

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	
Admissions	<ul style="list-style-type: none"> • Acute Medical/Surgical • Acute Psychiatric • CBHH Facility 	Notify Hennepin Health within 1 business day of member admission		NOTE: 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 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)		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 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 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 more than 2 standard diagnostic assessments in a calendar year	CPT: 90791 / 90792, excluding modifier Q2)
Bone Growth Stimulators	Bone growth stimulators		Prior authorization	
CAR T-cell Therapy	CAR T-cell Therapy		Prior authorization	Codes requiring authorization include: 0537T Q2043 0538T Q2055 0539T Q2056 0540T C9073 C9076 C9081 C9399 Q2041 Q2042 Q2053 Q2054
Chemotherapy: Off label	Off label, IV chemotherapy administered in a clinic or home setting		Prior authorization	Off label use only

* Denotes new authorization requirement effective 1/1/2024.

Prior Authorization Requirements for Medical and Behavioral Health Services: *January 2024*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
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Clinical Trials	Qualifying clinical trials		Prior authorization	
Durable Medical Equipment, Prosthetics, Orthotics & Supplies	Durable Medical Equipment*, prosthetics, and orthotics, including wheelchairs, greater than \$5,000 <i>(*Automatic external defibrillators, bone growth stimulators, and negative pressure wound therapy authorization requirements are noted on pages 2 & 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 Examples include: Enteral nutrition & supplies
	Unlisted DME codes greater than \$250		Prior authorization	Includes HCPC codes E1399 and K0108
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)*

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Prior Authorization Requirements for Medical and Behavioral Health Services: *January 2024*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
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Esketamine Nasal Spray	Esketamine nasal spray		Prior authorization	HCPC code: S0013
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
Home Health	Home Infusion Therapy		Prior authorization	Includes medication, supplies, and skilled nursing visits
	Home Health Aide		Prior authorization	For SNBC members with a Waiver: Home care agencies should contact the Waiver CM before submitting an authorization request to Hennepin Health
	Skilled Nurse Visits (SNV)		PMAP/MNCare: authorization is required for more than 9 visits in a calendar year SNBC: authorization is required for all SNVs	SNBC members with Waiver: 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. SNBC members without a Waiver: Home Care providers must submit a service authorization request (SAR) form with relevant documentation to support medical necessity for all visits requested.
Housing Stabilization Support	Consultation Services Transition Services Sustaining Services Moving Expenses (Effective 4/1/2024)		Prior authorization	Housing Stabilization codes include: <ul style="list-style-type: none"> • T2024 U8 • H2015 U8 • H2015 TS U8 • T2038 U8 (Effective 4/1/2024)

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Prior Authorization Requirements for Medical and Behavioral Health Services: *January 2024*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
Hysterectomy for voluntary sterilization	Hysterectomy for voluntary sterilization, only		Prior authorization	
Injections/Drugs Administered in a Physician Office/Clinic or Outpatient Setting*	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) *Note: 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 Avastin J9035, C9257, Q5107, Q5118 Imfinzi J9173 Keytruda J9271 Opdivo J9299 Alimta J9305 Rituxan J9312, J9311, Q5115, Q5119, Q5123
	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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Prior Authorization Requirements for Medical and Behavioral Health Services: *January 2024*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
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Skilled Nursing Facility	Skilled Nursing Facility (SNF/NF)		Make all PAS referrals online at www.mnaging.org . 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	SNBC/PMAP: Make all PAS referrals online at www.mnaging.org . 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. See PAS Bulletin #17-25-06 MinnesotaCare (MNCare): not a covered benefit
	Circumcision		Prior authorization	
	Cosmetic/Reconstructive Surgery			Prior authorization
	Experimental/Investigational Procedures or Treatments		Prior authorization	

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Prior Authorization Requirements for Medical and Behavioral Health Services: *January 2024*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Surgery/Procedures	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	
	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 • Lung transplant • Heart/Lung transplant • Intestinal transplant • Pancreatic transplant
Vein Procedures <ul style="list-style-type: none"> • Endovascular ablation • Sclerotherapy 		Prior authorization		

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

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