



Magellan Behavioral Health of Pennsylvania, Inc.  
 LEHIGH/NORTHAMPTON COUNTIES HEALTHCHOICES  
 EI BHRS TREATMENT AUTHORIZATION REQUEST

Lehigh & Northampton  
 Counties  
**EI BHRS**

MAGELLAN USE ONLY	Date	Initials	MIS #
Entered:			

Initial       Reauthorization

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Member's Name: \_\_\_\_\_  
 Member's MA ID #: \_\_\_\_\_

803849000 Elywn, Inc.  
 153536000 KidsPeace  
 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"/> Enhanced Mobile Therapy				599	H2019	001	HK	EP	
<input type="checkbox"/> Enhanced BSC, MA Level				599	H0032	001	HK	EP	
<input type="checkbox"/> Enhanced TSS				599	H2021	001	HK	EP	
<b>ACT 62 Members</b>									
<input type="checkbox"/> TSS In School - 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	

**CURRENT MEDICATION**

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**DSM-5 DIAGNOSIS**

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By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.

By checking this box, the provider attests that POMs information has been submitted on [www.MagellanHealth.com/provider](http://www.MagellanHealth.com/provider). Please reference your Provider Handbook for additional information on completing POMS and required updates.

**Enter the Appropriate Dates Below:**

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

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