



Federal Employee Program.

# Treatment Plan Request Form for Autism Spectrum Disorders

**Fax Treatment Plans to: 1-866-582-2287**

Please print clearly – incomplete or illegible forms may delay processing and may be returned

Please contact the ASD Program at (844) 269-0538 for questions regarding utilization management for Applied Behavioral Analysis.

## DEMOGRAPHICS

Member's Name: \_\_\_\_\_ Member's ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Diagnosis: \_\_\_\_\_ Dx Date: \_\_\_\_\_

Diagnosed by Whom: \_\_\_\_\_

## ORDERING PHYSICIAN

Physician Name: \_\_\_\_\_

Provider TID: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_

TID: \_\_\_\_\_ NPI: \_\_\_\_\_ Are you in network with your local Blue Plan? Yes No

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact person / phone (if different than BCBA): \_\_\_\_\_

## BCBA OR RENDERING PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

TID: \_\_\_\_\_ NPI: \_\_\_\_\_ Are you in network with your local Blue Plan? Yes No

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## ASSESSMENT & TREATMENT

For initial assessment requests, please attach:

- Diagnostic evaluation/report completed by a doctorate level clinician
- MD prescription or signed coordination of care letter

**Treatment plan should be dated within 30 days of start date**

Please ensure the following has been included in your request:

- Cumulative graphs/charts of baseline data and current progress
- Current behavioral support plan and treatment plan including symptoms and behaviors requiring treatment, skills to be addressed, baseline measures and current progress
- Describe desired outcomes/alleviation of problems and/or symptoms in specific, behavioral and measurable terms including yearly updated evaluation of functioning via standardized tools
- Schedule of treatment (hours per day/week)

### ASSESSMENT & TREATMENT (Continued)

- List any other services member is receiving (e.g., PT, OT, ST, school, behavioral health) and coordination of care with other providers
- Documentation of parental involvement and measureable parent goals
- Measurable client specific discharge criteria and transition plan

**Age of First ABA Treatment:** \_\_\_\_\_ **Start Date of Current Request:** \_\_\_\_\_

| Adaptive Behavior Treatment   | Units | CPT Code | Timeframe (weekly/monthly) |
|---|-------|----------|----------------------------|
| Behavior Identification Assessment (per 15 min)   |       | 97151    | Per authorization period   |
| Behavior Identification Supporting Assessment (per 15 min)                                |       | 97152    | Per authorization period   |
| Behavior Identification Supporting Assessment (per 15 min), two or more technicians       |       | 0362T    | Per authorization period   |
| Adaptive Behavior Treatment by Protocol (per 15 min)                                      |       | 97153    |                            |
| Group Adaptive Behavior Treatment by Protocol (per 15 min)                                |       | 97154    |                            |
| Adaptive Behavior Treatment w/ Protocol Modification (per 15 min)                         |       | 97155    |                            |
| Family Adaptive Behavior Treatment Guidance (per 15 min)                                  |       | 97156    |                            |
| Multiple-Family Group Adaptive Behavior Treatment Guidance (per 15 min)                   |       | 97157    |                            |
| Adaptive Behavior Treatment Social Skills Group (per 15 min)                              |       | 97158    |                            |
| Adaptive Behavior Treatment w/Protocol Modification (per 15 min), two or more technicians |       | 0373T    |                            |

\_\_\_\_\_  
 Provider Name (print)

\_\_\_\_\_  
 License Information

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date

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