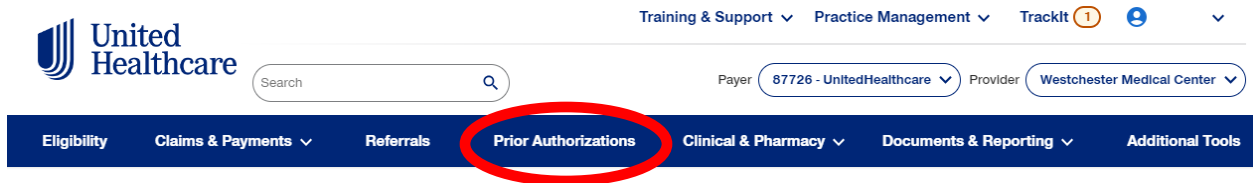


UNITED HEALTHCARE ADMISSION NOTIFICATION HOW-TO

Start by logging into the **UnitedHealthcare Provider Portal**.

Select **“Prior Authorizations”**:



Once selected, select **“Inpatient Admission Notifications”** under **“Prior Authorization Type for Submission,”** then select **“Continue”**:

Home / Prior authorizations & notifications Required Medical Documentation

Prior Authorizations and Notifications

Shortcuts to page sections: [Create new prior authorization](#) | [Peer-to-peer, drafts and letters](#) | [View existing and flagged](#) | [Guidelines & resources](#)

☐ Required *

Is prior authorization needed?

☒ **Check by code**

Check by procedure code(s), product type, state and diagnosis. Applies to medical services only.

Product type ^{*}

Continue

Your search is not a request for prior authorization, nor is it a notification to UnitedHealthcare.

[Looking for behavioral health information?](#)

☒ **Check by member** Continue

Check by member, procedure code(s) and case details to generate a reference number (Decision ID). Applies to medical services only.

ⁱ Excludes Rocky Mountain Health Plan members.

Create a new prior authorization submission

Currently selected provider: [Westchester Medical Center](#) [Edit](#)

Select a request category to **create a new prior authorization**. For some category types, such as radiology and cardiology, you will also be able to use this search to **view submission status**.

Select prior authorization type for submission ^{*}

Create new submission (existing submission status can be located below)

Standard medical requests (not listed below)

- ☐ Outpatient
- ☒ Inpatient admission notifications
- ☐ Pre-authorization

Create new submission or view existing submission status

- ☐ Cardiology
- ☐ Gastroenterology endoscopy
- ☐ Oncology
- ☐ Physical health (physical therapy, occupational therapy and speech therapy)
- ☐ Radiology
- ☐ Radiation oncology
- ☐ Specialty pharmacy

Once selected, enter “**Member ID**” & “**Member Date of Birth**,” followed by “**Expected Service Start Date**”:

Be mindful when entering “Expected Service Start Date” to ensure it reflects the proper date of admission. This will matter towards the end of the notification.

Select prior authorization type for submission *

Inpatient admission notifications

 Medical services only.

Select your search criteria *

Member ID & date of birth

Member ID *

Member date of birth *

MM/DD/YYYY

 Show optional fields

Expected service start date *

Enter a value

MM/DD/YYYY

The service date defaults to today's date and will return any current policies. To search for future policies, you may also enter a date range up to 12 months in the future.

Continue

Upon “Patient Details,” enter in “Submitting Provider Address,” Place of Service,” and “Service Details,” then search for the “Admitting Physician”:

Member search

Member/provider details

Case entry

Verify

Confirm

Collapse all

Patient details

Patient name	Relationship Employee	Verbal language preference English
Member number XXXXX9691	Effective date 01/01/2024	Written language preference English
Group number 16532	Termination date 12/31/2024	
Product PPO - Options PPO	Insurance type Medicare	

A future timeline may be available for this member. For future coverage please call the telephone number located on the back of the member's Medical ID card.

Submitting provider details

Name Westchester Medical Center	Tax ID number 133964321	Submitting provider address * 241 NORTH RD, POUGHKEEPSIE, NY 12601-11
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Select a different provider

Begin typing in the dropdown to filter addresses

Service setting

Place of service * Acute Hospital	Service details * Medical
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What is place of service?

Admitting/attending physician details

Select admitting/attending physician *

The doctor responsible for admitting a patient to a hospital or other inpatient health facility. You are able to select an Admitting/Attending Physician either from your favorites or perform a new search.

Search by: ☒ New admitting/attending physician search ☐ Your favorites

Select your search criteria *
Name & state

Last name * 	First name
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Wildcard search (*) available on partial name search.

State *

Search admitting/attending physician

Fill out the remaining fields, such as “**Admission Date**” and “**Service Description**.”

Ensure that the admission date is accurate for the specific encounter.

Enter in the “**Diagnosis Code**” and skip over “**Procedure Code**.”

Facility service dates details

Has the patient been admitted today? *

☒ Yes ☐ No

Admission date *

MM/DD/YYYY

Service description *

Emergent

What is service description?

Has the patient been discharged from the facility? *

☐ Yes ☒ No

Diagnosis code details

0 of 10 DIAGNOSIS CODES ADDED TO INQUIRY. Please list the primary diagnosis code along with any secondary codes. You may enter up to 10 diagnosis codes. If you do not list the primary diagnosis code specific to the service you are requesting, you may receive an error message that prior authorization is not required.

Add a new diagnosis code

Not sure which diagnosis code to use? [Look up code](#)

Add a new diagnosis code

Procedure code details

0 of 14 PROCEDURE CODES ADDED TO INQUIRY. Please list the primary procedure code along with any other secondary codes. You may enter up to 14 procedure codes.

Add a new procedure code

Not sure which procedure code to use? [Look up code](#)

Add a new procedure code [Select procedure code from your favorites](#)

Under “**Initial Contact Details,**” reflect the information for the UR Department:

Initial contact details

Person submitting the notification/prior authorization

Name *

UR DEPT

Phone number + ext *

(914) 493-7369 + _____

Fax number

(914) 493-8650

Follow-up contact details

It is important that you provide the contact information of the individual who can provide additional clinical information and assist with discharge planning activities, if applicable.

☒ Copy initial contact details

Name *

UR DEPT

Role *

Care management

Department

Provider phone number + ext *

(914) 493-7369 + _____

Fax number *

(914) 493-8650

Email

Facility medical record number

Member phone number + ext

Select “**Continue**” until you successfully submit the notification for admission.

Print and scan the document in the encounter under “**Insurance Verification,**” naming the document as “**Admission Notification.**”

Please Note: The only time we should be faxing UHC is when it is *United Healthcare Medicare HMO Optum*.

No Admission Notification is required for UHC for Observation Admissions.