



Prior Authorization for Enteral Nutrition/Oral Formula: Commercial & Medicare

DME Medical Review Form

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

*Confidential voicemail required

**For outcome notification

Request Information:

Item(s) Description	HCPC	Modifier	Cost	Start Date	End Date	Units
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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

