Hennepin Health

Prior Authorization Requirements for Medical and Behavioral Health Services: *July 2026*

The following services require prior authorization or notification to Hennepin Health. Please review the important information below before submitting an authorization request:

- **All out of network services require authorization unless otherwise specified.**
- All services are subject to member eligibility and benefit coverage at the time of service.
- Hennepin Health review timeline is **five business days** for standard requests and **48 hours** (including one business day) for urgent requests.
- Hennepin Health may extend a standard authorization timeline by up to 14 additional days if*:
  - The enrollee or provider requests the extension, or
  - Hennepin Health determines that additional information is needed and the extension is in the enrollee's best interest
- When a member has primary coverage (including Medicare), claims must be submitted to the primary payer before billing Hennepin Health. Primary Insurance information can be verified through the DHS MN-ITS system.
- Hennepin Health reserves the right to review and verify medical necessity for all services.
- If authorization is required, failure to obtain approval **before** delivering the service may result in a denied claim.
- For questions regarding denied claims, contact Hennepin Health Provider Services at **612-596-1036 (press 2)**.
- 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.

Hennepin Health

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Admissions	• Acute Medical/Surgical • Acute Psychiatric • Community Behavioral Health Hospitals (CBHH)	Notify Hennepin Health within one business day of member admission. Fax an Inpatient admission notification form	See Additional Comments	• All inpatient admissions require prior authorization on day 16*. • CBHH Facility- prior authorization not required. Facilities must be enrolled as a MHCP provider and certified as CBHH
	Acute Inpatient Rehab	Notify Hennepin Health before the member is admitted. Fax an Inpatient admission notification form along with pre-admission screening	Prior authorization	
	Children's Residential Treatment		See Additional Comments	Prior authorization required for 1st and 2nd Pathways Clinical documentation review required for 3rd Pathway HCPCS code H0019
	Intensive Residential Treatment Services (IRTS)	Notify Hennepin Health within one business day of member admission. Fax IRTS initial admission notification form	Authorization is **required after 90 days**	All days beyond the initial 90 days require authorization. Fax IRTS extension form

* Denotes new authorization requirement effective 7.1.2026

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Prior Authorization Requirements for Medical and Behavioral Health Services: *July 2026*

Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Admissions (continued)	Long Term Acute Care Hospital (LTACH)	Notify Hennepin Health within one business day of member admission. Fax Inpatient admission notification form along with pre-admission screening	Prior authorization	
	Psychiatric Residential Treatment Facility (PRTF)	Notify Hennepin Health within one business day of member admission. Fax Inpatient admission notification form along with DHS-7666 form	Authorization is **required after 90 days**	All days beyond the initial 90 days require authorization

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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 - available only for members under the age of 21		Authorization is required **for more than one annual evaluation and 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 one 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 guide-lines for partial hospitalization program content, physician certification requirements, and documentation.
	Mental Health Diagnostic Assessments (Standard Assessments only)		Authorization is required **for more than two standard diagnostic assessments in a calendar year**	HCPCS code 90791 / 90792 (excluding modifier Q2)

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
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Behavioral Health (continued)	Substance Use Disorder (SUD)* Treatment: • Hospital based • Residential • Outpatient individual • Outpatient group	Send SUD comprehensive assessment and treatment notification or extension request to Hennepin County Addiction and Recovery Services, email HC.ReviewTeam@hennepin.us or Fax 612-466-9546	See Additional Comments	• Hospital based: Authorization required after day 18 Revenue Code 0101 • Residential: Authorization required after 60 units H2036 • Outpatient individual: Authorization required after 120 units HCPCS codes H0004_U8, H2017_U8, H2027_U8 • Outpatient group: Authorization required after 1200 units HCPCS codes H0005_U8, H2027_U8-HQ, H2017_U8-HQ
	Certified Family Peer Specialist • Certified family peer specialist services • Certified family peer specialist services in a group setting		Authorization is required for more than 300 hours per calendar year for a combined total of certified family peer specialist and certified family peer specialist in a group setting services	• Certified family peer specialist services HCPCS code H0038_HA • Certified family peer specialist services in a group setting HCPCS code H0034_HA/HC

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
CAR T-cell Therapy	CAR T-cell Therapy		Prior authorization	**Codes requiring authorization include:** 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	Blood Glucose Monitors*		Prior authorization	HCPCS codes E2100, E2101
	Bone Growth Stimulators		Prior authorization	
	Electrical Stimulation Devices*		Prior authorization	HCPCS codes E0747, E0748, E0749, E0766
	High frequency chest wall oscillation system*		Prior authorization	HCPCS code E0483
	Negative pressure wound therapy (i.e. Wound Vacs)		Prior authorization	
	Robotic Arms and Assistive Technology*		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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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Durable Medical Equipment (continued)	Unlisted DME codes greater than $500*		Prior authorization	Including but not limited to HCPCS codes E1399 and K0108
	Wheelchairs, wheelchair accessories, and wheelchair repairs*		Prior authorization See Additional Comments	**DME HCPCS codes requiring prior authorization:** E1002 K0826 K0840 K0855 E1003 K0827 K0841 K0856 E1004 K0828 K0842 K0857 E1005 K0829 K0843 K0858 E1006 K0830 K0848 K0859 E1007 K0831 K0849 K0860 E1008 K0835 K0850 K0861 K0739 K0836 K0851 K0862 K0808 K0837 K0852 K0863 K0824 K0838 K0853 K0864 K0825 K0839 K0854 Wheelchair repairs of $1000 or greater (per item) require prior authorization* Providers must submit the original purchase price for wheelchair repair requests submitted during the warranty period When a designated DME code exists for an item, it must be used instead of unlisted code

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Early Intensive Developmental and Behavioral Intervention (EIDBI)	Early Intensive Developmental and Behavioral Intervention		Prior authorization See Additional Comments	HCPCS codes requiring authorization include: • 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) Providers must deliver one hour of clinical supervision by a Qualified Supervising Professional for every 16 hours of direct treatment unless an exception is authorized in ITP Providers must submit qualifying supervising professional (QSP) notes or supporting documentation to Hennepin Health every three months for all authorized services. Failure to comply may result in delays or disruptions in payment* Use the most updated version of DHS Form DHS-7109-ENG when submitting a prior authorization request

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Genetic Testing	Genetic Tests and Gene Panels		Prior authorization See Additional Comments	**Examples include, but not limited to:** • 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 Prior authorization is no longer required for BRCA genetic testing. Providers must deliver genetic counseling prior to conducting genetic testing. Counseling should be reported using CPT code 96041*

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		Notification	Prior Authorization	
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)		**PMAP:** authorization is required for more than 9 visits in a calendar year **SNBC:** See Additional Comments	**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. **SNBC members <u>without a Waiver</u>:** Authorization is required for more than 9 visits in a calendar year.

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	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 See Additional Comments	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 SQ J3357 Stelara IV J3358 Entyvio J3380 Taltz J3590 and C9399 Mvasi/Zirabev Q5107/Q5118 Luncentis J2778 Eylea* J0177* Imfinzi J9173 Keytruda J9271 Opdivo J9299 Alimta J9305 Rituxan J9312, J9311, Q5115, Q5119, Q5123 Associated administration codes should be requested along with the medication code describing the medication

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Injections/Drugs Administered in a Physician Office/ Clinic or Outpatient Setting (continued)	Esketamine nasal spray		Prior authorization	HCPCS codes S0013, G2082, G2083, J0013*
	Ketamine intravenous (IV) infusions for mental health diagnoses		Prior authorization	HCPCS codes J3490, 96365
	Injectable or Intravenous Medications > $250,000		Prior authorization	
	Unclassified Drugs > $500*		Prior authorization	HCPCS codes J3490, J9999, C9399
Optical Services	Eyeglasses and Frames		No, unless limits are exceeded See Additional Comments	**Out of Network services** will be covered for Emergency or Urgent Care Services only. Limit of one pair of eyeglasses per calendar year, unless there is a change to prescription, or pair is lost or broken. **Eyeglass repairs** will be paid by Hennepin Health when not covered under warranty. This includes eyeglasses not purchased though Hennepin Health if the eyeglasses are medically necessary and the repair is cost effective. **Eyeglass replacements** will be covered if they are medically necessary.

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Optical Services (continued)	Disposable contact lens		See Additional Comments	**Authorization not required:** Contact lenses are covered without authorization if prescribed for the diagnosis of aphakia, keratoconus, or aniseikonia. Contact lenses prescribed as bandage lenses are also covered without authorization. **Authorization required:** All other diagnoses or conditions not mentioned above require authorization for contact lens services and supplies.
Recuperative Care	Medical care and support services for members who are unable to recover from physical illness when living in a homeless shelter or otherwise unhoused	Notify Hennepin Health upon member admission. Fax a Recuperative Care form	See Additional Comments	Authorization is required on day 21. Request extended authorizations for 15 days at a time. Extended stays are not expected to go past 60 days. Fax a Recuperative Care form. HCPCS code T2033

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
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Rehabilitative and Therapeutic Services*	• Physical therapy • Occupational therapy		See Additional Comments	Authorization for Physical therapy is required for more than 14 visits per calendar year Authorization for Occupational therapy is required for more than 24 visits per calendar year Hennepin Health adheres to Minnesota (MN) Department of Human Services (DHS) requirements governing Rehabilitation and Therapeutic Services. Providers must refer to the most current revision of the MN DHS Rehabilitation Services webpage for applicable prior authorization criteria and documentation standards. Fax Rehabilitation Therapy Prior Authorization (PT/OT) form

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
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Skilled Nursing Facility	Skilled Nursing Facility (SNF/NF)		Prior authorization not required See Additional Comments	**SNBC/PMAP:** Make all PAS referrals online at www.mnaging.org. Minnesota Aging Pathways retrieves the referral information and forwards it to Hennepin Health for determination of need for Level of Care and OBRA Level /Level II **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

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Surgery/Procedures	Circumcision		Prior authorization	Routine circumcision is not a covered benefit
	Cosmetic/Reconstructive Surgery		Prior authorization	**Includes, but not limited to:** • Blepharoplasty • Chemical Peel • Cryotherapy • Facelift • Lipectomy • Otoplasty • Rhinoplasty • Scar Revision • Sclerotherapy (see Vein Procedures below) • Septoplasty • 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:** • Biliopancreatic diversion with duodenal switch • Laparoscopic adjustable gastric binding • Rou-en-Y Gastric Bypass • Sleeve Gastrectomy
	Gender Confirmation Surgery		Prior authorization	

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Surgery/Procedures (continued)	Hysterectomy for voluntary sterilization		Prior authorization	
	Insertion of penile prosthesis		Prior authorization	
	Neurostimulator Implantation • Cranial Nerve Stimulator • Peripheral Nerve Stimulator • Spinal Cord Stimulator		Prior authorization	
	Hyperbaric Oxygen Therapy		Prior authorization	CPT code 99183
	Radiofrequency Ablation		Prior authorization	CPT codes include: • 64624 • 64633 • 64634 • 64635 • 64636
	Transplant surgery, except kidney and corneal transplants		Prior authorization	**Includes, but not limited to:** • Bone Marrow/Stem Cell transplant • Heart transplant • Liver transplant • Lung transplant • Heart/Lung transplant • Intestinal transplant • Pancreatic transplant
	Vein Procedures • Endovascular ablation • Sclerotherapy		Prior authorization	

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