



Behavioral Health — Level of Care Request Form*

ATTENTION: Eating disorder level of care requests **MUST** include the supplemental eating disorder form.

Please Fax to Beacon Health Options: 781-994-7634

MEMBER/PROVIDER INFORMATION

Member Name:	
DOB:	Gender:
Insurer:	Policy #:
Requesting Clinician/Facility:	
Phone #:	NPI / TIN:
Servicing Clinician/Facility:	
Phone #:	NPI / TIN:
Currently in an ER: <input type="checkbox"/> Y / <input type="checkbox"/> N	Date and Time of Request:
Service Date for Request:	

LEVEL OF CARE REQUESTED

Inpatient Partial Hospitalization Community Stabilization/Treatment (ICBAT CBAT CCS/CSU) Residential
 Outpatient Psychotherapy (except 90837/90838) 90837/90838 (ACT CBT Cognitive Processing DBT EMDR
 Exposure Functional Family PCIT IPT Other: _____)
 Family Stabilization Other: _____

SERVICE TYPE

Behavioral Health (BH) Behavioral Health in General Hospital Dual Diagnosis Eating Disorder

CHIEF COMPLAINT/REASON FOR REQUEST AND DIAGNOSES

Chief Complaint/Reason for Request: _____

Mild Moderate Severe Acutely life-threatening Are there any functional impairments? Y / N
 Frequency/Duration of Symptoms: _____

Medications: None Antidepressant Antianxiety Antipsychotic Mood stabilizer Stimulant Other _____

Primary Psychiatric Diagnosis:	ICD-10/DSM-5 Code:
Secondary Psychiatric Diagnosis:	ICD-10/DSM-5 Code:
Substance Use Disorder Diagnosis:	ICD-10/DSM-5 Code:

Relevant active medical problems? Y / N Medically cleared? Y / N Needs further evaluation/intervention? Y / N

Relevant Active Medical Diagnoses:	ICD-10 Code:
Prior Admissions: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Unknown	Inpatient: # of times: _____ Most recent: _____
Substance Use/Detox (SUD): # of times: _____ Most recent: _____	Other (specify): _____ # of times: _____ Most recent: _____

MEDICAL/PSYCHOSOCIAL RISKS AND FUNCTIONAL IMPAIRMENTS (select all that apply to the current request)

- Suicidal: Current ideation Active plan Current intent Access to lethal means None Section 12
 Current suicide attempt Prior suicide attempt (<1 year) Explain: _____
- Homicidal/Violent: Current ideation Active plan Current intent Access to lethal means None
 Current threat to specific person Prior violent acts (<1 year) Explain: _____
- Self-Care/ADLs: Mild Moderate Severe Acutely life-threatening Explain: _____
Highest and Lowest Levels of Functioning (<1 year): _____
- Self-Injurious Behavior: Mild Moderate Severe Acutely life-threatening Explain: _____
Agitated/Aggressive Behavior: Mild Moderate Severe Acutely life-threatening Explain: _____
- Medication Adherence: Y / N / Unknown; Other Treatment Adherence: Y / N Explain: _____
- Legal Issues, Court/DYS Involvement: Y / N Explain: _____
- Employment Risks: Employed Employment at risk On/requesting medical leave Disabled Unemployed
 Other Explain: _____
- Psychosocial/Home Environment: Supportive Neutral Directly undermining Home risk/safety concerns
 Homeless Lives alone Married Single Divorced Separated Dependents Other
Explain: _____
- Additional Concerns: Y / N Explain: _____
- Outpatient BH/SUD treatment in place? Y / N / Unknown; Have the outpatient treaters been contacted? Y / N