



## Prior Authorization for Specialty Mattress Overlay Group I or Group II

### 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](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\*\*

#### 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 |
|---------------------|------|----------|------|------------|----------|
|---------------------|------|----------|------|------------|----------|

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

