Magellan HEALTHCARE℠

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

Type of Request: Please check off the type of request being submitted and indicate the submission method (Availity or Fax) by selecting the appropriate option below.

Via Availity: ☐ Pre-Service Request ☐ Concurrent Service Request If Availity was not used, please explain: _____

Via Fax: ☐ Change of Prescription ☐ 1-30 Day Administrative Extension Request ☐ Auth Transfer Request ☐ Stop Current Auth/Start New Request
☐ Pre-Service Request without a known provider ☐ Data Entry Request ☐ Error Correction Request

☐	Bucks County	☐	Cambria County	☐	Lehigh County	☐	Montgomery County	☐	Northampton County

Member Name:		MA ID #:		Date of Birth (MM/DD/YYYY):	
Provider Name:		Magellan Provider MIS #:		Packet Contact:	

Authorization Information					Assessment Recommendations	
Services Being Requested	**Auth Codes**	**Total Units Requested**	**Start Date MM/DD/YYYY** Start date must be within 2 business days of submission	**End Date MM/DD/YYYY** 6 months maximum	**Hours per Month**	**New Service or Change in hours?** **Enter currently approved hours/month if applicable**
Group IBHS					**Group IBHS**	
☐ **IBHS Group**	H2021U6	____	____	____	____	☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved ____ hrs./month
ABA Group IBHS					**ABA Group IBHS**	
☐ **ABA Group - GLP**	97158HO	____	____	____	____	☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved ____ hrs./month
☐ **ABA Group BHT**	97154HO	____	____	____	____	☐ Increase ☐ Decrease ☐ New ☐ No Change Previously approved ____ hrs./month

DSM-5 DIAGNOSIS with ICD-10 Code	**Medications**
____	____

Select all identified Social Determinants of Health (SDOH) Concerns:			
☐ Not Assessed	☐ None Known	☐ Food Insecurity	☐ Financial Instability
☐ Housing Insecurity	☐ Lack of Childcare	☐ Medical Cost Barrier	☐ Transportation
☐ Education/Low Literacy	☐ Interpersonal Violence	☐ Social Isolation	☐ Unemployment/Underemployment
☐ **By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.**			

Additional Information

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Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) is an affiliate of Magellan Healthcare, Inc. Rev: 08/12/2025