

Prior Authorization for Spinal Radiofrequency Ablation

Fax completed forms to (952)853-8713. 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 provider information			
Provider first name	Provider last name		
Specialty		NPI	
Clinic name			
Clinic street address			
Clinic City	Clinic state		Clinic zip
Clinic tax ID (claim may be rejected if incorrec	t)		
Email		Phone*	Fax**
Procedural provider information	check box if same as O	rdering Provider Informa	ation above
Provider first name		Provider last name	
Specialty		NPI	
Clinic name			
Clinic street address			
Clinic city	Clinic state		Clinic zip
Clinic tax ID Clinic tax ID (claim may be reject	ed if incorrect)		
Email		Phone*	Fax**
Facility site for procedure or surgery			
Facility name			
Facility street address			
Facility City	Facility state		Facility zip
Billing tax ID (claim may be rejected if incorre	ect)		
Phone*		Fax**	
*Confidential voicemail required **For outcome notification			20-913603-913616

20-913603-913616 (9/20) © 2020 HealthPartners



Procedure or surgery

Only include codes requiring prior authorization; other codes will not be addressed.

Primary diagnosis code	Description
Secondary diagnosis code	Description
Procedure code(s)	
Procedure(s) or surgery description	
Proposed date of procedure	or TBD
Will waiting the standard review time seriously	eopardize member's health, life or ability to regain maximum functioning? yes no
Clinical reason for urgency (not scheduling issu	es)
Right Side:	(up to 3 levels may be covered)
Left Side:	(up to 3 levels may be covered)