

Partial Hospitalization Program

Create a new notification or edit member information (see [Getting Started](#)).

Note: All fields with a red asterisk are required.

Select *Behavioral Health (Group)* from the first “Authorization/Notification Type” dropdown menu and select *Partial Hospitalization Program Notifications* from the second dropdown menu. Then, click the “Load Form” button.

Authorization/Notification Type*

Behavioral Health (Group) ▼

Partial Hospitalization Program Notifications ▼

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

No Template ▼

Load Form

Fill out the submitter information in full and enter the services start date and service end date.

Note: Service start date will always default to the date the notification is entered.

Partial Hospitalization Program Notifications

Submitter Information

First Name*

Provider1

Last Name*

Basic

Phone:*

() - -

Ext:

Email*

provider1@test.com

Service Start Date*

04/16/2021

Service End Date*

MM/DD/YYYY

Start date is defaulted to today.

Select the facility in which the services are being provided and enter the facility phone number.

Facility

Select Facility

Provider is required.

Phone*

() -

Enter diagnoses.

Diagnoses

Primary ICD 10 Code*

Diagnosis Description

Enter modifiers and units.

Note: The procedure code H0035 will always auto populate.

Procedure Code

Procedure Code*

Description

H0035

MH PARTIAL HOSP TX UNDER 24H

MOD 1

MOD 1 Description

MOD 2

MOD 2 Description

MOD 3

MOD 3 Description

MOD 4

MOD 4 Description

Number of units*

Enter additional comments and attachments, then submit the notification to PrimeWest Health.

Comments

Enter any additional comments

Attachments

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

Only file types .doc, .docx, .xls, .xlsx, .txt, .pdf, .jpg, .jpeg, .tiff, .tif are supported.

File*

Choose File

No file chosen

Add File

Submit

Cancel