

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

Please note the following important information regarding authorization requests:

- **All out of network services require authorization, EXCEPT emergency/urgently needed care, post-stabilization care, and family planning services.**
- All services are subject to member eligibility and benefit coverage.
- Hennepin Health review timeline for non-urgent authorization requests is 10 business days.
- If Medicare is the primary coverage, please submit claims to Medicare first for all Medicare-eligible or covered services or equipment. 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 authorization 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 notification and request forms are located on our website at [Prior authorization | Hennepin Health](#)

| Category/type of service | Service/procedure  | Requirements   |   | Additional comments   |
|--------------------------|--|--|---|---|
|                          |  | Notification   | Prior authorization                             |   |
| <b>Admissions</b>        | <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 | <b>Authorization is 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)  |  | Prior authorization                             | Fax an inpatient admissions notification form   |

Prior authorization requirements for medical and behavioral health services: *January 2024*

| Category/type of service         | Service/procedure   | Requirements   |   | Additional comments  |
|----------------------------------|---|--|---|--|
|                                  |   | Notification   | Prior authorization   |  |
| 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)                  |  | Authorization is required for <b>more than 2 standard diagnostic assessments in a calendar year</b> | CPT: 90791 (no modifiers)  |
| Bone growth stimulators          | Bone growth stimulators   |  | Prior authorization   |  |
| CAR T-cell therapy               | CAR T-cell therapy  |  | Prior authorization   | <b>Codes requiring authorization include:</b>  |
|                                  |   |  |   | 0537T<br>0538T<br>0539T<br>0540T<br>C9073<br>C9076<br>C9081<br>C9399   |
| Chemotherapy: Off label          | Off label, IV chemotherapy administered in a clinic or home setting |  | Prior authorization   | Off label use only   |

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|--|---|--------------|---------------------|---|
|  |   | Notification | Prior authorization |   |
| <b>Clinical trials</b>   | Qualifying clinical trials  |              | Prior authorization |   |
| <b>Durable medical equipment, prosthetics, orthotics and supplies</b>    | Durable medical equipment*, prosthetics, and orthotics, including wheelchairs, greater than \$5,000<br><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 or when total cost of rental months or rent to purchase amount equals or exceeds \$5,000 per item.   |
|  | DME temporary replacement equipment (wheelchairs only)  |              | Prior authorization | Short term rental only  |
|  | DME repairs greater than \$1000 (including wheelchair repairs)  |              | Prior authorization | Replacement parts and/or labor if the total cost is equal to or greater than \$1000 per repair.   |
|  | Medical supplies greater than \$3,000   |              | Prior authorization | Total billed amount is equal to or greater than \$3,000<br><b>Examples include:</b><br>Enteral nutrition & supplies   |
|  | Unlisted DME codes greater than \$250   |              | Prior authorization | Includes HCPC codes E1399 and K0108   |
| <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> |

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| Category/type of service                        | Service/procedure                              | Requirements |  | Additional comments  |
|---|--|--------------|--|--|
|   |  | Notification | Prior authorization  |  |
| <b>Esketamine nasal spray</b>                   | Esketamine nasal spray                         |              | Prior authorization  | HCPC code: S0013   |
| <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> |
| <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 <u>with a waiver</u>:</b> Home care agencies should contact the waiver CM before submitting an authorization request to Hennepin Health  |
|   | Skilled nurse visits (SNV)                     |              | <b>PMAP/MNCare:</b><br>authorization is required for more than 9 visits in a calendar year<br><br><b>SNBC:</b><br>authorization is required for all SNVs | <b>SNBC members <u>with waiver</u>:</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.<br><br><b>SNBC members <u>without a waiver</u>:</b> Home care providers must submit a service authorization request (SAR) form with relevant documentation to support medical necessity for all visits requested.               |
| <b>Hysterectomy for voluntary sterilization</b> | Hysterectomy for voluntary sterilization, only |              | Prior authorization  |  |

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| Category/type of service   | Service/procedure  | Requirements |  | Additional comments          |                                    |
|--|--|--------------|--|------------------------------|------------------------------------|
|  |  | Notification | Prior authorization  |                              |                                    |
| <b>Injections/drugs administered in a physician office/clinic or outpatient setting*</b> | Drugs/injections administered in a physician office/clinic or outpatient setting |              | Orencia J0129<br>Benlysta J0490<br>Botox J0585<br>Dysport J0586<br>Myobloc J0587<br>Xeomin J0588<br>Cimzia J0717<br>Tremfya J1628<br>Remicade J1745, Q5103, Q5104, Q5109, Q5121<br><br>Prior authorization (Specific drugs requiring prior authorization are listed in the additional comments column to the right)<br><br>*Note: Associated administration codes should be requested along with the medication code describing the medication<br><br>Nucala J2182<br>Tysarbi J2323<br>Skyrizi J2327<br>Ocrevus J2350<br>Xolair J2357<br>Krystexxa J2507<br>Actemra J3262<br>Stelara SQ J3357<br>Stelara IV J3358<br>Entyvio J3380<br>Avastin J9035, C9257, Q5107, Q5118<br>Imfinzi J9173<br>Keytruda J9271<br>Opdivo J9299<br>Alimta J9305<br>Rituxan J9312, J9311, Q5115, Q5119, Q5123<br>Sublocade Q9991, Q9992 |                              |                                    |
|  | 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 |
| <b>Negative pressure wound therapy</b>   | Negative pressure wound therapy  |              | Prior authorization  |                              |                                    |

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|--------------------------|---|--------------|---|---|
|                          |   | Notification | Prior authorization   |   |
| 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><br/>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>  |
| Surgery/procedures       | Circumcision  |              | Prior authorization   |   |
|                          | Cosmetic/reconstructive surgery                       |              | Prior authorization   | <p><b>Includes, but not limited to:</b></p> <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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|--------------------------|---|--------------|---------------------|---|
|                          |   | Notification | Prior authorization |   |
| Surgery/procedures       | 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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|--------------------------------|--|--------------|---------------------|---|
|                                |  | Notification | Prior authorization |   |
| <b>Telemonitoring services</b> | Telemonitoring services, including set up, supplies and 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> |