

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

Please note the following important information with regard to 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 timelines 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 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.

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
Admissions	<ul style="list-style-type: none"> • Acute Medical/Surgical • Acute Psychiatric 	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	Submit an Inpatient Services Authorization Request form via fax
	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 will require authorization
	Long Term Acute Care (LTAC)		Prior Authorization	Submit an Inpatient Services Authorization Request form via fax

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
	Psychiatric Residential Treatment Facility (PRTF)		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.
	Cancer Clinical Trials		Authorization is required prior to starting the clinical trial	Includes routine care/supportive care for an approved clinical trial
	Doula Services		Authorization is required for more than 6 pre-delivery sessions and 1 labor & delivery session per birth event	
Behavioral Health	Adult Day Treatment		Authorization is required after 115 hours of services per calendar year	
	Diagnostic Assessments		Authorization is required for more than 2 diagnostic assessments in a calendar year	

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
	Children's Day Treatment		Authorization is required after 150 hours of services per calendar year	
	Children's Therapeutic Services & Supports (CTSS)		Authorization is required after 200 hours of services per calendar year	
	Neuropsychological testing		Authorization is required for more than 8 units in a calendar year	
Bone Growth Stimulators	Bone growth stimulators		Prior Authorization	
Genetic Testing	Genetic Tests		Prior authorization	Examples include, but not limited to: <ul style="list-style-type: none"> • BRCA1/BRCA2 • mRNA (prostate cancer)
Durable Medical Equipment, Prosthetics, Orthotics & Supplies	Durable Medical Equipment, Prosthetics and Orthotics, including wheelchairs, greater than \$5,000 (<i>Excludes bone growth stimulators and negative pressure wound therapy. See separate authorization requirements on pages 2 & 3.</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.

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
	Medical Supplies greater than \$3,000		Prior authorization	Total billed amount is equal to or greater than \$3,000 Examples include: Enteral nutrition & supplies
	Therapeutic Shoes for Persons with Diabetes		Authorization is required as follows: See Additional Comments section	<ul style="list-style-type: none"> • For more than 2 pair of therapeutic shoes in a calendar year • For more than 2 pair of inserts in a calendar year • For more than 2 modifications in a calendar year
	Unlisted DME codes greater than \$250		Prior authorization	Includes HCPCS codes E1399 and K0108
Home Health	Home Infusion Therapy		Prior Authorization	Includes medication, supplies and skilled nursing visits
	Home Health Aide		Prior Authorization	
	Home Care Nursing (aka Private Duty Nursing)		Prior Authorization	SNBC: Home Care Nursing (HCN) is not paid by the health plan.
	Personal Care Assistant (PCA)		Prior Authorization	PMAP/MNCare: Completed PCA Assessments are faxed to Hennepin Health by the assessing agency for review and approval of PCA hours recommended by the assessing agency's public health nurse SNBC: PCA is not paid by the health plan.
	Skilled Nursing Visits		PMAP/MNCare: authorization is required for more than 9 visits in a calendar year	

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
			SNBC*: authorization is required for more than 54 visits in a calendar year	*SNBC members with Medicare: Medicare may be the primary payer for Skilled Home Care
Negative Pressure Wound Therapy	Negative Pressure Wound Therapy		Prior Authorization	
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 . Senior LinkAge Line retrieves the referral information and forwards it to the Hennepin Health or County of Financial Responsibility for determination of need Level of Care and OBRA Level 1. SNBC with Medicare: Medicare maybe primary payer See bulletin PAS bulletin #17-25-06 MinnesotaCare (MNCare): not a covered benefit
Drugs/Injection Treatments	Injection/treatments		Prior authorization	Includes the following medications: <ul style="list-style-type: none"> • Botox[®] (J0585) • Dysport[®] (J0586) • Myobloc[®] (J0587) • Xeomin[®] (J0588)

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
	Unclassified Drugs greater than \$500		Prior Authorization	CPT code: J3490
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/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	
	Insertion of penile prosthesis		Prior authorization	
	Neurostimulator Implantation: Cranial Nerve Stimulator			Prior authorization

Prior Authorization Requirements: *November 2018*

Category/Type of Service	Service/Procedure	Requirements		Additional Comments
		Notification	Prior Authorization	
	Peripheral Nerve Stimulator Spinal Cord Stimulator			
	Hyperbaric Oxygen Therapy		Prior authorization	
	Radiofrequency Ablation		Prior authorization	
	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: Endovascular ablation Sclerotherapy		Prior authorization	
Vision Services	Contact lenses		Prior authorization	