



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

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"/> IBHS-Individual Initial Assessment				536	H0032	001	HA				
<input type="checkbox"/> IBHS-Group Initial Assessment				536	H2021	001	HA				
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA				

DSM-5 DIAGNOSIS

CURRENT MEDICATIONS

Select all identified Social Determinants of Health Concerns:

<input type="checkbox"/> Not Assessed	<input type="checkbox"/> None Known	<input type="checkbox"/> Food Insecurity	<input type="checkbox"/> Financial Strain
<input type="checkbox"/> Literally Homeless	<input type="checkbox"/> At Risk for Homelessness	<input type="checkbox"/> Lack of Child Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Education/Low Literacy	<input type="checkbox"/> Safety	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Unemployment/Underemployment
<input type="checkbox"/> Clothing	<input type="checkbox"/> 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.