



Prior Authorization for Hospital Bed

DME Medical Review Form

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 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**

Vendor Information

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

Durable Medical Equipment

Primary diagnosis code Description
Secondary diagnosis code Description

*Confidential voicemail required

**For outcome notification



Request Information:

Item(s) Description	HCPC	Modifier	Cost	Start Date	End Date	Units
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Note: Requests for prior authorization which are not submitted within 30 days of the date item was dispensed could be subject to denial (vendor liability)

HomeLink Contracted Vendors: send this form to HomeLink
Telephone: (866)211-1995
Fax: (855)348-9970

If not contracted with HomeLink: send this form directly to HealthPartners
Telephone: (952)883-6333
Fax: (952)853-8714