

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.

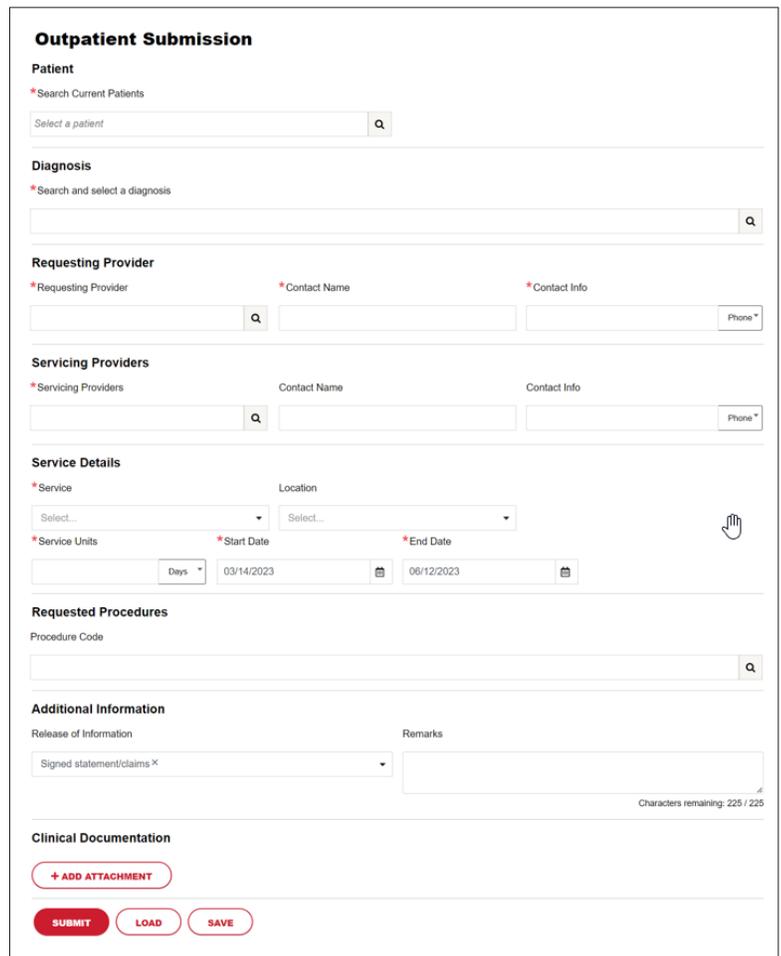
Release of Information –

- Signed Statement/Claims

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

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 [input] [search]

Diagnosis
*Search and select a diagnosis
[input] [search]

Requesting Provider
*Requesting Provider [input] [search] *Contact Name [input] *Contact Info [input] [Phone *]

Servicing Providers
*Servicing Providers [input] [search] Contact Name [input] Contact Info [input] [Phone *]

Service Details
*Service [input] Location [input] [search]
*Service Units [input] *Start Date [input] [calendar] *End Date [input] [calendar]

Requested Procedures
Procedure Code [input] [search]

Additional Information
Release of Information [input] [search] Remarks [input] [search]
Signed statement/claims x [input] [search]
Characters remaining: 225 / 225

Clinical Documentation
+ ADD ATTACHMENT
SUBMIT LOAD SAVE

