# Behavioral Health – Outpatient Submission
## Quick Reference Guide

**Patient** — Search by name or ID. As you type the patient's name, a list of options will auto-populate.

**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.

**Requesting Provider** — Any Harvard Pilgrim contracted:
- PCP
- Specialist
- Facility

**Contact Name and Contact Info** — Enter contact name, contact phone, fax or email. (These fields have a character limit of 60 and restricted characters <>, and #)

**Servicing Provider** — One of the following (requesting provider can be the servicing provider):
- Behavioral Health Specialist
- Facility

**Service** — Select from the drop-down menu:
- Mental Health
- Psychotherapy
- Partial Hospitalization
- Cognitive Therapy
- Case Management
- Day Care – Psych

**Location** — Select from the drop down.

**Service Units** — Enter the number of units requested.

**Start and End Dates** — Enter the time frame for the service, up to a maximum of 364 days.

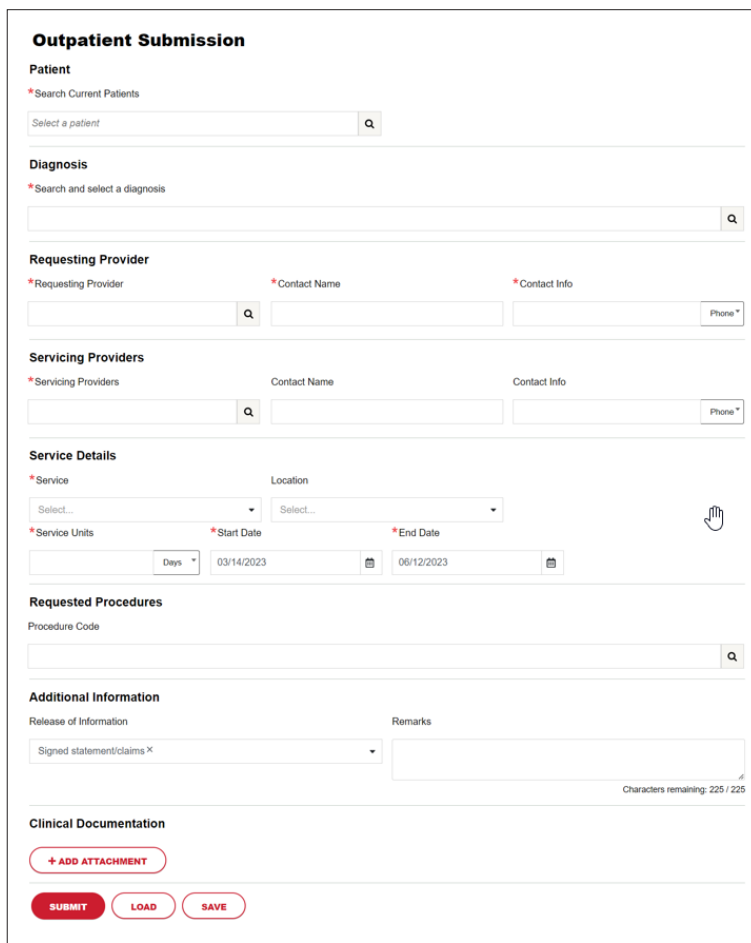**Procedure Code** — At least 1 required for Behavioral Health Services.

**Release of Information** —
- Signed Statement/Claims

**Remarks (optional)** — Enter text only; do not use punctuation marks, symbols, or other special characters.

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

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

*Psychological Testing, Neuropsychological Testing and Transcranial Magnetic Stimulation (TMS or rTMS) will require Interqual Review.*

**Outpatient 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        Location

Select...        Select...

*Service Units        *Start Date        *End Date

Days        03/14/2023        06/12/2023

**Requested Procedures**
Procedure Code

**Additional Information**
Release of Information        Remarks

Signed statement/claims ×

Characters remaining: 225 / 225

**Clinical Documentation**

+ ADD ATTACHMENT

SUBMIT        LOAD        SAVE