



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

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	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:

Not Assessed
 None Known
 Food Insecurity
 Financial Strain
 Literally Homeless
 At Risk for 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.