care System, County or Agency Name.
26. Phone Number: It is important to provide a phone number of staff who would be readily available should UCare have any questions regarding the DTR Notification Form.
27. APPLICABLE TO ALLINA MN ONLY: Indicate whether the PCA assessment was an initial assessment or a reassessment; and, provide date of assessment.

If you have questions about how to complete the DTR Notification Form, please contact the UCare staff that is responsible for conducting your annual case management audit. Also, please refer to *DTR Reminders and Scenarios** for further information about issuing DTRs.

* All references are posted on UCare's website. To access, go to www.ucare.org and click on Providers (located at the bottom of the page). On the left hand side of the page select Forms. Click on Forms and then scroll to "Non-Product Specific Forms" to access *Type of Service Code*, *Reason Codes with Usage Examples*, *DTR Notification Form*, and *DTR Notification Form Instructions*. The *Provider Manual* is also listed on the left hand side of the page.