



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

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 five business days and for urgent requests 48 hours including one business day.
- If there is primary coverage including Medicare, please submit claims to the 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 claim denied, please reach out to Hennepin Health's Provider Service team for questions or information at 612-596-1036, press 2.
- 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.

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Category/ Type of Service	Service/Procedure	Requirements		Additional Comments
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Admissions	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> All inpatient admissions require prior authorization on day 15*. 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	Prior authorization	
	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	<p>All days beyond the initial 90 days require authorization.</p> <p>Fax IRTS extension form</p>

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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 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)

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Behavioral Health (continued)	Substance Use Disorder (SUD) Treatment: <ul style="list-style-type: none"> • Hospital based • Residential • Outpatient group • Outpatient individual 	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	<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 group: Authorization required after 300 units. HCPC code H2035 HQ • Outpatient individual: Authorization required after 30 units. HCPC code H2035
	Certified Family Peer Specialist* <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Certified family peer specialist services HCPC code H0038/modifier HA • Certified family peer specialist services in a group setting HCPC code H0038/modifiers HA HQ

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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	

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Durable Medical Equipment	Bone Growth Stimulators		Prior authorization																																					
	Power Wheelchairs as indicated and Wheelchair repairs \$3,000 or greater		Prior authorization	<p>For wheelchair repair requests include the cost of the original wheelchair</p> <p>DME HCPCS codes requiring prior authorization:</p> <table><tr><td>K0808</td><td>K0835</td><td>K0848</td><td>K0857</td></tr><tr><td>K0824</td><td>K0836</td><td>K0849</td><td>K0858</td></tr><tr><td>K0825</td><td>K0837</td><td>K0850</td><td>K0859</td></tr><tr><td>K0826</td><td>K0838</td><td>K0851</td><td>K0860</td></tr><tr><td>K0827</td><td>K0839</td><td>K0852</td><td>K0861</td></tr><tr><td>K0828</td><td>K0840</td><td>K0853</td><td>K0862</td></tr><tr><td>K0829</td><td>K0841</td><td>K0854</td><td>K0863</td></tr><tr><td>K0830</td><td>K0842</td><td>K0855</td><td>K0864</td></tr><tr><td>K0831</td><td>K0843</td><td>K0856</td><td></td></tr></table> <p>Please note: When a designated DME code exists for an item, it should be used in place of an unlisted code.</p>	K0808	K0835	K0848	K0857	K0824	K0836	K0849	K0858	K0825	K0837	K0850	K0859	K0826	K0838	K0851	K0860	K0827	K0839	K0852	K0861	K0828	K0840	K0853	K0862	K0829	K0841	K0854	K0863	K0830	K0842	K0855	K0864	K0831	K0843	K0856	
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K0829	K0841	K0854	K0863																																					
K0830	K0842	K0855	K0864																																					
K0831	K0843	K0856																																						
Negative pressure wound therapy (i.e. Wound Vacs)		Prior authorization																																						
Scalp hair prostheses (wigs)		Prior authorization	<p>Scalp hair prostheses are covered if they are prescribed by a medical professional and for diagnoses of cancer and alopecia.</p> <p>Scalp hair prostheses are not covered if they are not medically necessary and/ or are requested for cosmetic reasons.</p>																																					

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Durable Medical Equipment (continued)	Unlisted DME codes greater than \$250		Prior authorization	Including but not limited to HCPC codes E1399 and K0108
Early Intensive Developmental and Behavioral Intervention (EIDBI)	See authorization requirements detail under the Additional Comments section		Prior authorization	<p>CPT/HCPC codes requiring authorization include:</p> <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) <p>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.*</p>

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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)		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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Injections/Drugs Administered in a Physician Office/Clinic or Outpatient Setting	Drugs/injections administered in a physician office/clinic or outpatient setting			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 Avastin J9035, C9257, Q5107, Q5118 Luncentis J2778 Imfinzi J9173 Keytruda J9271 Opdivo J9299 Alimta J9305 Rituxan J9312, J9311, Q5115, Q5119, Q5123
			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	

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Injections/Drugs Administered in a Physician Office/ Clinic or Outpatient Setting (continued)	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
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 though 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>

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Optical Services (continued)	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 prescribed 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 homeless shelter or otherwise unhoused	Notify Hennepin Health upon member admission. Fax a Recuperative Care form.	See additional comments	<p>Authorization is required on day 21. Fax a Recuperative Care form. Request extended authorizations for 15 days at a time. Extended stays are not expected to go past 60 days.</p> <p>HCPC code T2033</p>

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Rehabilitative and Therapeutic Services*	<ul style="list-style-type: none"> Physical therapy Occupational therapy 		See additional comments	<ul style="list-style-type: none"> 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
Skilled Nursing Facility	Skilled Nursing Facility (SNF/NF)		<p>Prior authorization not required</p> <p>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 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. 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	

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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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