

Treatment Plan Request Form for Autism Spectrum Disorders

Submit requests online at <http://Availity.com>.

Please include Board Certified Behavior Analyst (BCBA) information and the *Treatment Plan Request Form*.

Mark one: Comprehensive Applied Behavior Analysis (ABA) request Focused ABA request

Please print clearly — Incomplete or illegible forms may delay processing and may be returned.

Member information

Member name: _____ Date of birth: _____ Member ID: _____

Gender: M F Other

Member state of residence: _____ Services conducted in the same state? Yes No If no, what state? _____

Caregiver name: _____ Phone: _____ Email: _____

Diagnosis: _____ Diagnosed by whom: _____

Agency information

Agency name: _____ TID: _____ NPI: _____

Phone: _____ Is voicemail confidential: Yes No Fax for approval: _____

Servicing address: _____ Are you in-network for the health plan? Yes No

Contact name: _____ Phone: _____ Email: _____

BCBA or rendering provider information

Provider name: _____ TID: _____ NPI: _____

Phone: _____ Is voicemail confidential: Yes No Fax for approval: _____

Address (if different than above): _____ Are you in-network for the health plan? Yes No

Assessment
<p>For initial assessment requests when requesting only 97151/97152 and 0362T or if a member has new insurance coverage, one of the following must be included:</p> <ul style="list-style-type: none"> • Diagnostic evaluation/report completed by a doctorate-level clinician. • MD prescription confirming the diagnosis. • Progress note or letter on letterhead confirming the member's diagnosis by the QHCP.

Treatment
<p>Treatment plans should be dated within 30 days of start date. Please ensure the following has been included in your request:</p> <ul style="list-style-type: none"> • Current behavioral support plan and treatment plan including symptoms and behaviors requiring treatment • Cumulative graphs/charts of baseline data and current progress skills to be addressed, baseline measures, and current progress • Description of desired outcomes/alleviation of problems and/or symptoms in specific, behavioral and measurable terms including updated evaluation of functioning • Standardized tools must be updated at minimum every two years and include (for example, Vineland, VB Mapp, ABLLS-R) • List any other services member is receiving (for example, PT, OT, ST, school, behavioral health), and coordination of care with other providers noted • Schedule of treatment (hours per day/week); include school schedule if applicable, discrepancy in hours • Documentation of parental/caregiver/guardian situation and goals as applicable to evaluate level of service and progress • Measurable client specific discharge criteria and transition plan must be included

Age of first ABA treatment: _____ Start date of current request: _____

Adaptive behavior treatment	Total units	CPT® code	Timeframe (weekly)
Behavior identification assessment (initial or reassessment) administered by a physician/QHCP. Units are in 15-minute increments.		97151	Per authorization period
Behavior identification supporting assessment administered by technician under direction of physician/QHCP, face to face with patient. Units are in 15-minute increments.		97152	Per authorization period
Behavior identification supporting assessment for severe behaviors administered by a physician/QHCP who is on-site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to a patient's behavior. Units are in 15-minute increments. Clinical justification required.		0362T	Per authorization period
Adaptive behavior treatment by protocol administered by technician under the direction of physician/QHCP, receiving two hours of supervision for every 10 hours of direct treatment. Units are in 15-minute increments.		97153	

Adaptive behavior treatment	Total units	CPT® code	Timeframe (weekly)
Group adaptive behavior treatment by protocol by technician under the direction of physician/QHCP, face-to-face with two or more patients. Units are in 15-minute increments.		97154	
Adaptive behavior treatment with protocol modification, administered by physician/QHCP. May be used for direction of technician (Oversight) face-to-face with one patient. Units are in 15-minute increments.		97155	
Family adaptive behavior treatment guidance — administered by physician/QHCP, with or without the patient present. Units are in 15-minute increments.		97156	
Multiple-family group adaptive behavior treatment guidance — multiple family group, administered by the physician/QHCP. Units are in 15-minute increments.		97157	
Group adaptive behavior treatment with protocol modification (social skills group) by physician/QHCP, face-to-face with two or more patients. Units are in 15-minute increments.		97158	
Adaptive behavior treatment with protocol modification implemented by physician/QHCP who is on-site with the assistance of two or more technicians for severe maladaptive behaviors. Units are in 15-minute increments. Clinical justification required.		0373T	

 Provider name (print)

 License information

 Provider signature

 Date

My signature confirms that any paraprofessional under my supervision has the appropriate education and training.

If you cannot submit this form through <http://Availity.com>, you may fax it to 877-660-0702.