

TREATMENT REQUEST FORM (TRF)

Magellan Behavioral Health

and its affiliated entities Human Affairs International, Inc., Green Spring Health Services, Inc., CMG Health, Inc. and Merit Behavioral Care Systems Corporation

Patient Information

Patient's First Name

Patient's Date of Birth

Membership Number

Authorization Number

Practitioner Information

Practitioner ID#

Phone Number

Practitioner Name

Address

First Date Seen (this episode of treatment) / /

Is the patient on mental health or chemical dependency short-term or long term disability? Yes No

Have you communicated with the PCP or other relevant health care practitioners about treatment? Yes No

DSM-IV Multiaxial Diagnosis (please complete all five axes)

AXIS I Dx Code . Dx Code .

AXIS II Dx Code .

AXIS III Does the patient have a current general medical condition that is potentially relevant to the understanding or management of the condition(s) noted in Axis I or II? No Yes

AXIS IV Severity of current psychosocial stressors None Mild Moderate Severe

AXIS V: GAF Score Highest Past Year At first Session Current

Current Medications (if not applicable, no response is required)

- Anti-psychotic Anti-anxiety Anti-depressant Psycho-stimulant Injectibles
- Hypnotic Non-psychotropic Mood stabilizer/Anti-convulsant Antabuse Other

Symptoms

Please rate the patient's current status on these symptoms, if applicable. If not applicable, no response is required.

	Mild	Mod	Severe		Mild	Mod	Severe
Self-injurious behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Homicidal ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance use problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Concurrent Auth Request (number of sessions)

Length of time for requested sessions: 1 month (or less) 2 months 3 months 6 months

How many times have you seen the patient to date?

	1	2	3	4	5	6	7	8	9	10	11	12			
90804	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	<input type="radio"/>	<input type="radio"/>
90805	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>
90806	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>
90807	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>
90847	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>
90853	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>
90862	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>
96100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>
													9	<input type="radio"/>	<input type="radio"/>

Other CPT Code

Signature (Provider of Services) _____

/ /

Date