HealthPartners®

Prior Authorization for Durable Medical Equipment

Call Utilization Management (UM) at **(952)883-6333** with questions. Incomplete forms will be returned. **Submit clinical documentation** to support your request. Sign in at healthpartners.com/provider and use the Authorizations and referrals link to check the status of your prior authorization request.

Member information

First Name _____ MI _____ Last Name _____

HealthPartners ID # _____ DOB _____

Requester information

Form completed by: First Name _____ Last Name _____

Your business name _____

Your business street address _____

Your business city _____ Your business state _____ Your business zip _____

Phone* _____ Fax** _____

Ordering physician information

Physician first name _____ Physician last name _____

Specialty _____ NPI _____

Clinic Name _____

Clinic Street Address _____

Clinic City _____ Clinic state _____ Clinic zip _____

Clinic tax ID (claim may be rejected if incorrect) _____

Email _____ Phone* _____ Fax** _____

Vendor Information

Vendor name _____

Vendor street address _____

Vendor City _____ Vendor state _____ Vendor zip _____

Billing tax ID (claim may be rejected if incorrect) _____

Phone* _____ Fax** _____

Durable Medical Equipment

Primary diagnosis code _____ Description _____

Secondary diagnosis code _____ Description _____

Has requested item been provided to member? ☐ Yes ☐ No

If yes, please provide date: _____

**Confidential voicemail required*
***For outcome notification*

HealthPartners®

Request Information:

Item(s) Description	HCPC	Modifier	Cost	Start Date	End Date
		Please select modifier:			
		Please select modifier:			
		Please select modifier:			
		Please select modifier:			
		Please select modifier:			
		Please select modifier:			
		Please select modifier:			

Note: Requests for prior authorization which are not submitted within 30 days of the date item was dispensed could be subject to denial (vendor liability)

HomeLink Contracted Vendors: send this form to HomeLink
Telephone: (866)211-1995
Fax: (855)348-9970

If not contracted with HomeLink: send this form directly to HealthPartners
Telephone: (952)883-6333
Fax: (952)853-8714

Comments: _____