



Prior Authorization Request for Mental Health Partial Hospitalization Treatment

Did you know that you can now submit authorization requests for Partial Hospital Program treatment requests online via our HealthPartners Provider Portal? Just log into your provider portal account to start your authorization request. If you don't have a HealthPartners Provider Portal account, please register by visiting healthpartners.com/provider and clicking on "Register Here."

Call Member Services to verify member eligibility and check benefits prior to requesting authorization. **Submit clinical documentation** to support your request. In accordance with HIPAA minimum necessary standards, submit only clinical information that is relevant and required to make a determination. 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**

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

Facility name
Facility street address
Facility city Facility state Facility zip
Billing tax ID (claim may be rejected if incorrect) NPI
License # Specialty licensed to serve
Phone* Fax**

Treatment services

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)

*Confidential voicemail required

**For outcome notification

