



December 4, 2009

Dear Provider:

I am sending this letter to you as notice of changes to prior authorizations that will go into effect plan-wide January 1, 2010.

The list of services that require a prior authorization are contained in a grid format in Chapter 5 of the UCare Provider Manual. Most significant to your operations are new prior authorization requirements for Spine Surgery, Radiofrequency Ablation (Percutaneous) for Facet Medicated Neck and Back Pain, Electrical bone growth stimulators, and spinal cord stimulation. Private Duty Nursing must be obtained from a Medicare Certified Home Care Agency.

We removed the prior authorization requirement for DME rental and purchase for *UCare for Seniors* and there are additional changes in some DME items for purchase (TENS and Bone Growth Stimulators). Circumcision has been removed from the PA grid but should be done for medically necessary reasons only.

The 2010 Prior Authorization Grid will be published just prior to January 1, 2010 on the UCare website at www.ucare.org. You can view the grid by searching the Provider Manual, Chapter 5. UCare will be evaluating the above changes throughout the year and appreciates your feedback at any time. Please contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Barry K. Baines, MD".

Barry K. Baines, MD
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