



## Prior Authorization for Mental Health Residential Treatment Services

Fax completed forms to (952)853-8830. Call Utilization Management (UM) at (952)883-7501 with questions. Incomplete forms will be returned. [Submit clinical documentation](#) to support your request. Sign in at [healthpartners.com/provider](http://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**	

### 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**

### Facility site for therapy

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

### Treatment Services

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

Primary diagnosis code	Description
Secondary diagnosis code	Description

\*Confidential voicemail required

\*\*For outcome notification



Procedure codes (s)

Procedure(s) description

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