INSTRUCTIONS
COMPLETING THE BEACON HEALTH OPTIONS OUTPATIENT REVIEW

Please note: For most efficient and timely service – use of authorization request flow on ProviderConnect℠ is the preferred method of submitting requests for network Providers. For providers that are not part of the Beacon network or who do not have access to the web-based application the following instructions should be followed for completing the Outpatient Review. To ensure timely processing of your Outpatient Review, please complete ALL sections prior to submission to Beacon.

TYPE or PRINT LEGIBLY Check/circle responses where applicable.

MEMBER AND PROVIDER DEMOGRAPHICS:

Information requested	How to complete this section
Member's ID#	This is usually the ID# from the member's benefit card. However for some plans it is still the policy holder's SSN or Alternate ID#.
Insured's Employer/Benefit Plan	This is either the policy holder's employer's name or the Health Plan the member belongs to, depending on who holds the contract with Beacon.
Is the member currently receiving disability benefits?	This could be for either Medical or Psychiatric reasons.
Provider Program/Clinic (if applicable)	If provider is billing through a facility/clinic rather than as an individual provider.
Beacon Provider # (if known)	This is the Provider's Beacon ID number or GHI PIN# (if applicable).
Service Address	Address where services are rendered.

Current Risk Assessment:

Information requested	How to complete this section
Member's risk to self:	Indicate member's level of, or absence of, suicidality by circling the appropriate value. **This must be completed.**
Member's risk to others:	Indicate potential for, or absence of, violence and/or abuse by circling the appropriate value. **This must be completed.**

Current Impairments: (please select/circle one value for each type of impairment – this must be completed.

Rating	Definition
0 = none	No evidence of impairment
1 = mild	Occasional impairment or difficulties, but no interference with normal daily activities
2 = moderate	Currently experiencing difficulties, frequent disruption in daily activities, requires periodic or continuous assistance with some tasks.
3 = Severe	Currently experiencing severe symptoms, potential risk of harm to self/others, severe distress and/or disruption in daily activities
NA = not assessed	Impairment was not assessed – **Please note use of NA may result in additional Phone calls with Beacon to ascertain this information.**

Information requested	How to complete this section
Behavioral Diagnosis	Minimum requirement of primary behavioral diagnosis. List Primary; add additional as appropriate. Please list appropriate ICD code and description. Please see DSM-5 for further instructions.
Medical Diagnosis	Options include: • Infectious & Parasitic - Other • Infectious & Parasitic - HIV • Cancer & Neoplasms • Blood, blood-forming organs, & immunological • Endocrine, nutritional & metabolic - Thyroid • Endocrine, nutritional & metabolic - Diabetes • Endocrine, nutritional & metabolic - Other • Endocrine, nutritional & metabolic - Overweight • Mental, Behavioral, Neurodevelopmental • Nervous system - Other • Nervous system - Parkinsons, EPS • Nervous system - Multiple Sclerosis • Nervous system - Migraine, Epilepsy, Stroke • Nervous system - Chronic pain, other • Eye - Other • Eye - Blindness • Circulatory system - Other • Circulatory system - Hypertension • Circulatory system - Heart • Respiratory system - Other • Respiratory system - COPD, Asthma, Emphysema • Digestive system - Other • Digestive system - Liver • Skin & subcutaneous tissue • Musculoskeletal system & connective tissue • Genitourinary system - Kidney • Genitourinary system - Other • Pregnancy, childbirth • Perinatal period • Congenital malformation, deformation, & chromosome abnormality • Symptoms, signs & abnormal clinical/lab • Injury, poisoning & other effects of ext causes - TBI • Injury, poisoning & other effects of ext causes - Other • External causes of morbidity
Social Elements Impacting DX	Options include:

	• Educational problems • Financial problems • Problems with access to health care services • Problems related to interaction w/legal system/crime • Problems with primary support group • Housing problems • Occupational problems • Problems related to social environment • Other psychosocial & environmental problems (list details) • Unknown
Functional Assessment	Optional. May enter functional assessment from following list and score: • WHO_DAS • GAF • SF12 • SF36 • FAST • CDC HRQOL • OMFAQ • Other
Psychiatric Treatment in the Past 12 Months	This should **not** include the member's current course of outpatient treatment.
Substance Abuse Treatment in the Past 12 Months	This should **not** include the member's current course of outpatient treatment
Treatment Compliance (Non-Med)	This is compliance with outpatient behavioral health treatment, not medication compliance.
Please indicate type(s) of service provided BY YOU, and the frequency	This should only include treatment that you are providing to the member.
Please indicate type(s) of service provided and frequency	If you are checking the "Other" Box please indicate the specific CPT codes and/or frequency you are requesting.
Please indicate type(s) of service provided BY OTHERS	This should only include treatment the member might be receiving from other providers. Please check all that apply.
Are the Member's family/supports involved in treatment?	This must be completed.
Coordination of care with other behavioral health providers?	This must be completed.

Clinical Practice Guidelines: (Page 2) This section must be completed with all applicable guidelines endorsed as appropriate – accurate completion of this section ensures timely processing of information needed for accurate claims processing and/or authorization processes.

Left side of page 2: Provider must endorse (check off) the Guideline Based Interventions for all Behavioral Health Conditions

Right side of page 2: Providers must endorse (check off) the Diagnostic Specific Additional Guideline Based Interventions specific for that member's related diagnosis.