# Magellan Treatment Request Form (TRF) Instructions

## What is a TRF and How is it Used?

- **Note**: **Most plans do not require prior authorization for traditional outpatient services for the CPT codes located on this form.** For a list of plans that *do* require prior authorization, go to www.MagellanHealth.com/provider, sign in with your secure username and password, then select *Request Outpatient Authorization* from the left menu. Click the exceptions link in the second paragraph.
- The Magellan Treatment Request Form (TRF) is used to request additional outpatient treatment sessions for a specific member. **Only treating providers or their office personnel may submit this form.**
- A TRF must be submitted <u>**two weeks prior**</u> to the expiration of the current authorization to avoid possible disruption in claims payment.
- In most cases, the member and provider information is already entered on the form; therefore **the TRF can only be used for <u>the member for whom it has been prepared</u>**.
- For a real-time response to your authorization request, we invite you to sign in to www.MagellanHealth.com/provider and submit your TRF securely online.

## Instructions for Completing the TRF

- Use a **<u>black pen</u>** to complete the form.
- Fill circles completely.    Example: ●    <u>**Do not use**</u>  ✓ <u>**or**</u> -- <u>**or**</u> /
- Use whiteout to correct errors.
- Please complete all required information on the form including **Requested Start Date for this TRF, Primary Diagnosis, and at least one CPT Code.**
- **CPT Codes**—Note there are three types of CPT codes on the form: Therapy Codes, Medical Services codes for MDs and RNs and Add-on Codes. The 9083x Add-on codes are valid only with the 992xx codes. Code 90785 may be selected with therapy codes or medical services codes. To ensure appropriate processing of your request it is important to follow these guidelines.
- **Reason for additional sessions**—Select only **one** option by filling in the circle in front of the option that is most prevalent. Provide a brief description in space available if "Other" is selected.
- <u>Print</u> the name of the treating provider and enter the date the form is completed.
- Fax the completed TRF *to the fax number on the form*.

## To Avoid Delays in Processing Your TRF

- Do not add narrative information other than in the one field described in the instructions above.
- Do not alter a form to use for another member.
- Do not leave any fields blank. Incomplete forms will be returned *without* authorization.
- Do not send a cover sheet when faxing.

*The Magellan TRF cannot be used to request ongoing outpatient care for the following states, plans, or services:*
*• Maryland      •ChampVA      •Magellan employees and their dependents*
*•Most carve-out Medicaid plans      •Levels of care other than routine outpatient*