



Prior Authorization Request for In-Network Benefits

Note: HealthPartners will only approve in-network benefit requests if we can confirm that medically necessary covered care for the condition is not available in the member's network. Form must be submitted and request approved prior to obtaining services. Sign in at [healthpartners.com/provider](https://www.healthpartners.com/provider) and use the Authorizations and referrals link to check the status of your prior authorization request. If this request is related to the Minnesota Rare Disease Mandate please complete the Rare Disease Intake form. This mandate is available to eligible MN commercial and MHCP plans (<https://www.healthpartners.com/provider-public/condition-resources/mn-rare-disease-mandate/>)

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**

Out of Network Clinician 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**

Out of Network Facility Site

Facility name
Facility street address
Facility City Facility state Facility zip
Billing tax ID (claim may be rejected if incorrect)
Phone* Fax**

*Confidential voicemail required

**For outcome notification



Service Information

Primary diagnosis code Description

Secondary diagnosis code Description

Procedure codes (s)

Service description

Proposed date of service

How many units/visits requested:

Will waiting the standard review time seriously jeopardize member's health, life or ability to regain maximum functioning? yes no

Clinical reason for urgency (**not scheduling issues**)

Fax completed forms to: for Medical **(952) 853-8713**, for Behavioral Health **(952) 853-8830**.

For questions call: for Medical **(952) 883-6333**, for Behavioral Health **(952) 883-7501**. Incomplete forms will be returned.

Submit clinical documentation to support your request.