

Provider Checklist for Review of Acute Inpatient/Mental Health/Substance Abuse Authorization



Please feel free to use this checklist as a guide to help ensure that all the necessary information is submitted to Health Alliance™ for any mental health, substance use disorder or inpatient acute authorizations.

PROVIDER INFORMATION

- Facility's name and NPI number.
- Admitting physician's name and NPI number.
- Utilization Management phone number.
- Utilization Management fax number.

MEMBER (PATIENT) INFORMATION

- Member name.
- Member identification number.
- Member date of birth.
- Date and time of admission.
 - If this was an admission through the emergency department, please include the information in the notification.
 - Is this a medical, behavioral health or substance abuse admission?
 - If this is a behavioral health or substance abuse admission, please specify the category of admission (i.e. Intensive Outpatient (IOP), Partial Hospitalization (PHP), Residential or full Inpatient).
- If this is a medical admission, is this for obstetrics or a scheduled surgery? If yes, please include the information in the notification (e.g. if obstetrics, please indicate date and type of delivery with sex of newborn).
- Primary diagnosis (ICD-10) code.

INITIAL CLINICAL FOR AUTHORIZATIONS

- All inpatient authorizations require the following initial clinical to be sent in within 24 hours of notification.
 - History and physical.
 - Medications, labs and imaging.
 - Current progress notes.

In addition to the above, mental health and substance abuse also requires:

- Treatment history.
- Please note: Intensive Outpatient does not go through the Web Provider Portal and should be called or faxed in, using the contact information below.

WHERE TO SEND INITIAL CLINICAL FOR ALL ADMISSION AUTHORIZATIONS

- New admissions for Health Alliance can be called in to (800) 851-3379 or faxed to (217) 902-9750.
- If you have any questions or concerns, please contact our Inpatient Admissions line at (800) 851-3379. Follow the prompts: 3 for providers, 2 for prior authorizations, 3 for acute inpatient admissions.