Magellan Behavioral Health of Pennsylvania, Inc.

Multisystemic Therapy (MST) & Functional Family Therapy (FFT)
TREATMENT AUTHORIZATION REQUEST (TAR)

Type of Request: Please check off the type of request being submitted. ☐ **Initial** ☐ **Reauthorization**

☐	Somerset County	☐	Bedford County

Member's Name:		Provider Name#:		
Member's DOB:		Provider MIS#:		
Member's MA ID #:		Provider Phone #:		Ext:

	Services Being Requested	# of Units Requested	Start Date (MMDDYY)	End Date (MMDDYY)	MAGELLAN USE ONLY	
					CPT	Modifier
☐	MST				H2033	UB
☐	FFT				H2019	U6

CURRENT MEDICATION

DSM-5 DIAGNOSIS

Select all identified Health-Related Social Needs:

☐ Not Assessed	☐ Unemployment/Underemployment	☐ Food Insecurity	☐ Financial Instability
☐ Housing Insecurity	☐ Lack of Childcare	☐ Medical Cost Barrier	☐ Transportation
☐ Education/Low Literacy	☐ Interpersonal Violence	☐ Social Isolation	☐ None Known

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