



Prior Authorization for Vertebral augmentation (percutaneous vertebroplasty and kyphoplasty)

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 Office Outpatient Inpatient
Facility street address
Facility City Facility state Facility zip
Billing tax ID (claim may be rejected if incorrect)
Phone* Fax**

*Confidential voicemail required

**For outcome notification



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)

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)

To see the criteria requirements for this policy, please visit our website at healthpartners.com/public/coverage-criteria/ or the Provider Portal.