HealthPartners®

Prior Authorization for Spinal Cord Stimulator (SCS)

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 incorrect)

Email   Phone*   Fax**

Procedural provider information   *check box if same as **Ordering provider information** above*

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 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 incorrect)   NPI

Phone*   Fax**

*Confidential voicemail required
**For outcome notification

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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)

Unit(s)

Procedure(s) or surgery description

Proposed date of procedure   or   TBD

Will waiting the standard review time seriously jeopardize member's health, life or ability to regain maximum functioning?   Yes   No

Clinical reason for urgency (not scheduling issues)

Trial Insertion
Permanent Placement   Trial Insertion Date **Inserted**   Trial Insertion Date **Removed**