



**Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Intensive Treatment Services for Children and Adolescents**

Bucks County
 Cambria County
 Delaware 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?
<input type="checkbox"/> Family Based Services				565	T1016	001	HR			
<input type="checkbox"/> Sub-Acute Partial				300	H0035	001				
<input type="checkbox"/> RTF - JCAHO				151	99221-1 unit 99231-addtl	001				
<input type="checkbox"/> RTF - Non-JCAHO				200	H0019	001	EP			
<input type="checkbox"/> RTF - Non-JCAHO (CISC)				252	H0019	001	HE	EP		
<input type="checkbox"/> RTF - Group Home				202	H0019	001	HQ			
<input type="checkbox"/> 90837 MH Therapy (60 min)				500	90837	001	U4			
<input type="checkbox"/> 90837 SA Therapy (60 min)				500	90837	002	U4			

DSM-5 DIAGNOSIS

CURRENT MEDICATIONS

Select all identified Social Determinants of Health Concerns:

Not Assessed
 None Known
 Food Insecurity
 Financial Strain
 Literally Homeless
 At Risk of Homelessness
 Lack of Child Care
 Transportation
 Education/Low Literacy
 Safety
 Social Isolation
 Unemployment/Underemployment
 Clothing
 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.

MAGELLAN USE ONLY	Date of Eval:	/ /	Date Info Due:	/ /	Select One: ("X") <input type="checkbox"/> Initial <input type="checkbox"/> Reauthorization
	Date of ITM:	/ /	Date Info Received:	/ /	
	Date Info Requested:	/ /	Date Info Accepted:	/ /	