

# Provider Checklist for Transplant Center



Please use this checklist as a guide to help ensure that all the necessary information is submitted to Health Alliance for any Transplant Team related care needs.

## PROVIDER INFORMATION/ATTENDING FACILITY INFORMATION (where the transplant is occurring)

- Referred by Provider Name and NPI Number
- Admitting Provider Facility: Provider Name and NPI (facility NPI)
- Admitting Facility/Provider Phone Number
- Admitting Facility/Provider Fax Number
- Financial Coordinator Name, Phone, and Fax Number

## MEMBER (PATIENT) INFORMATION

- Member Name
- Member Identification Number
- Member Date of Birth
- Primary Diagnosis (ICD10) Code
- CPT Code (i.e., 99201) Office Outpatient Visit/New
- Requested Number of Visits (99) gives unlimited visits (this is standard)

## INITIAL CLINICAL FOR AUTHORIZATIONS

- All Transplant referral authorization requests with clinicals attached.
- History and Physical.
- Send all clinicals attached through the portal.
  - Medications, Labs, and Imaging
  - Current Progress Notes
- First attempt to send clinicals should be via the portal.

## WHERE TO SEND INITIAL CLINICALS IF UNABLE TO SEND TO THE PORTAL

- Please fax all clinicals to (217) 902-9771.

## PORTAL INFORMATION

☐ Please call the Provider Service Coordinator at (217) 902-8937.

## CARE COORDINATION CONTACT INFORMATION

(800) 851-3379 ext 28947 Monday-Friday, 8am-5pm CST

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\*Incomplete submissions have the potential to cause delays up to 14 days.

## FOR ANY ISSUES UPLOADING NOTES:

Please upload clinical documentation to support the medical necessity of this request. If you have questions or have issues with accessing this online system, please contact Provider Network Management at (800) 851-3379 for assistance.