



Treatment Plan Request Form for Applied Behavioral Analysis
Fax treatment plans to: 1-855-473-7902

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

Please contact the California Medi-Cal Intake department at **1-800-407-4627** if you have questions regarding utilization management for applied behavioral analysis (ABA).

Demographics

Member's name: _____ Member's ID: _____

Date of birth: _____ Age: _____ Gender: M F

Diagnosis: _____ Dx date: _____

Diagnosed by whom: _____

Ordering physician

Physician name: _____

Phone: _____

Address: _____
Street City State ZIP

Agency information

Agency name: _____

TID: _____ NPI: _____ Are you in-network with Medi-Cal Managed Care (Medi-Cal)? 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 Medi-Cal? Yes No

Phone: _____ Fax: _____ Email: _____

Address: _____
Street City State ZIP

Assessment and treatment

For initial assessment requests, please attach one of the following:

- Anthem Blue Cross *MD Recommendation Form*
- MD prescription recommending ABA
- Recent comprehensive diagnostic evaluation completed by a physician or licensed psychologist
- Signed coordination of care letter recommending ABA by physician or licensed psychologist

<https://mediproviders.anthem.com/ca>

Assessment and treatment (cont.)

Treatment plan should be dated within 30 days of start date

Please ensure the following has been included in your request:

- A description of patient information, reason for referral, brief background information (e.g., demographics, living situation or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.
- Consider the member's age, school attendance requirements and other daily activities when determining the number of hours of medically necessary direct service and supervision.
- Deliver BHT services in a home- or community-based setting, including clinics. Any portion of medically necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and in the community.
- 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.
- List any other services member is receiving (e.g., PT, OT, ST, school, behavioral health) and coordination of care with other providers.
- Schedule of treatment (hours per day/week in each treatment setting – e.g., home, school, office).
- 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	Time frame (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	Per week*
Group adaptive behavior treatment by protocol (per 15 min)		97154	Per week*
Adaptive behavior treatment w/protocol modification (per 15 min)		97155	Per month*
Family adaptive behavior treatment guidance (per 15 min)		97156	Per month*
Multiple-family group adaptive behavior treatment guidance (per 15 min)		97157	Per week*
Adaptive behavior treatment social skills group (per 15 min)		97158	Per week*
Adaptive behavior treatment w/protocol modification (per 15 min), two or more technicians		0373T	Per week*

* Please note:

- For **97151, 97152 and 0362T**, list the # of units being requested for the entire authorization period.
- For **97155 and 97156**, list the # of units being requested per month.
- For **97153, 97154, 97157, 97158 and 0373T**, list the # of units being requested per week.
- Calculation used per week for 15-minute code: # of hours x 4 x 26 = total # of units for 6-month/26-week auth period.
- Calculation used per month for 15-minute code: # of hours x 4 x 6 = total # of units for 6-month auth period.

Provider name (print)

License information

Provider signature

Date

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