



**Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Intensive Behavioral Health Services (IBHS)**

Treatment Authorization Request

Change in IBHS Prescription

Bucks County Cambria County Lehigh County Montgomery County Northampton County

Date of Birth: (MM/DD/YYYY) _____ Provider Name: _____

Member Name: _____ Magellan Provider MIS #: _____

MA ID #: _____ Provider Phone #: _____ Ext: _____

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
Individual IBHS										
<input type="checkbox"/> BC				536	H0032	001	UB			
<input type="checkbox"/> MT				536	H2019	001	UB			
<input type="checkbox"/> BHT				536	H2021	001	AH			
<input type="checkbox"/> Brief Tx-BC				536	H0032	001	U1			
<input type="checkbox"/> Brief Tx-MT				536	H2019	001	U1			
<input type="checkbox"/> IFC-MT				536	H2019	001	U2			
<input type="checkbox"/> IFC-BHT				536	H2021	001	U2			
Group IBHS										
<input type="checkbox"/> Group				536	H2021	001	U6			
ABA Group IBHS										
<input type="checkbox"/> ABA Group-Grad. Level Professional				536	97158	001	HO			
<input type="checkbox"/> ABA Group BHT				536	97154	001	HO			
ABA IBHS										
<input type="checkbox"/> BC-ABA				536	97151	001	HO			
<input type="checkbox"/> BHT-ABA				536	97152	001	HO			

DSM-5 DIAGNOSIS

CURRENT MEDICATIONS

Select all identified Social Determinants of Health Concerns:

<input type="checkbox"/> Not Assessed	<input type="checkbox"/> None Known	<input type="checkbox"/> Food Insecurity	<input type="checkbox"/> Financial Strain
<input type="checkbox"/> Literally Homeless	<input type="checkbox"/> At Risk of Homelessness	<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education/Low Literacy	<input type="checkbox"/> Safety	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Unemployment/Underemployment
<input type="checkbox"/> Clothing	<input type="checkbox"/> Utilities		

By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.

By checking this box, the provider attests that POMS information has been submitted on www.MagellanHealth.com/provider. Please reference your Provider Handbook for additional information on completing POMS and required updates.