

**UCare
2010 Authorization Grid
GAMC**

| Services | Prior Authorization Requirements* | Approval Authority |
|--------------------------------|---|--------------------|
| Acute Inpatient Rehabilitation | Before admission and as requested for extensions. | UCare, MMSI |

| Services | Prior Authorization Requirements* | Approval Authority |
|----------------------------------|--------------------------------------|--------------------|
| Alpha 1 Anti-trypsin Medications | Before administration of medication. | UCare, MMSI |

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|---|---|--------------------|
| Back (Spine) Surgery <ul style="list-style-type: none"> • Percutaneous vertebroplasty/ kyphoplasty • Spinal fusion – lumbar only • Spinal exploration and instrumentation | Prior to Service Excludes: <ul style="list-style-type: none"> • Emergency surgery for trauma • Acute transverse myelopathy • Tumors | UCare, MMSI |

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| Bariatric Surgery (Gastric Bypass) | Prior to Service | UCare, MMSI |

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| Behavioral Health & Chemical Dependency Outpatient Visits Court ordered services do not require authorization. | Please refer to the Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services. | BHP, MMSI |

*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.**

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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 | UCare |

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| Chiropractic Services | Prior to Service | Contact ChiroCare . |

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| Cosmetic or Reconstructive Procedure Including, but not limited to: <ul style="list-style-type: none"> • Blepharoplasty/Ptosis Repair • Mammoplasty • Skin peels • Salabrasion • Tattooing or removal • Removal of breast implants • Female breast reduction surgery • Any service to change contours • Rhinoplasty • Panniculectomy/Abdominoplasty • Sclerotherapy for Varicose Vein Treatment • Sclerotherapy for Varicose Veins in Leg | Prior to Service | UCare, MMSI |

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| Dental Services | Certain dental procedures require prior authorization. Contact DentaQuest for services. | DentaQuest |

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| Durable Medical Equipment (DME) Authorizing entity reserves the right to determine rental vs. purchase. | Prior to 5 th month of rental . Excludes: <ul style="list-style-type: none"> • Oxygen • CPAP machines • Insulin pumps • Ventilators • Nebulizers • Enteral Feeding Pumps | UCare, MMSI |

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| Durable Medical Equipment (DME) All wheelchair purchases and items over \$1,000. Authorizing entity reserves the right to determine rental vs. purchase. | Prior to purchase . Excludes: <ul style="list-style-type: none"> • Oxygen • Baclofen pumps • Cutaneous nerve stimulators (TENS) • Insulin pumps • CPAP purchase • Enteral Feeding Pumps | UCare, MMSI |

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| External Electrical bone growth stimulators. | Prior to 5 th month rental . | UCare, MMSI |
| Implantable Electrical bone growth stimulators. | Prior to placement . | |

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| Home Health Care Skilled Nursing Care Home Health Aids (HHA) | | Not a covered benefit. |

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| 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 | UCare, MMSI |
| Services | Prior Authorization Requirements* | Approval Authority |
| Orthoptics (Vision Therapy) | Prior to Service | UCare, MMSI |

| Services | Prior Authorization Requirements* | Approval Authority |
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| Personal Care Assistant (PCA) A face-to-face assessment conducted by a UCare contracted agency is required before a determination can be made to approve services. | | Not a covered benefit. |

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| Prescription Drugs | When prescribed go to: www.ucare.org/providers/Pages/Formularies.aspx for a list of drugs that require prior authorization. | Contact Express Scripts. |

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| Private Duty Nursing Must be received through a Medicare certified home health agency. | | Not a covered benefit. |

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| Radiofrequency Ablation (Percutaneous) for Facet Mediated Neck and Back Pain. | Prior to Service | UCare, MMSI |

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| Skilled Nursing Facility | | Not a covered benefit. |

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| Spinal cord stimulation. | Prior to Placement | UCare, MMSI |

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| Therapies PT – Physical Therapy OT – Occupational Therapy ST – Speech Therapy All services, beginning with the first visit and all subsequent visits must meet medical necessity and coverage criteria for the product. | Prior to 51st date of service in a calendar year. | UCare, MMSI |

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**UCare
2010 Notification Grid
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| Services | Notification Due | Who Needs to be Notified |
|-----------------|-------------------------|---------------------------------|
| Hospice | | Not a covered benefit. |

| Services | Notification Due | Who Needs to be Notified |
|--|-------------------------------|---------------------------------|
| Inpatient Behavioral Health Admissions | Within 24 hours of admission. | BHP, MMSI |

| Services | Notification Due | Who Needs to be Notified |
|---------------------------------------|------------------------------|---------------------------------|
| Inpatient Medical/Surgical Admissions | Within 24 hours of admission | UCare, MMSI |

| Services | Notification Due | Who Needs to be Notified |
|-----------------------------|------------------------------|---------------------------------|
| Long-Term Acute Care (LTAC) | Within 24 hours of admission | UCare, MMSI |

| Services | Notification Due | Approval Authority |
|--|-------------------------|-------------------------------|
| Nursing Facility (NF) Admits Custodial Care at Nursing Facility | | Not a covered benefit. |

| Services | Notification Due | Approval Authority |
|-----------------|--|---------------------------|
| Transplant | For a Medicare approved transplant and 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. | UCare |

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**UCare
Authorization/Notification Contact List**

| Care System | Phone | Fax |
|---------------------------------------|------------------------------|------------------------------|
| 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 |
| MMSI | 800-645-6296 | 888-889-7822 |
| Express Scripts, Inc. | 877-558-7523 | 800-357-9577 |
| UCare's Clinical Services | 612-676-6705 877-447-4384 | 612-884-2499 866-610-7215 |

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