

Chapter 9: Utilization Review

Utilization Review

Utilization review is a formal evaluation of the medical necessity, appropriateness, and efficacy of the use of health care services, procedures, and facilities. Reviews are completed, by a person or entity other than the attending health care professional to determine the medical necessity of the service or admission.

It also includes reviews conducted after the admission of the member. It includes situations where the member is unconscious or otherwise unable to provide advance notification. Utilization review may be conducted prior to service (pre-service), or concurrent or retrospective (post-service). UCare follows the standards set forth in Minnesota state statute or contract as applicable.

Notification is required from providers for certain high-cost or high-utilization services. Services requiring notification are listed in the [Authorization and Notification Grid](#). The provider must inform UCare upon providing those services to a member. Prior authorization is not required for members to access participating providers for services not on the prior authorization list.

Delegation of Utilization Management (UM) activities occurs when UCare contracts with an external organization (“delegated entity”) to perform specific UM functions such as utilization review for specified geographic populations, certain products, or specific services. The contract between UCare and the delegated entity is called a delegation agreement. This agreement is mutually agreed upon, and describes the delegated functions or activities, and the specific responsibilities, of both parties to the agreement.

[Authorization and Notification Grid](#)

[Durable Medical Equipment](#)

[Home Care Services](#)

[Personal Care Attendant \(PCA\) Services](#)

[Denials](#)

UR Communication Form

The [UR Communication Form](#) can be used for communicating PCA and Home Health Care Services requests and changes to UCare. The form can be used to request the start, extension, reduction, or termination of services. This form is not to be used to initiate medical services such as home health aide and skilled nursing visits. Those requests must

come to UCare from the home care agency. It is appropriate to use this form to communicate requests to reduce or terminate home care services that are discovered to be duplicative, cause the waiver budget cap to be exceeded or that the member is refusing. Use the form to communicate authorization of extended home care services (extended PCA, extended HHA, extended Private Duty Nursing etc.)

Service Authorization and Referral Forms

[PCA Assessment Request Form](#)

[Benefit Exception Request Form](#)

[Clinical Services Prior Authorization Request Form](#)

Non-Product Specific Forms

[Type of Service Codes](#)

[Reason Codes](#)

[Reason Codes with Usage Examples](#)

[Denial Notices – General Information](#)

[Denial Forms Grid by Product](#)

[DTR Reason Decision Tree](#)

[DTR Service Decision Tree](#)

[Location Codes](#)

Service Logs

[Dual Special Needs Plans NOMNC/DENC Denial Log](#)

[Medicare Advantage NOMNC/DENC Denial Log](#)

[Universal Service Approval Log](#)

[Universal Service Denial Log](#)

Other

[Waiver Service Approval Form](#)

[List of Pended EW Codes Without a Fee Attached](#)