Treatment Plan Request Form for Autism Spectrum Disorders

New York | Medicaid

Care providers can submit requests online using our preferred method at **https://Availity.com**. The submission must include information about a board-certified behavior analyst (BCBA) or other qualified healthcare provider (QHCP), and this Treatment Plan Request Form for Autism Spectrum Disorders.

Check one: ☐ Comprehensive Applied Behavior Analysis (ABA) request ☐ Focused ABA request

Please print clearly and fill out the entire form, even if the information is documented in attachments. Incomplete or illegible forms will be returned.

Member information	
Member name:	
Date of birth:	Member ID:
Gender: ☐ Male ☐ Female ☐ Other	
Member address:	
City, state:	ZIP:
State where services are conducted (if different from above):	
Caregiver name:	
Phone:	Email:
Diagnosis:	Diagnosed by whom:
Age of first ABA treatment:	Start date of current request:

Agency information
Agency name:

To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through the NY State of Health, The Official Health Plan Marketplace, visit nystateofhealth.ny.gov or call 855-355-5777.

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Agency information	
TID:	NPI:
Agency phone:	Is voicemail confidential? ☐ Yes ☐ No
Fax:	
Are you in network with your local Anthem plan? ☐ Yes ☐ No	
Servicing address:	
Contact person name:	
Phone:	Email:

BCBA or rendering provider information		
Provider name:		
TID:	NPI:	
Phone:	Is voicemail confidential? ☐ Yes ☐ No	
Email:		
Address (if different from above):		
Place of service [location(s) where services will take place]		
☐ Home ☐ Clinic	☐ School (if allowed) ☐ Telehealth (if allowed)	☐ Other (please specify): _____

Assessment
For initial assessment requests when requesting only 97151/97152 and 0362T, or if a member has new insurance coverage, the following should be included: • Diagnostic evaluation/report completed by a doctorate-level clinician or allowable QHCP per state regulations confirming the member's diagnosis, to include: - Records showing how the patient meets criteria for Autism Spectrum Disorder as per DSM-5-TR criteria. - Standardized diagnostic tools such as Autism Diagnostic Interview, Revised (ADI-R); Autism Diagnostic Observation Schedule, Second Edition (ADOS-2); Childhood Autism Rating Scale, Second Edition (CARS-2). • ABA referral (current within the last two years) that includes the DSM-5 Diagnostic Checklist for ASD diagnoses and symptom severity level.

Treatment
The treatment plan should be dated within 30 days of the start date. We recommend including the following in your request: • Statement of any previous interventions for ASD and outcomes. • Current behavioral support plan and treatment plan, including symptoms and behaviors requiring treatment. • Cumulative graphs/charts of baseline data and current progress. • Description of progress on goals since last review. • Baseline and updated assessments (for example, Vineland, VB Mapp, ABLLS-R) to show progress toward goals is occurring. • List any other services the member is receiving (for example, PT, OT, ST, school, behavioral health) and coordination of care with other care providers noted. • Description of treatment setting(s). • Individualized schedule of treatment (hours per day/week). • Documentation of changes in parental/caregiver/guardian situation, if applicable, since the last review, plus measurable goals for parent training. • Measurable, client-specific plans for generalization: - If home and community generalization is not possible, then describe the behaviors that are preventing generalization. • Measurable, client-specific, discharge/transition plan: - May address plan for transition from comprehensive to focused ABA treatment.

Adaptive behavior treatment	**Units**	**CPT® code**	**Timeframe**
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 the direction of physician/QHCP, face-to-face with patient. Units are in 15-minute increments.		97152	Per authorization period
Adaptive behavior treatment by protocol administered by a technician under the direction of a physician/QHCP, receiving two hours of supervision for every 10 hours of direct treatment. Units are in 15-minute increments.		97153	Per week

Adaptive behavior treatment	Units	CPT® code	Timeframe
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	Per week
Adaptive behavior treatment with protocol modification, administered by a physician/QHCP. May be used for the Direction of Technician (Oversight) face- to-face with one patient. Units are in 15-minute increments.		97155	Per week
Family Adaptive Behavior Treatment Guidance — administered by a physician/QHCP, with or without the patient present. Units are in 15-minute increments.		97156	Per authorization period
Multiple-Family Group Adaptive Behavior Treatment Guidance — multiple family group, administered by the physician/QHCP. Units are in 15-minute increments.		97157	Per authorization period
Group adaptive behavior treatment with protocol modification (Social Skills Group) by a physician/QHCP, face-to-face with two or more patients. Units are in 15-minute increments.		97158	Per week

Provider name (print)		Date	
Provider signature		License	
My signature confirms that any paraprofessional under my supervision has the appropriate education and training.			

If you are unable to submit through **https://Availity.com**, you may fax treatment plans to **844-452-8072**.