

## UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
Acute Inpatient Rehabilitation	Before admission and as requested for extensions.	MSHO	MMSI UCare for all others
		MSC+ **	UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
<ul style="list-style-type: none"> <li>• Back (Spine) Surgery Percutaneous vertebroplasty / kyphoplasty</li> <li>• Spinal fusion – <b>lumbar only</b></li> </ul>	Prior to Service  Excludes: <ul style="list-style-type: none"> <li>• Emergency surgery for trauma</li> <li>• Acute transverse myelopathy</li> <li>• Tumors</li> </ul>	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
Bariatric Surgery (Gastric Bypass)	Prior to Service	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Note:  
\*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.**

\*\*Medicare benefits must be utilized for Medicare eligible/covered services or equipment for MSC+ and SNBC (*UCare Connect*) members if Medicare is primary. Obtain verification from DHS (MN-ITS) regarding Medicare coverage.

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Services	Prior Authorization Requirements *	Products	Approval Authority
Behavioral Health & Chemical Dependency  Outpatient Visits  <b>Court ordered services do not require authorization.</b>	Please refer to Pre-Notification / Authorization Grid for Mental Health and Chemical Dependency Services.	MSHO	BHP, MMSI
		MSC+ **	BHP, MMSI
		SNBC ( <i>UCare Connect</i> ) **	BHP, MMSI
		PMAP	BHP, MMSI
		MnCare	BHP, MMSI
		<i>UCare for Seniors</i> MN	BHP, MMSI
<i>UCare for Seniors</i> WI	BHP, MMSI		

Services	Prior Authorization Requirements *	Products	Approval Authority
Chiropractic Services	Varies by provider and product.	MSHO	Contact ChiroCare for information regarding all necessary authorizations.  <a href="http://www.chirocare.com/pages/doctors">www.chirocare.com/pages/doctors</a>
		<i>UCare for Seniors</i> MN	
		<i>UCare for Seniors</i> WI	
	<b>Note: For PMAP, MnCare, MSC+, and <i>UCare Connect</i> members, effective January 1, 2012, payment is limited to one annual evaluation and up to 24 visits per year unless prior authorization from ChiroCare for a greater number of visits is obtained. This requirement is applicable to all chiropractors.</b>	PMAP	
		MnCare	
		MSC + **	
<i>UCare Connect</i>			

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  - 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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Services	Prior Authorization Requirements *	Products	Approval Authority
Cosmetic or Reconstructive Procedure including, but not limited to: <ul style="list-style-type: none"> <li>• Blepharoplasty / Ptosis Repair</li> <li>• Mammoplasty</li> <li>• Skin peel (s)</li> <li>• Salabrasion</li> <li>• Tattooing or removal of tattoo</li> <li>• Removal of breast implant(s)</li> <li>• Breast reduction surgery</li> <li>• Elective procedure to change contours of the body</li> <li>• Rhinoplasty</li> <li>• Panniculectomy / Abdominoplasty</li> </ul>	Prior to Service	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors</i> MN	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors</i> WI	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
Dental Services	Certain dental procedures require prior authorization.	MSHO	DentaQuest
		MSC+ **	DentaQuest
		SNBC ( <i>UCare Connect</i> ) **	DentaQuest
	Contact DentaQuest	PMAP	DentaQuest
		MnCare	DentaQuest
		<i>UCare for Seniors</i> MN	<b>Prior Authorization is not required</b>
		<i>UCare for Seniors</i> WI	<b>Prior Authorization is not required</b>

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 \*Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.

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- Clinical criteria determined by product.
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## UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
<p><b>RENTAL - Durable Medical Equipment (DME)</b></p> <p><b>Prior authorization requirements for wheelchair and wheelchair accessories are listed in the section titled “Wheelchair and Wheelchair Accessories.”</b></p> <p><b>Authorizing entity reserves the right to determine rental vs. purchase.</b></p> <p><b>Repair/replacement of rental accessories on rental equipment is <i>not</i> covered – it is provider responsibility.</b></p>	<p>Prior to 5<sup>th</sup> month of rental</p> <p>Excludes:</p> <ul style="list-style-type: none"> <li>• Oxygen (equipment only)</li> <li>• Insulin pumps</li> <li>• Ventilators</li> <li>• Nebulizers</li> <li>• Enteral Feeding Pumps</li> </ul>	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Note:

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- 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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## UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
<p><b>PURCHASE</b> - Durable Medical Equipment (DME)</p> <p>Prior authorization requirements for wheelchair and wheelchair accessories are listed in the section titled "Wheelchair and Wheelchair Accessories".</p> <p><b>ALL DME items over \$1,000 require prior authorization</b></p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p>	<p><u>Prior to purchase</u></p> <p>Excludes:</p> <ul style="list-style-type: none"> <li>Oxygen (contents only)</li> <li>Baclofen pumps</li> <li>Cutaneous nerve stimulators (TENS)</li> <li>Insulin pumps</li> <li>Enteral Feeding Pumps</li> </ul> <p><b>MUST prior authorize the following:</b></p> <ul style="list-style-type: none"> <li>Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring)</li> <li>Alternatives/disposable insulin delivery systems</li> </ul>	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
<p><u>External</u> Electrical bone growth stimulators.</p> <p><u>Implantable</u> Electrical bone growth stimulators.</p>	<p><b>Prior to purchase.</b></p>	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
	<p><b>Prior to placement.</b></p>	PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

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- All services subject to member eligibility and benefit coverage.
  - Clinical criteria determined by product.
  - No authorization is needed for Orthotics and Prosthetics.
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Services	Prior Authorization Requirements *	Products	Approval Authority
Home Health Care <ul style="list-style-type: none"> <li>• Skilled Nursing Care</li> <li>• Home Health Aides (HHA)</li> </ul> <p><b>All services, beginning with the first visits and all subsequent visits must meet medical necessity and coverage criteria for the product.</b></p>	Prior to 9 <sup>th</sup> date of service in a calendar year.	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare
Services	Prior Authorization Requirements *	Products	Approval Authority
Long –Term Acute Care (LTAC)	<u>Within 24 hours of admission</u>	MSHO	UCare
		MSC+ **	UCare
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare
		MnCare	UCare
		<i>UCare for Seniors MN</i>	UCare
		<i>UCare for Seniors WI</i>	UCare
Services	Prior Authorization Requirements *	Products	Approval Authority
Non-Contracted Provider  Provider not contracted with UCare (excludes waiver services).  For non-contracted behavior health requests, please refer to the Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services.	Prior to Service	MSHO	MMSI, UCare for all others
		MSC+ **	UCare, MMSI
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

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  - 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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Services	Prior Authorization Requirements *	Products	Approval Authority
Personal Care Assistant (PCA)  An in-person assessment conducted by a UCare contracted agency is required before a determination can be made to approve services.	Prior to Service	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	<b>Contact member's county case manager</b>
		PMAP	UCare, MMSI
		MnCare (M1-only)	UCare, MMSI
		<i>UCare for Seniors</i> MN	<b>Not a covered benefit</b>
		<i>UCare for Seniors</i> WI	<b>Not a covered benefit</b>

Services	Prior Authorization Requirements *	Products	Approval Authority
Prescription Drugs	When prescribed go to: <a href="http://www.ucare.org/providers/Pages/Formularies.aspx">http://www.ucare.org/providers/Pages/Formularies.aspx</a> for a list of drugs that require prior authorizations.	MSHO	Contact Express Scripts for all products
		MSC+ **	
		SNBC ( <i>UCare Connect</i> ) **	
		PMAP	
		MnCare (M1-only)	
		<i>UCare for Seniors</i> MN	
		<i>UCare for Seniors</i> WI	

Services	Prior Authorization Requirements *	Products	Approval Authority
Private Duty Nursing  Must be received through a Medicare certified home health agency.  <b>All services, beginning with the first visit and all subsequent visits must meet medical necessity and coverage criteria for the product.</b>	Prior to 9 <sup>th</sup> date of service in a calendar year for all products.	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	<b>Contact member's county case manager</b>
		PMAP	UCare, MMSI
		MnCare (M1-only)	UCare, MMSI ( <b>May not be covered</b> )
		<i>UCare for Seniors</i> MN	<b>Not a covered benefit</b>
		<i>UCare for Seniors</i> WI	<b>Not a covered benefit</b>

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  - Clinical criteria determined by product.
  - No authorization is needed for Orthotics and Prosthetics.
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Services	Prior Authorization Requirements *	Products	Approval Authority
Radiofrequency Ablation (Percutaneous) for Facet Medicated Neck and Back Pain	Prior to Service	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors</i> MN	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors</i> WI	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
Skilled Nursing Facility and Medicare Swing Bed Admissions	Within 1 business day of admission to facility and upon request.	MSHO	Fairview Partners, MMSI, UCare for all others
		MSC+ **	<b>Contact DHS</b>
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	<b>Contact DHS</b>
		MnCare	<b>Contact DHS</b>
		<i>UCare for Seniors</i> MN	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors</i> WI	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
Specialty Medications	Refer to the list of specialty medications that require prior authorization: <a href="http://www.ucare.org/providers/Pages/Formularies.aspx">http://www.ucare.org/providers/Pages/Formularies.aspx</a>	MSHO	Contact Express Scripts for <b>all</b> products.
		MSC+ **	
		SNBC ( <i>UCare Connect</i> ) **	
		PMAP	
		MnCare	
		<i>UCare for Seniors</i> MN	
		<i>UCare for Seniors</i> WI	

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Services	Prior Authorization Requirements *	Products	Approval Authority
Spinal cord stimulation	Prior to Service	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare
Services	Prior Authorization Requirements *	Products	Approval Authority
Therapies in outpatient or home setting:  PT – Physical Therapy OT – Occupational Therapy ST – Speech Therapy	Prior to 4 <sup>th</sup> date of service in a calendar year for all products	MSHO	Contact HSM for <b>ALL</b> products.
		MSC+ **	
		SNBC ( <i>UCare Connect</i> ) **	
		PMAP	
		MnCare	
		<i>UCare for Seniors MN</i>	
		<i>UCare for Seniors WI</i>	
Services	Prior Authorization Requirements *	Products	Approval Authority
Transplant Type: <ul style="list-style-type: none"> <li>• Lung</li> <li>• Liver</li> <li>• Heart</li> <li>• Kidney,</li> <li>• Bone Marrow</li> <li>• Stem Cells</li> <li>• Pancreas</li> <li>• Heart-Lung</li> </ul>	For a Medicare approved transplant and at a UCare contracted facility: contact UCare within 24 hours of inpatient hospital admission.	MSHO	Contact UCare for <b>all</b> products prior to transplant evaluation. Notification <u>is also required</u> at time of facility admission.
		MSC+ **	
		SNBC ( <i>UCare Connect</i> ) **	
	For a non-Medicare approved transplant and/or at a non-contracted facility: contact UCare prior to referral to a provider or center.	PMAP	
		MnCare	
		<i>UCare for Seniors MN</i>	
		<i>UCare for Seniors WI</i>	

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## UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
<p><b>RENTAL - Wheelchair &amp; Wheelchair Accessories</b></p> <p>All manual and power wheelchairs (standard and complex rehab) including separately payable accessories require prior authorization.</p> <p><b>Repair/replacement of rental accessories on rental equipment is <i>not</i> covered – it is a provider responsibility.</b></p>	<p>Prior to 5<sup>th</sup> month of <b><u>rental</u></b></p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p>	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors WI</i>	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
<p><b>PURCHASE - Wheelchair &amp; Wheelchair Accessories</b></p> <p>All manual and power wheelchairs (standard and complex rehab) including separately payable accessories require prior authorization.</p> <p>NOTE: Wheelchair repair, including replacement of accessories, requires prior authorization. Must include repair/replacement modifiers.</p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p>	<p>Prior to <b><u>purchase</u></b></p>	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors MN</i>	Aspen, MMSI, UCare for all others
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## UCare 2012 Notification Grid

Services	Notification Requirements	Products	Approval Authority
Inpatient Behavioral Health Admission	Within 24 hours of admission.	MSHO	BHP, MMSI
		MSC+ **	BHP, MMSI
		SNBC ( <i>UCare Connect</i> ) **	BHP, MMSI
		PMAP	BHP, MMSI
		MnCare (M-3 Contact DHS)	BHP, MMSI
		<i>UCare for Seniors</i> MN	BHP, MMSI
		<i>UCare for Seniors</i> WI	BHP, MMSI

Services	Notification Requirements	Products	Approval Authority
Inpatient Medical/Surgical Admission	Within 24 hours of admission	MSHO	UCare, MMSI
		MSC+ **	UCare, MMSI
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare (M-3 Contact DHS)	UCare, MMSI
		<i>UCare for Seniors</i> MN	UCare, MMSI
		<i>UCare for Seniors</i> WI	UCare, MMSI

Services	Notification Requirements	Products	Approval Authority
Nursing Facility (NF) Admit  (Custodial Care at a Nursing Facility)	Within 1 business day of admission to facility and upon change in care level.	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC ( <i>UCare Connect</i> ) **	UCare, MMSI
		PMAP	UCare, MMSI
		MnCare	UCare, MMSI
		<i>UCare for Seniors</i> MN	<b>Not a covered benefit</b>
		<i>UCare for Seniors</i> WI	<b>Not a covered benefit</b>

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**UCare  
Authorization Grid**

**Authorization/Notification Contact List**

Care System	Phone	Fax
Aspen Medical Group	612-262-1511	612- 262-0948
Behavioral Healthcare Providers (BHP)	763-525-9919	763-486-4435
ChiroCare	888-638-7719	800-599-8350
DentaQuest	800-341-8478	262-241-7150
Express Scripts, Inc.	877-558-7521 (for Medicare) 877-558-7523 (for Medicaid)	877-837-5922 (for Medicare) 800-357-9577 (for Medicaid)
Fairview Partners	952-914-1720	952-914-1731
Health Services Management, Inc. (HSM)	651-287-4705 1-888-660-4705 (toll free)	651-287-4737 or 1-855-390-4737 (toll free)
MMSI	800-645-6296	888-889-7822
UCare Clinical Services	612-676-6705 877-447-4384 (toll free)	612-884-2499 866-610-7215

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