HealthPartners®

Prior Authorization Request Frequently Asked Questions

1. **Q: What does the prior auth request application allow me to do?**
   A: It allows health care providers to submit prior authorization requests electronically via HealthPartners secure web portal. It also provides the ability to submit additional documentation and request changes for authorization requests that were created using the application.

2. **Q: Am I required to enter fax and contact information?**
   A: Fax number and contact name are not required fields, however providing this information will streamline the communication and response process.

3. **Q: Am I required to answer the prompted clinical information questions?**
   A: You are not required to answer the questions. However, if you don't, we will need to send a letter to you asking for that information before we can process your request.

4. **What if I don't know the answer to all of the questions?**
   A: You may save the request as an unsubmitted request and complete the request at a later time.

5. **Q: What happens if I don't submit supporting documentation when requested?**
   A: If you don't submit support documentation when it is required we will need to send a letter to you requesting the information before we can process your request.

6. **Q: What types of supporting documentation/attachments should I submit?**
   A: You should submit any supporting clinical/medical necessity information that will help us to process your request

7. **Q: What happens if I don't have all of the attachments available in an electronic format?**
   A: You may submit additional documentation via fax. Including the reference from your electronic request is helpful.

8. **Q: What if I don't know the answer to all of the questions or have all of the attachments I need?**
   A: You may save the request as an unsubmitted request and complete the request at a later time. You may also submit change requests or additional information after you have submitted the request.

9. **Q: Are there time limits for requesting changes?**
   A: You are not able to request changes or submit additional documentation for an authorization that is more than 120 days past the decision date.

10. **Q: What types of authorizations cannot be updated:**
    - Authorizations that are 120 past the decision date
    - Authorizations that were not originally requested via the prior auth request application

11. **Q: Will the updates show on the original authorization, or will a new authorization be created?**

    A: The updates will be applied to the original authorization and the reference number will remain the same.

12. **Q: Can I get to the medical policy coverage policies from the Prior Auth Request application?**

    A: You can get to the coverage policies by using the navigation bar on the top of your screen. A link to the coverage policy site is under the Tools option.

13. **Q: Once I submit an authorization request how long will it take before I can see it in the Referral Authorization Inquiry application?**

    A: There is a real time interface between the two applications. You will be able to view requests within minutes. Until the request has been reviewed and a decision made the authorization will show a status of "pend".

14. **Q: Once I submit a request when can I expect to be notified of the decision?**

    A: Requests will be processed following our standard turn around times as determined by regulatory requirements. This is within 14 days for standard pre-service requests.

15. **How will I be notified of the decision?**

    A: You will receive written notification of the decision. You can also check the status of your request by using the Referral Authorization Inquiry application.

16. **What is considered an urgent request?**

    A: Medically urgent is used to indicate that the patient has a medical condition which requires that the request be processed in an expedited timeframe. It is not used to indicate service urgency.

Attachments:

17. **Which types of files may be attached?**

    A: txt, doc, odt, xls, xlsx, csv, rtf, pdf, jpeg, jpg, tif, tiff, png, gif, bmp, odg, docx

18. **What if my file formats are different from these?**

    A: These are the only types accepted. You will need to convert your document to one of these types of formats or manually fax the information.

19. **How many attachments may be added?**

    A: There can be as many as 10 attachments added to a prior authorization request.

20. **Is there a file size limit per attachment?**

    A: For a new prior authorization request: the file limit is 200mg.

For a update/change request: the file limit is 15mg.

21. **What if my file size is larger than the limit?**
    A: The file will not be accepted. Documents will have to be faxed to the appropriate department.

22. **What if I experience technical difficulties while using the prior auth request application?**
    A: Please call 952-883-7505 for assistance with technical difficulties.