

Behavioral Health Notification Form

New Hampshire



Psychiatric and substance use treatment

Notification of admission is required for all acute inpatient substance use disorder services and PHP. A medical necessity review should be completed on the last covered day if authorization for continued stay is requested for inpatient-acute psychiatric. For continued stay requests, please call the appropriate number below to speak with a UM clinician.

Phone numbers:

NH Clarity: 855-833-8122

NH Medicaid: 877-957-1300

NH Medicare: 855-833-8128

Fax: 857-264-2670

Provider Portal: [HealthTrio connect - Sign In](#)

Today's date:

Date of request:

Date of admission:

Member information

Member name (last name, first name, middle initial)

Member ID#

Member date of birth(mm/dd/yyyy)

Member address (Street, city, state, zip code)

Diagnosis: ICD-10

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Admitting facility information

Facility name

Facility address (City, State, Zip code)

NPI#

Utilization management clinician for follow-up:

Phone

Secure fax

Check the appropriate level of care:

Behavioral health services

Inpatient- acute psychiatric

Partial hospitalization program (PHP)

Substance use disorders

Inpatient- acute substance use/ASAM level 4 detox

Acute treatment services (ATS)/substance use: ASAM level 3.7

High intensity rehabilitative services (ASAM 3.5)-excluding Medicare

Residential low intensity & specialty low intensity residential treatment (ASAM 3.1)-excluding Medicare

Partial hospitalization, SUD (ASAM 2.5)

The below section does not need to be completed if request is for initial review.

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For **concurrent notification** for detox, high intensity rehabilitative services, residential low intensity & specialty low intensity residential treatment, PHP and IOP please include the following information in your request:

What is the current treatment plan? _____

Any identified barriers? If yes, how are they addressed? _____

After care plan:

- Outpatient therapy
- Medication management
- PHP
- IOP
- Other (specify): _____

Signature of clinician completing request:

Date:

Note: WellSense Health Plan may contact facility to discuss treatment planning and care coordination as necessary.