

Behavioral Health Home

Create a new notification (see [Getting Started](#)).

Note: All fields with a red asterisk are required.

Select “Behavioral Health (Group)” from the *Authorization/Notification Type* dropdown menu. Then select “Behavioral Health Home” from the dropdown menu that appears after you make your first selection.

Authorization/Notification Type*

Behavioral Health (Group) ▼

Behavioral Health Home ▼

Template (If you do not know which template to use please leave as No Template.)

No Template ▼

Load Form

Click *Load Form*.

Fill out *Submitter Information* in full, and enter the *Service Start Date*.

Note: The Service Start Date will always default to the current date.

Behavioral Health Home

Submitter Information

First Name*

Provider1

Last Name*

Basic

Phone:*

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Ext:

Email*

provider1@test.com

Service Start Date*

04/17/2020 

Start date is defaulted to today.

Select the *Facility* at which the services are being provided and enter the facility's phone number.

Facility

Select Facility

Provider is required.

Phone*

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Enter the *Diagnoses*, upload any *Attachments*, and *Submit* the notification to PrimeWest Health.

Diagnoses

Primary ICD 10 Code*	Diagnosis Description

Add Diagnosis

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File

No file chosen

Add File

Submit

Cancel