

2011 Prior Authorization/Notification Changes

Effective Jan. 1, 2011, there will be changes to the prior authorization/notification grids for the medical and mental health (MH)/chemical dependency (CD) services. Below, you will find two grids that outline the changes from 2010 to 2011 for both the medical and MH/CD services. To get a complete copy of the 2011 prior authorization/notification grids for medical and MH/CD services, please log on to www.ucare.org/providers/Pages/authgrids.aspx.

Please remember that authorization requests must be received by the authorizing entity at least 14 calendar days/10 business days prior to the start of a service, procedure, or purchase for non-urgent conditions. All services/items are subject to the member’s eligibility and benefit coverage.

Changes to the Prior Authorization Grid for Medical Services

Services/Items that require Prior Authorization	2010 Prior Authorization Requirement	2011 Changes
Alpha-1 Antitrypsin Medications	Prior authorization is required before administration of medication.	This medication will be removed from having its own section and it will be added to the (new) “Specialty Medication” section.
Cosmetic or Reconstructive Procedures	Prior to the service. The procedures include, but are not limited to: <ul style="list-style-type: none"> • Blepharoplasty. • Skin peels. • Salabrasion. • Tattooing or removal. • Removal of breast implants. • Breast reduction surgery. • Elective procedure to change contours of the body. • Rhinoplasty. • Panniculectomy/Abdominoplasty. • Sclerotherapy for Varicose Vein in Leg. 	“Sclerotherapy for Varicose Veins in Leg” will be removed from the list of procedures that require a prior authorization. All of the other procedures will remain in the list.
Durable Medical Equipment (DME) – Rental	Prior to the 5 th month of rental. Excludes: <ul style="list-style-type: none"> • Oxygen. • CPAP machines. • Insulin pumps. • Ventilators. • Nebulizers. • Enteral Feeding Pumps. 	There will be two changes to this section. They are as follow: <ul style="list-style-type: none"> • “BiPAP” will be added to the excluded list. • Wheelchair and accessories will be removed from this section and have its own (new) section called, “Wheelchair and Wheelchair Accessories – Rental.”
DME – Purchase	Prior to purchase. Excludes: <ul style="list-style-type: none"> • Oxygen. • CPAP machines. • Insulin pumps. • Ventilators. • Nebulizers. • Enteral Feeding Pumps. 	There will be two changes in this section. They are as follow: <ul style="list-style-type: none"> • “BiPAP” will be added to the excluded list. • Wheelchair and accessories will be removed from this section and have its own (new) section called, “Wheelchair and Wheelchair Accessories – Purchase.”

Home Health Care Skilled Nursing Care Home Health Aids	Prior to the 31 st date of service in the calendar year, except for <i>UCare Connect</i> plan. Prior to the 51 st date of service in the calendar year for <i>UCare Connect</i> plan only.	The threshold has been reduced for <u><i>all</i></u> of the <i>UCare</i> plans. Prior authorization is required prior to the 16 th date of service for <u><i>all</i></u> <i>UCare</i> plans, including the <i>UCare Connect</i> plan.
Orthoptics (Vision Therapy)	Prior to service.	This service will be removed from requiring a prior authorization.
Private Duty Nursing	Prior to the 31 st date of service in the calendar year.	The threshold has been reduced. Prior authorization is required prior to the 16 th date of service.
Specialty Medications	This section did not exist in 2010.	Refer to the list of specialty medications that require prior authorization in our Formulary web page at www.ucare.org/providers/pages/formularies.aspx .
Therapies in an outpatient or home setting: <ul style="list-style-type: none"> • Physical therapy (PT). • Occupational therapy (OT). • Speech therapy (ST). 	Prior to the 51 st date of service in the calendar year.	The threshold has been reduced. Prior authorization is required prior to the 11 th date of service.
Wheelchair and Wheelchair Accessories – Rental	This section did not exist in 2010.	All manual and power wheelchairs (standard and complex rehab), including separately payable accessories, will require a prior authorization prior to the 5 th month of rental.
Wheelchair and Wheelchair Accessories – Purchase	This section did not exist in 2010.	All manual and power wheelchairs (standard and complex rehab), including separately payable accessories, will require a prior authorization prior to purchase.

Changes to the Pre-Notification/Authorization Grid for MH/CD Services

Services that require Pre-Notification/Authorization	2010 Prior Authorization Requirement	2011 Changes
Intensive Outpatient for Dialectical Behavior Therapy (upon State and Federal approval).	This section did not exist in 2010.	Pre-notification is not required; however, an initial authorization is required.
Brief office visit for monitoring or changing prescription drugs.	This section did not exist in 2010.	Pre-notification and an initial authorization are not required.
Methodone Maintenance	This section did not exist in 2010.	Pre notification is required, with receipt of full Rule 25 Assessment; however, an initial authorization is not required.

If you have any questions and/or concerns regarding the prior authorization/notification grids, please call the Provider Assistance Center at **612-676-3300** or **1-888-531-1493** (toll free). They are available to answer your questions Monday to Friday, 7 a.m. – 5 p.m.