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- Important Legislative Updates

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For more information and updates, please visit www.ucare.org.

Important Legislative Updates

Newborn Circumcision

Effective 1/1/06 newborn circumcision is not a covered benefit for UCare Members unless the member meets the following criteria:

- 1) **Medically Necessary** - If, in the opinion of the attending physician, a pathologic condition exists that requires circumcision the condition and indications must be documented in the member's medical records by the attending physician and submitted with the request for claims payment.

NOTE: *Medical necessity for newborn circumcision is rare. Phimosis alone is not considered a pathologic condition and does not support medical necessity for circumcision in infants and children.*

- 2) **Well- Established Religious Practices** – Newborn circumcision is covered if the patient is a member of a recognized religious sect or division of the sect; and adheres to the tenets or teachings of the sect or division of the sect that requires newborn male circumcision.

NOTE: *The known and established religions that have a religious practice of infant circumcision are Judaism, Islam, and Coptic Egyptian Christianity.*

Providers must document and retain a record of how the standard for medical necessity or religious practice is met. UCare is requesting that providers send in documentation with their claims. A retrospective audit will occur on these services to monitor compliance.

If the patient does not meet one of these criteria and the patient wishes to obtain this service, providers must obtain a signed waiver from the member or member's guardian in order to bill the member or member's guardian for the services. The waiver must clearly identify that the service is not a covered benefit and the member or member's guardian will be billed for services.

Non-emergent services performed in an emergency room

UCare does not cover visits or services in a hospital emergency room that are not for emergency and emergency stabilization care or urgent care. Emergency Room providers are required to comply with the Emergency Medical Treatment and Labor Act (EMTALA).

Effective 10/1/05, if it is determined that the member does not have an emergent need; the member should be redirected to an urgent care facility for care.

Coverage limitation for MA, GAMC, and MinnesotaCare

The following services will be covered if the provider follows evidence-based practices: outpatient high-technology imaging (PET scans, MRI, CT, nuclear cardiology); non-emergency spinal fusion; non-emergency Cesarean Section; non-emergency insertion of tympanostomy tubes; and hysterectomy. No prior authorization is required but UCare reserves the right to audit retrospectively.

State and Federal Reimbursement Fluctuations

As State and Federal fee schedules change, these changes will be reflected in payments to providers.