



Magellan Behavioral Health of Pennsylvania, Inc.
MONTGOMERY COUNTY HEALTHCHOICES BHRS
TREATMENT AUTHORIZATION REQUEST

Montgomery County
CQC

MAGELLAN USE ONLY	Date	Initials	MIS #
Entered:			

Initial Reauthorization

Date of Birth (MM/DD/YYYY): / /

Member Name: _____

080769000 Foundations Behavioral Health 158922000 Central Montgomery MH Ctr

566862000 Child and Family Focus 169363000 Creative Health Services

231220000 Indian Creek Foundation

MA ID #: _____

Provider Phone: _____ - _____ - _____

EXT: _____

Services Being Requested	# of Units Requested	Start Date (MMDDYY)	End Date (MMDDYY)	MAGELLAN USE ONLY					
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3
<input type="checkbox"/> FBA				599	H0032	001	U2	HK	
<input type="checkbox"/> Mobile Therapy				599	H2019	001	EP		
<input type="checkbox"/> Mand Mtg				599	H2019	001	UA	EP	
<input type="checkbox"/> BSC				599	H0032	001	HP	EP	
<input type="checkbox"/> BSC Autism Specialty				599	H0032	001	U5	HO	EP
<input type="checkbox"/> TSS				599	H2021	001	EP		
<input type="checkbox"/> TSS Aide				599	H2021	001	HQ	EP	
ACT 62 Consumers									
<input type="checkbox"/> TSS ACT 62				599	H2021	001	EP		
<input type="checkbox"/> BSC In School - ACT 62				599	H0032	001	HP	EP	
<input type="checkbox"/> Mand Mtg - MT - ACT 62				599	H2019	001	UA	EP	

DIAGNOSIS CODE

Axis I: _____ - _____

Axis II: _____ - _____

Axis III: _____ - _____

Axis IV: _____ - _____

Axis V: _____ - _____

DIAGNOSIS

By checking this box the provider attests that current POMS information has been submitted online. POMS data MUST be updated at least annually.

Enter the Appropriate Dates Below:

Date of Eval (MM/DD/YYYY): / /

Date of ITM (MM/DD/YYYY): / /