



Magellan Behavioral Health of Pennsylvania, Inc.
Treatment Authorization Request
90837 for Mental Health and Substance Use Disorder Treatment

Bucks County Cambria County Delaware County Lehigh County Montgomery County Northampton County

Select the appropriate level of care/documentation: Mental Health Substance Use Disorder

Type of Request: Initial Request Concurrent Request

Member Name: _____ Date of Birth: _____

MA ID Number: _____

Date of Request: _____

I. What is the need for the extended sessions?

II. Dates of Service (can be a range of dates): _____ **Sessions:** _____

III. Current Diagnosis with Codes (DSM 5)

Dx 1: _____ Code: _____

Dx 2: _____ Code: _____

Dx 3: _____ Code: _____

Dx 4: _____ Code: _____

IV. Current Medications:

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

V. Other current supports and services involved with member (family, community, support groups, and other mental health/substance abuse services).

I verify that the information provided in this report is an accurate representation of member's status.

Signature of Requestor

Printed Name of Requestor

Date