Magellan Behavioral Health of Pennsylvania, Inc.
CAMBRIA COUNTY HEALTHCHOICES
BHRS BRIEF INTERVENTION TREATMENT AUTHORIZATION REQUEST

☐ **Initial** ☐ **Reauthorization**

Cambria County

Brief Intervention

Date of Birth (MM/DD/YYYY): ___/___/___

Member's Name: ______________________

Member's MA ID #: ______________________

Provider Name:

Magellan Provider MIS #:

Provider Phone #: ___-___-_____ EXT: ______

	Services Being Requested	# of Units Requested	Start Date (MMDDYY)	End Date (MMDDYY)	MAGELLAN USE ONLY					
					Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3
☐	BSC MA Level - Brief Intervention Treatment				599	H0032	001	U7	EP	
☐	BSC PhD Level - Brief Intervention Treatment				599	H0032	001	U7	HP	EP
☐	MT-Licensed - Brief Intervention Treatment				599	H2019	001	U7	EP	
☐	MT-Unlicensed - Brief Intervention Treatment				599	H2019	001	U7	U4	EP

CURRENT MEDICATION

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DSM-5 DIAGNOSIS

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Select all identified Social Determinants of Health 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.

☐ 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.

Enter the Appropriate Dates Below:

Date of Eval (MM/DD/YYYY): ______ / ______ / __________

Date of ITM (MM/DD/YYYY): ______ / ______ / __________

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