Magellan HEALTHCARE℠

Magellan Behavioral Health of Pennsylvania, Inc.
HealthChoices Treatment Authorization Cover Sheet for
Intensive Treatment Services for Children and Adolescents

☐ 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?
☐ Family Based Services				565	T1016	001	HR			
☐ Sub-Acute Partial				300	H0035	001				
☐ RTF – JCAHO				151	99221-1 unit 99231-addtl	001				
☐ RTF – Non-JCAHO				200	H0019	001	EP			
☐ RTF – Non-JCAHO **(CISC)**				252	H0019	001	HE	EP		
☐ RTF – Group Home				202	H0019	001	HQ			
☐ 90837 MH Therapy (60 min)				500	90837	001	U4			
☐ 90837 SA Therapy (60 min)				500	90837	002	U4			

DSM-5 DIAGNOSIS

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CURRENT MEDICATIONS

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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.

MAGELLAN USE ONLY					
	Date of Eval:	/ /	**Date Info Due:**	/ /	**Select One: ("X")**
	Date of ITM:	/ /	**Date Info Received:**	/ /	☐ **Initial**
	Date Info Requested:	/ /	**Date Info Accepted:**	/ /	☐ **Reauthorization**