



## Authorization request for Mental Health Partial Hospitalization treatment

Call Member Services to verify member eligibility and to check benefits prior to requesting authorization. Fax completed forms to (952)853-8830. Call Behavioral Health (BH) at (952)883-7501 with questions. Incomplete forms will be returned. [Submit clinical documentation](#) to support your request. In accordance with our minimum necessary standards and the requirements of your provider contract, submit only clinical information that is relevant and required to make a determination. 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

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

Admission/start date

Estimated discharge date

