Magellan HEALTHCARE SM

Magellan Behavioral Health of Pennsylvania, Inc.
Pennsylvania HealthChoices
Ad Hoc / Out of Network Provider Request

Return to: _____ **Fax #:** 866-667-7744

Member County:
☐ Bucks Co ☐ Cambria Co ☐ Delaware Co ☐ Lehigh Co ☐ Montgomery Co ☐ Northampton Co

Type of Request: ☐ Initial ☐ Concurrent

Member Information:
Member Name: _____ Member DOB: _____ Medicaid #: _____
Member Current Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Diagnosis Codes (MH, D&A): _____ Diagnosis Codes (Medical): _____

MBH Use Only:
Eligible: ☐ Yes ☐ No TPL: ☐ Yes ☐ No

Reason for Request:
☐ Access Issue ☐ Specialty Need ☐ Geographic Need ☐ Continuation of Care ☐ Other _____
Presenting Issue/Justification for SCA (complete for all requests): _____

Level of Care:

CPT / HCPCS Code Requested	Units	Modifiers (if known) Otherwise, specify MH or D&A	Start Date	End Date	MBH Use Only: Outcome	MBH Use Only: Modifiers	MBH Use Only: Rate

Requestor Information:
Caller Name: _____ Caller Phone: _____ Caller Fax: _____
Prov/Fac Name: _____ Phone #: _____ Fax #: _____
** **NOTE**: Service Address **must** be the location where the member is receiving services, not the main office address **
Service Address: _____ City, State, Zip: _____
Medicaid #: _____ Tax ID: _____ NPI: _____ MBH MIS #: _____
Business Office Contact Name: _____
Phone #: _____ Ext: _____ Fax #: _____
E-mail Address: _____