

# Behavioral Health - Admission Submission

## Quick Reference Guide

**Patient** — The patient's name auto-populates from the current patient on today's list.

**Diagnosis** — You can enter up to 12 diagnoses. Search by code or by name. Be sure to include the decimal point if the diagnosis code requires one.

**Non-Emergent Admissions** — The contracted facility, PCP or specialist may initiate a request.

**Requesting Provider** — The contracted facility, PCP or specialist may initiate a request.

**Contact Name and Contact Number** — Enter contact name and contact number in the two corresponding fields.

**Servicing Provider** — The servicing facility. Select the facility by entering the name, NPI or HPHC ID.

**Service** — Select from the menu:

- Mental Health
- Substance Abuse
- Residential Treatment (ART)

**Level of Service** — Select elective, urgent, or emergent.

**Service Units** — Defaults to days.

**Start Date** — Enter the start date of service only. You can enter a date in the field or click on the "Quick Calendar" to select a date.

**Procedure Code** — A procedure code is needed for Acute Residential Treatment services. Please use REV code 1001 or 1002.

**Quantity** — When procedure code is required, the procedure code quantity must be filled in.

**Release of Information** —

- Signed Statement/Claims

**Remarks** — This is a free text field to enter any additional message to Harvard Pilgrim.

**Clinical Documentation** — Clinical notes/reports can be attached here if you have them. File size cannot exceed 45 MB.

Click on "Submit" to finalize and **send the request**.

Referral & Authorizations / Search Requests

### Admission Submission

**Patient**

\*Search Current Patients

Select a patient

**Diagnosis**

\*Search and select a diagnosis

**Requesting Provider**

\*Requesting Provider  Contact Name  Contact Info  Phone

**Servicing Providers**

\*Servicing Providers  Contact Name  Contact Info  Phone

**Service Details**

\*Service  \*Level of Service   
Medical   
Nsg Home Residential Status  Admission Source  Patient Status   
Select...  Select...   
\*Service Units  \*Start Date  End Date   
Days  08/25/2023  08/26/2023

**Requested Procedures**

Procedure Code

**Additional Information**

\*Release of Information  Remarks   
Signed statement/claims  Characters remaining: 225 / 225

**Clinical Documentation**



For more information, visit [hphcproviders.healthtrioconnect.com](http://hphcproviders.healthtrioconnect.com)