

## 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. Only ONE servicing provider is required. 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.

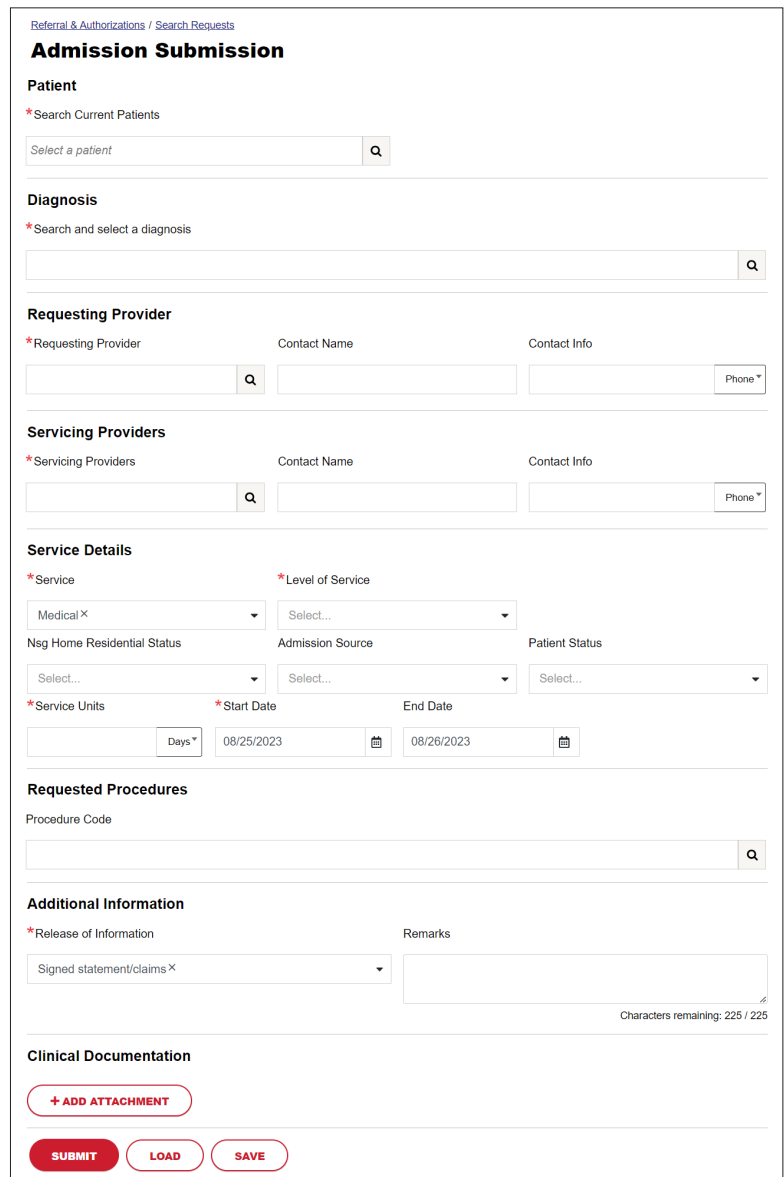
**Release of Information** –

- Signed Statement/Claims

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

**Clinical Upload (Attachment)** – Clinical notes/reports can be attached here if you have them.

Click on “Submit” to finalize and **send the request**.



Referral & Authorizations / Search Requests

### Admission Submission

**Patient**

\*Search Current Patients

Select a patient

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**Diagnosis**

\*Search and select a diagnosis

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**Requesting Provider**

\*Requesting Provider Contact Name Contact Info

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**Servicing Providers**

\*Servicing Providers Contact Name Contact Info

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**Service Details**

\*Service \*Level of Service

Medical

Nsg Home Residential Status Admission Source Patient Status

\*Service Units \*Start Date End Date

08/25/2023  08/26/2023

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**Requested Procedures**

Procedure Code

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**Additional Information**

\*Release of Information Remarks

Signed statement/claims

Characters remaining: 225 / 225

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**Clinical Documentation**

