

Chapter 5

Prior Authorization and Notification

Overview

This chapter provides information regarding authorization and notification requirements for UCare. It also provides information on what is needed when a service is denied.

Please note: All services must meet medical necessity and coverage criteria for the specific product. This includes skilled nursing visits and physical, occupational, and speech therapies beginning with the first visit and all subsequent visits.

This Chapter Includes:

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- All Programs
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Who to Contact

Definitions of Terms

Approval Authority is UCare or an organization delegated by UCare to approve or deny prior authorization requests.

Prior Authorization is an approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary, an eligible expense and that appropriate, less expensive alternatives have been considered.

Referral is the verbal or written direction from a member's Primary Care Clinic (PCP) or Clinic to see another provider. Referrals to UCare non-network providers require a Prior Authorization by UCare or an approved authorizing entity.

Notification is the process of informing UCare of a specific medical treatment or service involving a member prior to or within a specified time period of the treatment or service.

Standing Referral is when a member requests and, if appropriate, receives approval by UCare to see a non-network provider to avoid an undue hardship. A Standing Referral may be for a specific period of time dependent on the circumstances of the case or until transition is made to a participating provider.

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General Guidelines

Minnesota Health Care Programs

UCare follows a primary care model. Member's may choose or are assigned to a Plan network doctor or clinic upon enrollment with UCare. This is the member's Primary Care Clinic. However, members may access other UCare contracted providers without a referral from their primary care clinic.

Some services require an authorization or notification and these services are listed on the applicable Authorization and Notification Grid, which is included in this chapter.

If a member needs a service or procedure listed on the Authorization and Notification Grid, a prior authorization or notification is required from the approval authority listed on the applicable Authorization and Notification Grid. To locate the phone or fax number of the approval authority, please see the "Who to Contact" at the end of this chapter.

UCare does not require a referral for members to see participating specialists. Members do not need a standing referral to directly access medically necessary specialty care that is included in their benefit plan.

If there are no participating providers within a reasonable distance of the member's home or an "undue" hardship exists for the member to change providers during the course of treatment, a standing referral (authorization) may be approved by UCare or its designated approval authority.

Examples might include geographic access issues or unique cultural or language needs not available from UCare's network of providers. A standing referral must be provided in those rare situations where specialty care is not available within the UCare network. Standing referrals are granted by UCare or the designated approving authority.

Medicare Programs

UCare Senior Select members do not need a referral from their primary care physician for services on the prior authorization list provided by participating providers. However, for most services they must use a *UCare Senior Select* network provider to receive the highest level of benefits.

UCare for Seniors members must choose a primary care clinic. The primary care clinic works to coordinate and provide services. The exception is when the member chooses to use their Point-of-Service Benefit for certain services (refer to Chapter 21 of this manual).

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What Services Require Prior Authorization, or Notification?

UCare strives to minimize the administrative requirements on members and providers in obtaining needed care. However, there are services and procedures where UCare requires oversight through prior authorizations or notifications. In general, oversight is used for:

- Services for which lower-cost tests or treatments with comparable safety and effectiveness exist.
- Services or procedures that have accepted indications for limited usage.
- Services that are often overused or inappropriately used.
- Services or procedures that are listed as “not-covered” in the Evidence of Coverage, but there are unique situations where the provider considers the service medically necessary.

UCare uses grids to detail what services require prior authorizations or notification. The grids indicate the approving authority that makes determinations regarding authorizations or notifications. If the medically necessary service or procedure is not listed on the grid, and it is a covered benefit, then prior authorization or notification is not required.

Please note: All services must meet medical necessity and coverage criteria for the specific product. This includes skilled nursing visits and physical, occupational, and speech therapies beginning with the first visit and all subsequent visits.

The grids reference the following UCare products:

- Minnesota Senior Health Options (MSHO).
- Prepaid Medical Assistance Program (PMAP).
- Minnesota Senior Care Plus (MSC+)
- MinnesotaCare (MnCare).
- Medicare Advantage (*UCare for Seniors*).
- Special Needs Basic Care (SNBC-*UCare Connect*).
- Mental Health and Chemical Dependency Services (all products).

Note: UCare has responsibility for approving non-participating provider (out-of-network/out of area) authorization and benefit exception requests for all products. Exceptions to this are listed below:

- Waiver services do not require out-of-network prior authorization.
- MMSI may authorize non-participating providers.
- Point of Service for *UCare for Seniors* do not require prior authorization for services received out of network, except for those services and procedures listed in the grids that require prior authorization.
- Urgent and emergency care.

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How Do I Submit the Prior Authorization or Notification Documentation?

Submit authorization requests in writing with the below information to the approval authority:

- Member demographics including name and UCare ID #.
- Detail of requested services and rationale
- Past medical history and treatment pertinent to the request.
- Photographs/X-rays where appropriate.
- Pertinent primary care clinic and/or specialist notes.
- Proposed date of service, provider, and location.
- Requestor name, title, and contact information.

Authorization requests must be received by UCare at least 14 calendar days /10 business days prior to the start of service, procedure or purchase for non-urgent conditions. Upon receipt of all medically necessary information, UCare will provide a determination and written response within 14 calendar days /10 business days, also known as the 'standard review timeframe.

If a request is lacking the supporting documentation for the approval authority to complete the review, the approval authority will attempt via telephone or fax to contact the provider to request the missing information. The request for lack of information will be attempted prior to the completion of the determination.

If application of the standard review time would potentially jeopardize the member's health, life or ability to regain function, the primary care provider or attending health care professional may request an 'expedited review'. UCare will make a determination within 72 hours of the request. Expedited reviews are not for benefit exceptions or services already obtained (retrospective requests). **NOTE: Urgent or emergency care does not require authorization.**

Fax requests to: UCare
Attn: Clinical Services
612-884-2499 or 1-866-610-7215

Mail to: UCare
Attn: Clinical Services
P.O. Box 52
Minneapolis, MN 55440-0052

- Services requiring notification to UCare or its approval authority are listed in the grids contained in this chapter. Instructions for submitting Hospital Notification are in [Chapter 10](#).
- Instructions for submitting Nursing Home Admission Form are in [Chapter 7](#).

- Transplant Notification: Call upon inpatient admission to 612-676-6705 or toll free at 1-877-447-4384.
- Hospice Notification. *Hospice notifications go through Member Services and Enrollment. Please refer to the Notification Grid section.*

Decision Making on Authorization Requests

To make authorization decisions, UCare or its delegates, use written medical necessity review criteria based on clinical evidence. The criteria used to evaluate an individual case are available upon request for your review. Additionally, you may speak to the UCare Medical Director or delegated approval authority Medical Director who considered your request.

Authorization decisions are based only on appropriateness of care, service and a member's coverage. Prior authorization decisions do not constitute the practice of medicine and UCare does not reward providers or other individuals for issuing denials of coverage or services. Additionally, UCare does not encourage decisions through financial or other means that results in under utilization of services.

Approval of an authorization request does not guarantee payment. Reimbursement is subject to the member's eligibility status at the time of the service and benefit documents.

Resources to help in determining coverage of services are contained in [Chapter 23](#).

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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</i> MN	Aspen, MMSI UCare for all others
		<i>UCare for Seniors</i> WI	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
<ul style="list-style-type: none"> • Back (Spine) Surgery Percutaneous vertebroplasty / kyphoplasty • Spinal fusion – lumbar only 	Prior to Service Excludes: <ul style="list-style-type: none"> • Emergency surgery for trauma • Acute transverse myelopathy • Tumors 	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

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.**

UCare 2012 Authorization Grid

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</i> MN	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors</i> WI	UCare

Services	Prior Authorization Requirements *	Products	Approval Authority
Behavioral Health & Chemical Dependency Outpatient Visits Court ordered services do not require authorization.	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

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.

UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
Chiropractic Services	Varies by provider and product.	MSHO	Contact ChiroCare for information regarding all necessary authorizations. www.chirocare.com/pages/doctors
		<i>UCare for Seniors MN</i>	
		<i>UCare for Seniors WI</i>	
	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.	PMAP	
		MnCare	
		MSC + **	
		<i>UCare Connect</i>	

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.

UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
Cosmetic or Reconstructive Procedure including, but not limited to: <ul style="list-style-type: none"> • Blepharoplasty / Ptosis Repair • Mammoplasty • Skin peel (s) • Salabrasion • Tattooing or removal of tattoo • Removal of breast implant(s) • Breast reduction surgery • Elective procedure to change contours of the body • Rhinoplasty • Panniculectomy / Abdominoplasty 	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

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.**

UCare 2012 Authorization Grid

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

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.**

UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
<p>RENTAL - 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>Authorizing entity reserves the right to determine rental vs. purchase.</p> <p>Repair/replacement of rental accessories on rental equipment is <i>not</i> covered – it is provider responsibility.</p>	<p>Prior to 5th month of rental</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Oxygen (equipment only) • Insulin pumps • Ventilators • Nebulizers • Enteral Feeding Pumps 	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

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.

UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
<p>PURCHASE - 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>ALL DME items over \$1,000 require prior authorization</p> <p>Authorizing entity reserves the right to determine rental vs. purchase.</p>	<p>Prior to purchase</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Oxygen (contents only) • Baclofen pumps • Cutaneous nerve stimulators (TENS) • Insulin pumps • Enteral Feeding Pumps <p>MUST prior authorize the following:</p> <ul style="list-style-type: none"> • Glucose Monitoring Systems (Real time and Continuous Glucose Monitoring) • Alternatives/disposable insulin delivery systems 	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.

UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
External Electrical bone growth stimulators. Implantable Electrical bone growth stimulators.	Prior to purchase.	MSHO	MMSI, UCare for all others
		MSC+ **	MMSI, UCare for all others
		SNBC (<i>UCare Connect</i>) **	UCare, MMSI
	Prior to placement.	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
Home Health Care <ul style="list-style-type: none"> • Skilled Nursing Care • Home Health Aides (HHA) All services, beginning with the first visits and all subsequent visits must meet medical necessity and coverage criteria for the product.	Prior to 9 th 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</i> MN	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors</i> WI	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.

UCare 2012 Authorization Grid

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

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.

UCare 2012 Authorization Grid

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>) **	Contact member's county case manager
		PMAP	UCare, MMSI
		MnCare (M1-only)	UCare, MMSI
		<i>UCare for Seniors</i> MN	Not a covered benefit
		<i>UCare for Seniors</i> WI	Not a covered benefit

Services	Prior Authorization Requirements *	Products	Approval Authority
Prescription Drugs	When prescribed go to: http://www.ucare.org/providers/Pages/Formularies.aspx 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	

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.

UCare 2012 Authorization Grid

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

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

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.

UCare 2012 Authorization Grid

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+ **	Contact DHS
		SNBC (<i>UCare Connect</i>) **	UCare, MMSI
		PMAP	Contact DHS
		MnCare	Contact DHS
		<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: http://www.ucare.org/providers/Pages/Formularies.aspx	MSHO	Contact Express Scripts for all products.
		MSC+ **	
		SNBC (<i>UCare Connect</i>) **	
		PMAP	
		MnCare	
		<i>UCare for Seniors</i> MN	
		<i>UCare for Seniors</i> WI	

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.**

UCare 2012 Authorization Grid

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</i> MN	Aspen, MMSI, UCare for all others
		<i>UCare for Seniors</i> WI	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 th date of service in a calendar year for all products	MSHO	Contact HSM for ALL 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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*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.**

UCare 2012 Authorization Grid

Services	Prior Authorization Requirements *	Products	Approval Authority
Transplant Type: <ul style="list-style-type: none"> • Lung • Liver • Heart • Kidney, • Bone Marrow • Stem Cells • Pancreas • Heart-Lung 	For a Medicare approved transplant and at a UCare contracted facility: contact UCare within 24 hours of inpatient hospital admission.	MSHO	Contact UCare for all 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</i> MN	
		<i>UCare for Seniors</i> WI	

Services	Prior Authorization Requirements *	Products	Approval Authority
RENTAL - Wheelchair & Wheelchair Accessories All manual and power wheelchairs (standard and complex rehab) including separately payable accessories require prior authorization. Repair/replacement of rental accessories on rental equipment	Prior to 5 th month of <u>rental</u> Authorizing entity reserves the right to determine rental vs. purchase.	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

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.

UCare 2012 Authorization Grid

is not covered – it is a provider responsibility.			
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Services	Prior Authorization Requirements *	Products	Approval Authority
<p>PURCHASE - Wheelchair & Wheelchair Accessories</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>	Prior to <u>purchase</u>	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

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**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.

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	Not a covered benefit
		<i>UCare for Seniors</i> WI	Not a covered benefit

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- **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.

**UCare
2012 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 800-361-0491	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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UCare
2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
Diagnostic Assessment (for State Public Program Members)				2 Sessions of 90801 (excluding Extended).	Yes	Yes
Four Levels				For definitions of service levels, please refer to: http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_162553.pdf		
Brief	90801 with 52 modifier	No	No			
Standard	90801 with no modifier	No	No			
Adult Update	90801 with TS modifier	No	No			
Extended	90801 with TG modifier	Yes	No			
Diagnostic Assessment (for Medicare Members)	90801	No	No	2 Sessions of 90801	Yes	Yes
Psychotherapy*						
Individual (<i>non HK modifier</i>)	90804 – 90809 90816 – 90829	No	No	20 Units of any combination of 90804-90829, except for 90810 through 90815.	Yes	Yes
Family (<i>non HK modifier</i>)	90846 - 90849	No	No	26 Sessions, cumulative, of any combination of 90846-90849.		
Group (<i>non HK modifier</i>)	90853	No	No	52 Sessions of 90853.		

*Includes UA modifier.

For State Public Programs, any services provided by non-network providers need pre-notification. For Medicare Advantage members using Point-of-Service, follow the grid.

Court ordered mental health services do not require authorization or a separate medical necessity review.

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.

For Calendar Year Threshold Units not listed above, contact BHP (763.525.9919 or 1.800.361.0491) or MMSI (1.800.645.6296) for additional information.

UCare
2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
Psychological Testing	96101 96102	No	No	4 Units of any combination of 96101-96102.	Yes	Yes
	96103	No	No	1 Unit of 96103.		
Medication Management	90862	No	No	12 Units of 90862.	Yes	Yes
Brief Office Visit for Monitoring or Changing Drug Prescriptions	M0064	No	No	N/A	N/A	Yes
Evaluation and Management Codes performed by physician, clinical nurse specialist, or nurse practitioner	99210-99285	No	No	N/A	N/A	Yes
Crisis Assessment Children's Crisis Response Crisis Stabilization Crisis Intervention Mobile	S9484 S9484	No No No No	No No No No	N/A	N/A	No
Interactive Procedures	90802 (All levels) 90810 90811 90812 90814 90815 90857	Yes	No	N/A	N/A	Yes
Electroconvulsive Therapy	90870	No	No	N/A	N/A	Yes

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UCare
2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
Biofeedback	90875	Yes- up to 1	No	N/A	N/A	Yes
Explanation of Findings	90887	No	No	Authorization is required to exceed 2 sessions per calendar year. Maximum of 4 sessions per calendar year.	Yes	No
Neuropsychological Testing	96118 96119 96120	Yes- up to 8 units in any combination	No		Yes	Yes
Certain CTSS Services						
Children's Day Treatment provided under CTSS (pending Administrative Uniformity Committee approval)	H2012 with UA Modifier	Yes	No	N/A	N/A	No
Skills Training	H2014	No	No	400 Units of any combination of H2014, H2019, and H2015.	Yes	No
Therapeutic Behavioral Services	H2019 with UA modifier	No	No		Yes	No
Community Support Services	H2015 with UA modifier	No	No		Yes	No
Adult Day Treatment	H2012	Yes	No	N/A	Yes	No
Cognitive Remediation	H2012					No

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UCare

2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
Health and Behavior Assessment/Intervention (under physician order)	96150-96154	No	No	N/A	N/A	Yes
Neuropsychological Rehab.	97535	Yes	No			Yes
Partial Hospitalization	H0035 for State Public Programs. Revenue Codes for Medicare.	Yes	No			Yes
ARMHS Psychosocial Rehab. Community Intervention Medication Education	H2017 90882 H0034	No	No	Authorization is required for more than 300 hours per calendar year combined total of H2017, H2017 HM and H2017 HQ. Authorization is required for more than 10 hours per month or 72 hours per calendar year for 90882. Authorization is required for more than 26 hours per calendar year of H0034 and 26 hours per calendar year of H0034 HQ	Yes	No

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UCare
2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
ACT	H0040	Yes – up to 365 days	No	N/A	Yes	No
IRTS	H0019	Yes - up to 90 days	No	N/A	Yes	No
Children’s Residential Treatment (Mental Health)	Revenue Codes 090X to 091X	No	Yes - up to 30 days	N/A	Yes	No
Mental Health Targeted Case Management	T2023/T1017	Yes- up to 6 months.	No	N/A	Yes	No
Crisis Residential	H0018	Yes- up to 10 days		N/A.	Yes	No
Intensive Outpatient for Dialectical Behavior Therapy	H2019 with U1 modifier or U1/HQ modifiers	No	Yes- up to 26 hours (104 units) of individual DBT therapy per six months: up to 78 hours (312 units) of group DBT skills training per six months	Up to 26 hours (104 units) of individual DBT therapy per six months; Up to 78 hours (312 units) of group DBT skills training per six months.	Yes	No
Certified Peer Specialist	H0038	No	No	After 300 hours per member per year.	Yes	No
Chemical Dependency Assessments	Codes vary by payer.	Yes, with receipt of full Rule 25 Assessment.	No	Contact BHP or MMSI for more information.		Yes

For State Public Programs, any services provided by non-network providers need pre-notification. For Medicare Advantage members using Point-of-Service, follow the grid.

Court ordered mental health services do not require authorization or a separate medical necessity review.

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.

For Calendar Year Threshold Units not listed above, contact BHP (763.525.9919 or 1.800.361.0491) or MMSI (1.800.645.6296) for additional information.

UCare

2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
Chemical Dependency Outpatient	Codes vary by payer.	Yes	No	Contact BHP or MMSI for more information.		
Methadone Maintenance	H0020	Yes, with receipt of full Rule 25 Assessment-up to 60 days	No		Yes	No
Chemical Dependency Residential	Coverage and Codes vary by payer.	Yes, within 24 hours of admission.	No	Contact BHP or MMSI for more information.	N/A	Follow Medicare guidelines.
Inpatient Mental Health Admissions		Yes, within 24 hours of admission.	No	Contact BHP or MMSI for more information.	N/A	Yes
Inpatient Chemical Dependency Admissions		Yes, within 24 hours of admission.	No	Contact BHP or MMSI for more information.	N/A	Yes

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