



**Magellan Behavioral Health of Pennsylvania, Inc.  
HealthChoices Treatment Authorization Cover Sheet for  
Behavioral Health Rehabilitation Services for Children and Adolescents (BHRSCA)/  
Applied Behavior Analysis (ABA)**

- Registration ONLY     
  Treatment Authorization Request     
  Initial Matrix Request  
 Level of Care Assessment     
  Change in BHRSCA Prescription

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"/> FBA				599	H0032	001	U2	HK		
<input type="checkbox"/> BSC				599	H0032	001	HP	EP		
<input type="checkbox"/> Mobile Therapy				599	H2019	001	EP			
<input type="checkbox"/> Mand Mtg - MT				599	H2019	001	UA	EP		
<input type="checkbox"/> TSS				599	H2021	001	EP			
<input type="checkbox"/> TSS Aide				599	H2021	001	HQ	EP		
<input type="checkbox"/> BHRSCA After school				599	H2015	001	SC	EP		
<input type="checkbox"/> MST				599	H2033	001	EP			
<input type="checkbox"/> FFT				599	H2019	001	HA			
<input type="checkbox"/> STAP				561	H2012	001	EP			
<input type="checkbox"/> CRR Host Home/T. Foster				231	S5145	001				
<input type="checkbox"/> BSC ABA (PhD/MA)				599	H0046	001	HO	HA		
<input type="checkbox"/> BSC ABA-BCBA				599	H0046	001	HO	HA	EP	
<input type="checkbox"/> TSS ABA				599	H2021	001	UB	HA		
<input type="checkbox"/> TSS ABA-RBT				599	H2021	001	UB	HA	EP	

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 of 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 requests that the Member to be placed on the Magellan BHRSCA Staffing Referral List.  
 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](http://www.MagellanHealth.com/provider). Please reference your Provider Handbook for additional information on completing POMS and required updates.  
 By checking this box, the provider attests that they have completed and are in compliance with the Confirmation of Knowledge and Skills to Provided Applied Behavioral Analysis bulletin.  
 By checking this box, the provider attests that the Attestation for Providing ABA Services has been completed and provided to Magellan.

MAGELLAN USE ONLY	Date of Eval:	/	/	Date Info Due:	/	/	Select One: ("X")
	Date of ITM:	/	/	Date Info Received:	/	/	<input type="checkbox"/> Initial
	Date Info Requested:	/	/	Date Info Accepted:	/	/	<input type="checkbox"/> Reauthorization