Magellan HEALTHCARE SM

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

☐ Treatment Authorization Request ☐ Change in IBHS Prescription

☐ Bucks County ☐ Cambria 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	Appr-oved?
Individual IBHS										
☐ BC				536	H0032	001	UB			
☐ MT				536	H2019	001	UB			
☐ BHT				536	H2021	001	AH			
☐ Brief Tx-BC				536	H0032	001	U1			
☐ Brief Tx-MT				536	H2019	001	U1			
☐ IFC-MT				536	H2019	001	U2			
☐ IFC-BHT				536	H2021	001	U2			
Group IBHS										
☐ Group				536	H2021	001	U6			
ABA Group IBHS										
☐ ABA Group-Grad. Level Professional				536	97158	001	HO			
☐ ABA Group BHT				536	97154	001	HO			
ABA IBHS										
☐ BC-ABA				536	97151	001	HO			
☐ BHT-ABA				536	97152	001	HO			

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.