

Provider Recommendation Form

General Instructions: New Referral Revision to Current Referral

- Enter one Provider/Authorization per form Current Referral # _____
- Please print.
- **Complete all sections. Failure to complete all sections may result in delay of entry of this authorization.**

PATIENT INFORMATION

Name: _____ Date of Birth: _____
Member Number: _____

SERVICE INFORMATION

Start Date for Services: _____ Expiration Date for Services: _____
Type of Visit: (Please check one) Inpatient Outpatient
Number of visits if outpatient: _____
Diagnosis (ICD10 Code): Primary _____
4 Digit Service Category Code __ __ __ __ **(Refer to Service Category List on following pages for this 4 Digit Code)**
Authorization Status: (Must check one) Approved Denied Reason for Denial: _____

Please check those that apply:

Workers' Comp MVA Third Party Other Insurance
 Medicare Primary Medicare Number: _____

PROVIDER INFORMATION

Referred To:

Facility Name: _____ Federal Tax ID#: _____
Facility NPI#: _____
Address or Site: _____
Phone # Professional's Name: _____

Referred By: _____

Professional's Name: Professional's NPI#: _____
Facility Name: _____

Form Completed By:

Name: _____ Phone: _____
Fax: _____ Date: _____

NOTE: Preferred method for referral submission is online via the Provider Portal using the Referral Maintenance Application. After logging into the Portal, select *Referral Maintenance* from the drop down box under *Application* in the header bar healthpartners.com/provider. Please fax form to HealthPartners Claims Department, Attn: Referral Entry 651-265-1220 or mail form to HealthPartners Inc., Attn: Referral Entry, P.O. Box 1289, Minneapolis, MN 55440-1289.

Service Category List

Consultations

Service Code	Service Category Name	Service Category Definition	Auth Type
1000	Consult/Treat/Test/CT/MRI	In office consultations, diagnostic testing, and treatment (including CT Scan & MRI).	OP
1001	Consult Dx, Test, & Treat (No CT/MRI)	In office consultations, diagnostic testing, and treatment (excluding CT Scan & MRI).	OP
1003	Consult-1 visit (No test/treatment)	One visit consultations, follow-up visits, and second opinions-Excluding testing & treatment.	OP
1007	Consult and Treat (No Tests)	In office consultations and treatment, excluding tests.	OP
1008	Consult and Tests (No CT/MRI)	In office consultations and testing (excluding CT Scan & MRI), excluding treatment.	OP
1103	Consult In-Patient Pro-Fees	Inpatient professional visits. An Inpatient facility auth will generate when this category is used by clinic administrative groups.	OP
1104	Same day Procedures & Ancillary Charges	Use for procedures performed on an outpatient basis.	OP
1201	OB Total	Obstetric Care including visits and delivery.	OP

Tests

Service Code	Service Category Name	Service Category Definition	Auth Type
1000	Consult/Treat/Test/CT/MRI	In office consultations, diagnostic testing, and treatment (including CT Scan & MRI).	OP
1607	Test-(no CT/MRI)	Tests excluding CT Scan and MRI.	OP
1711	Test-CT Scan	CT Scan testing only.	OP
1803	Test-MRI	MRI Testing only.	OP
2201	Sleep Studies	Sleep Studies performed at sleep centers.	OP

Service Category List (continued)

Allergy Testing

Service Code	Service Category Name	Service Category Definition	Auth Type
3701	Allergy Injection Only	Allergy Injection Only	OP
3702	Allergy Serum Only	Allergy Serum Only	OP

Therapies

Service Code	Service Category Name	Service Category Definition	Auth Type
1502	Therapy-Physical	Physical Therapy	OP
1503	Therapy-Chiropractic	Chiropractic Care	OP
1506	Therapy-Speech	Speech Therapy	OP
1509	Therapy-Dialysis	Dialysis Services	OP
1511	Therapy-Respiratory	Respiratory Therapy	OP
1512	Therapy-Chemo	Chemo Therapy	OP
1513	Therapy-Occupational	Occupational Therapy	OP
1519	Therapy-Habilitative PT	Habilitative Physical Therapy	OP
1520	Therapy-Habilitative OT	Habilitative Occupational Therapy	OP
1521	Therapy-Habilitative ST	Habilitative Speech Therapy	OP

Infertility

Service Code	Service Category Name	Service Category Definition	Auth Type
3201	Infertility-DX eval only	Infertility diagnostic evaluation only.	OP
3202	Infertility-Treatment	Infertility treatment only.	OP
3203	Infertility-Artificial Insemination	Infertility-Artificial Insemination	OP

Service Category List (continued)

Miscellaneous

Service Code	Service Category Name	Service Category Definition	Auth Type
2502	Facility Charges	Facility charges for outpatient, emergency room, urgent care and holding bed.	OP
2601	Blood Transfusion	Blood transfusion	OP
3301	Interpreter-Language & Sign	Language & Sign Interpreter services	OP
3601	Reconstructive Surgery	Reconstructive Surgery	OP

Inpatient

Service Code	Service Category Name	Service Category Definition	Auth Type
5000	Inpatient	Inpatient services (facility charges only)	IP