

The following services require authorization from or notification to Hennepin Health.

Please note the following important information regarding prior authorization requests:

- **All out of network services require authorization with exceptions, see detail below for specifications.**
- All services are subject to member eligibility and benefit coverage.
- Hennepin Health review timeline for non-urgent authorization requests is 10 business days.
- If there is a primary coverage including Medicare, please submit claims to primary care provider first for all eligible or covered services or equipment. Primary care and Medicare coverage can be confirmed by checking the Minnesota [DHS MN-ITS site](#).
- Hennepin Health reserves the right to review and verify medical necessity for all services.
- For services that require authorization, failing to obtain the service authorization request form in advance of delivering the service may result in a denied claim.
- If you have a denied claim, please reach out to Hennepin Health's Provider Service team for questions or information at 612-596-1036.
- Hennepin Health admission notification and service authorization request forms are located on our website at [Prior authorization | Hennepin Health](#).
- All Restricted Recipient program related forms and inquiries should be faxed to 612-288-2837

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Admissions	<ul style="list-style-type: none"> • Acute Medical/Surgical • Acute Psychiatric • Community Behavioral Health Hospitals (CBHH) 	Notify Hennepin Health within 1 business day of member admission	See additional comments	<ul style="list-style-type: none"> • Acute Medical/Surgical admission prior authorization requirement: <ul style="list-style-type: none"> - In network facility admission on day 11 - Out of network facility admission on day 1 • Acute Psychiatric admission prior authorization requirement: <ul style="list-style-type: none"> - Any facility in the state of MN admission on day 11 - Out of State facility admission on day 1 • CBHH Facility- prior authorization not required. Facilities must be enrolled as a MHCP provider and certified as CBHH
	Acute Inpatient Rehab		Prior authorization	Fax an Inpatient Admissions Notification form
	Intensive Residential Treatment Services (IRTS)	Notify Hennepin Health within 1 business day of member admission	Authorization is required after 90 days	All days beyond the initial 90 days requires authorization
	Long Term Acute Care (LTAC)		Prior authorization	Fax an Inpatient Admissions Notification form

	Psychiatric Residential Treatment Facility (PRTF)	Notify Hennepin Health within 1 business day of member admission	Authorization is required after 90 days	Fax an Inpatient Admissions Notification form along with DHS-7666 form
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Prior Authorization Requirements for Medical and Behavioral Health Services: *September 2025*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
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Ancillary Services	Acupuncture		Authorization is required for more than 40 units per calendar year	1 unit = 15 minutes of service.
	Chiropractic Care		Authorization is required for more than 24 visits per calendar year	All covered chiropractic services provided on the same date = 1 visit.
Automatic External Defibrillator	Automatic External Defibrillator (e.g. Life Vest)		Prior authorization	
Behavioral Health	Partial Hospitalization Program (PHP)	Notify Hennepin Health within 1 business day of member admission	Authorization is required after day 21	Members may receive up to 21 days of partial hospitalization without authorization. Providers must follow Medicare guidelines for partial hospitalization program content, physician certification requirements, and documentation.
	Mental Health Diagnostic Assessments (Standard Assessments only)		Authorization is required for more than 2 standard diagnostic assessments in a calendar year	CPT: 90791 / 90792 (excluding modifier Q2)
	Substance Use Disorder (SUD) Treatment*: <ul style="list-style-type: none">Hospital basedResidentialOutpatient individualOutpatient group	Fax all SUD treatment assessments and prior authorization requests to Hennepin County Addiction and Recovery Services Clinical Review Team at 612-466-9546.*	See Additional Comments	<ul style="list-style-type: none"> Hospital based: Authorization required after day 18. Revenue Code 0101* Residential: Authorization required after 60 units; HCHP code H2036* Outpatient individual: Authorization required after 30 units. HCPC code H2035* Outpatient group: Authorization required after 300 units. HCPC code H2035 HQ*

*denotes authorization change effective 9.1.25

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CAR T-cell Therapy	CAR T-cell Therapy		Prior Authorization	Codes requiring authorization include: 0537T 0538T 0539T 0540T 38225 38226 38227 38228 C9399 Q2043
Chemotherapy: Off label	Off label, IV chemotherapy administered in a clinic or home setting		Prior authorization	Off label use only
Clinical Trials	Qualifying clinical trials		Prior authorization	
Durable Medical Equipment, Prosthetics, Orthotics & Supplies	Bone Growth Stimulators		Prior authorization	
	Durable Medical Equipment and prosthetics, orthotics, greater than \$5,000		Prior authorization	Total purchase price when purchase amount equals or exceeds \$5,000
	Wheelchairs, and Wheelchair repairs		Prior authorization	Total purchase or repair cost when amount equals or exceeds \$3,000 per item. For wheelchair repair requests include the cost of the original wheelchair
	Medical Supplies greater than \$3,000		Prior authorization	Total billed amount is equal to or greater than \$3,000 Examples include: Enteral nutrition & supplies
	Negative pressure wound therapy (i.e. Wound Vacs)		Prior authorization	
	Scalp hair prostheses (wigs)		Prior authorization	Scalp hair prostheses are covered if they are prescribed by a medical professional and for diagnoses of cancer and alopecia. Scalp hair prostheses are not covered if they are not medically necessary and/or are requested for cosmetic reasons.

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	Unlisted DME codes greater than \$250		Prior authorization	Includes HCPC codes E1399 and K0108
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Early Intensive Developmental and Behavioral Intervention (EIDBI)	See authorization requirements detail under the Additional Comments section		Prior authorization	CPT/HCPC codes requiring authorization include: <ul style="list-style-type: none"> • Intervention – Individual: Adaptive Behavior (97153UB) • Intervention – Group: Adaptive Behavior (97154UB) • Intervention – Higher Intensity: Adaptive Behavior (0373T) • Intervention – Individual: Observation and Direction (97155UB) • Family or Caregiver Training and Counseling – Individual (97156UB) • Family or Caregiver Training and Counseling – Group (97157UB) • Travel Time (H0046UB)
Genetic Testing	Genetic Tests and Gene Panels		Prior authorization	Examples include, but not limited to: <ul style="list-style-type: none"> • BRCA1/BRCA2 • mRNA (prostate cancer, ovarian cancer, breast cancer, colon cancer, etc.) • Genomic sequence analysis panels (colon cancer, breast cancer, ovarian cancer, etc.) • Genomic sequence analysis panels for aortic dysfunction, cardiac ion channelopathies, neuroendocrine tumor disorders, hereditary • cardiomyopathy

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Home Health	Home Infusion Therapy		Prior authorization	Includes medication, supplies, and skilled nursing visits
	Home Health Aide		Prior authorization	For SNBC members <u>with a Waiver</u>: Home care agencies should contact the Waiver CM before submitting an authorization request to Hennepin Health
	Skilled Nurse Visits (SNV)		<p>PMAP: authorization is required for more than 9 visits in a calendar year</p> <p>SNBC: See Additional Comments</p>	<p>SNBC members <u>with Waiver</u>: The Waiver CM will communicate home care recommendations to Hennepin Health via a 5841 form. Hennepin Health will contact the home care agency for treatment plan and authorization.</p> <p>SNBC members <u>without a Waiver</u>: Authorization is required for more than 9 visits in a calendar year.</p>
Housing Stabilization Support	<ul style="list-style-type: none"> • Consultation Services • Transition Services • Sustaining Services • Moving Expenses 		Prior authorization	<p>Housing Stabilization codes include:</p> <ul style="list-style-type: none"> • T2024 U8 • H2015 U8 • H2015 TS U8 • T2038 U8

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Injections/Drugs Administered in a Physician Office/Clinic or Outpatient Setting*	Drugs/injections administered in a physician office/clinic or outpatient setting		<p>Prior authorization (Specific drugs requiring prior authorization are listed in the Additional Comments column to the right)</p> <p>Note: Associated administration codes should be requested along with the medication code describing the medication</p>	Orencia J0129 Benlysta J0490 Botox J0585 Dysport J0586 Myobloc J0587 Xeomin J0588 Remicade J1745, Q5103, Q5104, Q5109, Q5121 Cimzia J0717 Tremfya J1628 Skyrizi J2327 Actemra J3262 Nucala J2182 Tysabri J2323 Ocrevus J2350 Xolair J2357 Krystexxa J2507 Stelara J3357 SQ J3358 Stelara IV J3380 Entyvio J3590 and C9399 Avastin J9035, C9257, Q5107, Q5118 Lucentis J2778 Imfinzi J9173 Keytruda J9271 Opdivo J9299 Alimta J9305 Rituxan J9312, J9311, Q5115, Q5119, Q5123
			Prior authorization	HCPC code: S0013, G2082, G2083
			Prior authorization	HCPC/CPT codes: J3490, 96365
			Prior authorization	
			Prior authorization	HCPC codes: J3490, J9999 and C9399

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Prior Authorization Requirements for Medical and Behavioral Health Services: *September 2025*

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Optical Services	Eyeglasses and Frames		No, unless limits are exceeded-see additional comments	<p>Out of Network services will be covered for Emergency or Urgent Care Services only.</p> <p>Limit of one pair of eyeglasses per calendar year, unless there is a change to prescription, or pair is lost or broken.</p> <p>Eyeglass repairs will be paid by Hennepin Health when not covered under warranty. This includes eyeglasses not purchased through Hennepin Health if the eyeglasses are medically necessary and the repair is cost effective. *</p> <p>Eyeglass replacements will be covered if they are medically necessary. *</p>
	Disposable contact lens		See additional comments	<p><u>Authorization not required:</u> Contact lenses are covered without authorization if prescribed for the diagnosis of aphakia, keratoconus, or aniseikonia. Contact lenses proscribed as bandage lenses are also covered without authorization.</p> <p><u>Authorization required:</u> All other diagnoses or conditions not mentioned above require authorization for contact lens services and supplies.</p>
Recuperative Care	Medical care and support services for members who are unable to recover from physical illness when living in a shelter or otherwise unhoused	Notify Hennepin Health prior to member admission (use Recuperative Care initial admission notification form)	Authorization is required after 21 days. Extended stays are not expected to go past 60 days (use Recuperative Care extension form)	HCPC code T2033

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Skilled Nursing Facility	Skilled Nursing Facility (SNF/NF)	Applies to SNBC members only: Nursing facilities must fax a DHS Nursing Facility Communication (NFC) form to 612-677-6222	<p>Make all PAS referrals online at www.mnaging.org.</p> <p>Senior LinkAge Line retrieves the referral information and forwards it to Hennepin Health for determination of need for Level of Care and OBRA Level 1</p>	<p>SNBC/PMAP: Make all PAS referrals online at www.mnaging.org.</p> <p>SNBC with Medicare: Medicare may be primary payer. If so, a portion of the SNF stay may be reimbursed by Medicare before Hennepin Health assumes coverage and payment.</p> <p>See PAS Bulletin #17-25-06</p> <p>MinnesotaCare (MNCare): not a covered benefit</p>
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Surgery/Procedures	Circumcision		Prior authorization	
	Cosmetic/Reconstructive Surgery		Prior authorization	Includes, but not limited to: <ul style="list-style-type: none"> • Blepharoplasty • Chemical Peel • Cryotherapy • Facelift • Lipectomy • Otoplasty • Rhinoplasty • Scar Revision • Sclerotherapy (see Vein Procedures below) • Subcutaneous injection of collagen (e.g., Radiesse) • Tattooing • TMD/TMJ procedures
	Experimental/Investigational Procedures or Treatments		Prior authorization	
	Gastric Bypass Procedures, including revisions or replacements		Prior authorization	Including: <ul style="list-style-type: none"> • Biliopancreatic diversion with duodenal switch • Laparoscopic adjustable gastric binding • Rou-en-Y Gastric Bypass • Sleeve Gastrectomy
	Gender Confirmation Surgery		Prior authorization	
	Hysterectomy for voluntary sterilization		Prior authorization	
	Insertion of penile prosthesis		Prior authorization	
	Neurostimulator Implantation <ul style="list-style-type: none"> • Cranial Nerve Stimulator • Peripheral Nerve Stimulator • Spinal Cord Stimulator 		Prior authorization	
	Hyperbaric Oxygen Therapy		Prior authorization	CPT code 99183

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Surgery/Procedures	Radiofrequency Ablation		Prior authorization	CPT codes include: <ul style="list-style-type: none"> • 64624 • 64633 • 64634 • 64635 • 64636
	Transplant surgery, except kidney and corneal transplants		Prior authorization	Includes, but not limited to: <ul style="list-style-type: none"> • Bone Marrow/Stem Cell transplant • Heart transplant • Liver transplant • Lung transplant • Heart/Lung transplant • Intestinal transplant • Pancreatic transplant
	Vein Procedures <ul style="list-style-type: none"> • Endovascular ablation • Sclerotherapy 		Prior authorization	
Telemonitoring Services	Telemonitoring services, including setup, supplies, and monitoring		Prior authorization	Telemonitoring codes include: <ul style="list-style-type: none"> • 99453 • 99454 • 99457 • 99458 • 99091