

### 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](#).

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Admissions	<ul style="list-style-type: none"> <li>• Acute Medical/Surgical</li> <li>• Acute Psychiatric</li> <li>• CBHH Facility</li> </ul>	Notify Hennepin Health within 1 business day of member admission		<b>NOTE:</b> Detoxification in an inpatient hospital setting is covered when conditions resulting from withdrawal or occurring in addition to withdrawal require constant availability of a physician, registered nurse, and medical equipment found only in an inpatient hospital setting.
	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 <b>required after 90 days</b>	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)		Authorization is <b>required after 90 days</b>	Fax an Inpatient Admissions Notification form along with DHS-7666 form



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

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Ancillary Services	Acupuncture		Authorization is required for <b>more than 40 units per calendar year</b>	1 unit = 15 minutes of service.
	Chiropractic Care		Authorization is required for <b>more than 24 visits per calendar year</b>	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 <b>after day 21</b>	Members may receive up to 21 days of partial hospitalization without an authorization. Providers must follow Medicare guidelines for partial hospitalization program content, physician certification requirements, and documentation.
	Diagnostic Assessments (Standard Assessments only)  Please fax all substance use disorder (SUD) treatment assessments to Hennepin County Addiction and Recovery Services Unit at 612-466-9546		Authorization is required for <b>more than 2 standard diagnostic assessments in a calendar year</b>	CPT: 90791 / 90792 (excluding modifier Q2)
Bone Growth Stimulators	Bone growth stimulators		Prior authorization	

\* Denotes new authorization requirement effective 1/1/2025.

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<b>CAR T-cell Therapy</b>	CAR T-cell Therapy		Prior Authorization	<b>Codes requiring authorization include:</b> 0537T 0538T 0539T 0540T 38225 38226 38227 38228 C9399 Q2043
<b>Chemotherapy: Off label</b>	Off label, IV chemotherapy administered in a clinic or home setting		Prior authorization	Off label use only
<b>Clinical Trials</b>	Qualifying clinical trials		Prior authorization	
<b>Durable Medical Equipment, Prosthetics, Orthotics &amp; Supplies</b>	Durable Medical Equipment, prosthetics, and orthotics, including wheelchairs, greater than \$3,000* ( <i>Automatic external defibrillators, bone growth stimulators, and negative pressure wound therapy authorization requirements are noted on pages 2 &amp; 5).</i> )		Prior authorization	Total purchase price when purchase amount equals or exceeds \$3,000* per item.
	Medical Supplies greater than \$3,000		Prior authorization	Total billed amount is equal to or greater than \$3,000 <b>Examples include:</b> Enteral nutrition & supplies
	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.
	Unlisted DME codes greater than \$250		Prior authorization	Includes HCPC codes E1399 and K0108

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

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

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<b>Injections/Drugs Administered in a Physician Office/Clinic or Outpatient Setting*</b>	Drugs/injections administered in a physician office/clinic or outpatient setting		Prior authorization (Specific drugs requiring prior authorization are listed in the Additional Comments column to the right)  <b>Note:</b> Associated administration codes should be requested along with the medication code describing the medication	Orenzia 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 SQ J3357 Stelara IV J3358 Entyvio J3380 Taltz* J3590 and C9399* Avastin J9035, C9257, Q5107, Q5118 Imfinzi J9173 Keytruda J9271 Opdivo J9299 Alimta J9305 Rituxan J9312, J9311, Q5115, Q5119, Q5123
	Esketamine nasal spray		Prior authorization	HCPC code: S0013, G2082, G2083
	Ketamine intravenous (IV) infusions for mental health diagnoses		Prior authorization	HCPC/CPT codes: J3490, 96365
	Injectable or Intravenous Medications > \$250,000		Prior authorization	
	Unclassified Drugs		Prior authorization	HCPC codes: J3490, J9999 and C9399

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Optical Services	Eyeglasses and Frames*		No, unless limits are exceeded-see additional comments	<p><b>Out of Network services</b> 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><b>Eyeglass repairs</b> 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><b>Eyeglass replacements</b> will be covered if they are medically necessary. *</p>
	Disposable contact lens		Prior authorization-see additional comments	<p><b>Authorization not required:</b> 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><b>Authorization required:</b> All other diagnoses or conditions not mentioned above require authorization for contact lens services and supplies.</p>
Skilled Nursing Facility	Skilled Nursing Facility (SNF/NF)		<p>Make all PAS referrals online at <a href="http://www.mnaging.org">www.mnaging.org</a>.</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><b>SNBC/PMAP:</b> Make all PAS referrals online at <a href="http://www.mnaging.org">www.mnaging.org</a>.</p> <p><b>SNBC with Medicare:</b> 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><b>MinnesotaCare (MNCare):</b> not a covered benefit</p>

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Surgery/Procedures	Circumcision		Prior authorization	
	Cosmetic/Reconstructive Surgery		Prior authorization	<b>Includes, but not limited to:</b> <ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Chemical Peel</li> <li>• Cryotherapy</li> <li>• Facelift</li> <li>• Lipectomy</li> <li>• Otoplasty</li> <li>• Rhinoplasty</li> <li>• Scar Revision</li> <li>• Sclerotherapy (see Vein Procedures below)</li> <li>• Subcutaneous injection of collagen (e.g., Radiesse)</li> <li>• Tattooing</li> <li>• TMD/TMJ procedures</li> </ul>
	Experimental/Investigational Procedures or Treatments		Prior authorization	

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<b>Surgery/Procedures</b>	Gastric Bypass Procedures, including revisions or replacements		Prior authorization	<b>Including:</b> <ul style="list-style-type: none"> <li>• Biliopancreatic diversion with duodenal switch</li> <li>• Laparoscopic adjustable gastric binding</li> <li>• Rou-en-Y Gastric Bypass</li> <li>• Sleeve Gastrectomy</li> </ul>
	Gender Confirmation Surgery		Prior authorization	
	Hysterectomy for voluntary sterilization		Prior authorization	
	Insertion of penile prosthesis		Prior authorization	
	<b>Neurostimulator Implantation</b> <ul style="list-style-type: none"> <li>• Cranial Nerve Stimulator</li> <li>• Peripheral Nerve Stimulator</li> <li>• Spinal Cord Stimulator</li> </ul>		Prior authorization	
	Hyperbaric Oxygen Therapy		Prior authorization	
	Radiofrequency Ablation		Prior authorization	CPT codes include: <ul style="list-style-type: none"> <li>• 64624</li> <li>• 64633</li> <li>• 64634</li> <li>• 64635</li> <li>• 64636</li> </ul>
	Transplant surgery, except kidney and corneal transplants		Prior authorization	<b>Includes, but not limited to:</b> <ul style="list-style-type: none"> <li>• Bone Marrow/Stem Cell transplant</li> <li>• Heart transplant</li> <li>• Lung transplant</li> <li>• Heart/Lung transplant</li> <li>• Intestinal transplant</li> <li>• Pancreatic transplant</li> </ul>
<b>Vein Procedures</b> <ul style="list-style-type: none"> <li>• Endovascular ablation</li> <li>• Sclerotherapy</li> </ul>		Prior authorization		

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<b>Telemonitoring Services</b>	Telemonitoring services, including set up, supplies & monitoring		Prior authorization	Telemonitoring codes include: <ul style="list-style-type: none"> <li>• 99453</li> <li>• 99454</li> <li>• 99457</li> <li>• 99458</li> <li>• 99091</li> </ul>

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