

**TREATMENT REQUEST FORM
(TRF)**

PATIENT INFORMATION

PATIENT'S FIRST NAME PATIENT'S LAST NAME

DATE OF BIRTH MEMBERSHIP NUMBER

AUTHORIZATION NUMBER

PRACTITIONER INFORMATION

PRACTITIONER ID# PHONE

PRACTITIONER NAME & ADDRESS

REQUESTED SERVICES

***= Required Information**

***Requested Start Date for this TRF (MM/DD/YYYY)**

***Primary Diagnosis**

Secondary Diagnosis

***CPT CODE: Select Code(s) Requested:**

(992xx Medical Services Only)

ADD-ON: Code(s):

<input type="radio"/> 90832 Psychotherapy 30 min	<input type="radio"/> 99203 Office Visit Initial 30 min	<input type="radio"/> 99214 Office Visit Establ 25 min	Prior authorization for add-on codes is not required. To receive payment for an add-on code it must be billed with an appropriate base CPT code.
<input type="radio"/> 90834 Psychotherapy 45 min	<input type="radio"/> 99204 Office Visit Initial 45 min	<input type="radio"/> 99215 Office Visit Establ 40 min	
<input type="radio"/> 90847 Family (conjoint) Tx, patient present	<input type="radio"/> 99205 Office Visit Initial 60 min	<input type="radio"/> 99241 Office Consult 15 min	
<input type="radio"/> 90853 Group Treatment, Not Multiple Family	<input type="radio"/> 99211 Office Visit Establ 5 min	<input type="radio"/> 99242 Office Consult 30 min	
<input type="radio"/> 90837 Psychotherapy 60 min.	<input type="radio"/> 99212 Office Visit Establ 10 min	<input type="radio"/> 99244 Office Consult 60 min	
	<input type="radio"/> 99213 Office Visit Establ 15 min	<input type="radio"/> 99245 Office Consult 80 min	

Note: Information supplied by some providers may be limited by applicable state laws. In those cases, please complete all sections that you believe you are permitted to answer pursuant to the applicable state law.

This patient requires additional sessions because the patient is/has (check the one that is the most prevalent):

<input type="radio"/> Resistant to treatment	<input type="radio"/> Ongoing medication management
<input type="radio"/> Maintenance treatment required to maintain optimal symptom relief	<input type="radio"/> Significant life event complicating treatment
<input type="radio"/> Additional sessions need to support termination of therapy	<input type="radio"/> Not at baseline functioning
	<input type="radio"/> Other (explain briefly)
	<input type="text"/>

Is this patient on a medication prescribed by you or another practitioner to treat this condition? (circle) YES NO

Important note: Requests for multiple procedures does not result in an increase in the total number of visits approved. After review of this request, an authorization letter will be mailed to you describing the number of sessions approved, date span of the sessions, and how to request additional sessions.

***Print name of treating provider**

***Date (MM/DD/YYYY)**

Only treating providers or their office personnel may submit this form. By submission of this TRF, I attest that the treating provider has a current valid license in the state to provide the requested services, and has collected all appropriate co pays and coinsurance.

Submit your request online to www.magellanhealth.com/provider for real-time response. Also on this site you can check member eligibility, check authorization and claim status, view outcomes reports, access clinical guidelines, earn CEUs and much more.