

Treatment Plan Request Form for Autism Spectrum Disorders

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

Care providers can submit requests online using our preferred method at <https://Availity.com>. Must include board-certified behavior analyst (BCBA) information (or other QHCP) and this Treatment Plan Request Form for Autism Spectrum Disorders.

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

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

Please print clearly and fill out 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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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:		
TID:	NPI:	
Agency phone:	Is voicemail confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax:		
Are you in network with your local Anthem plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Servicing address:		
Contact person name:		
Phone:	Email:	
BCBA or rendering care provider information		
Care provider name:		
TID number:	NPI number:	
Phone:	Is voicemail confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:		
Address (if different from above):		
Place of service (location(s) where services will take place)		
<input type="checkbox"/> Home	<input type="checkbox"/> School (if allowed)	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Clinic	<input type="checkbox"/> Telehealth (if allowed)	
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 physician, licensed psychologist, or allowable qualified healthcare care provider (QHCP) per state regulations confirming the member's diagnosis, if identified, and recommending ABA; or • Behavioral Health Treatment/Applied Behavioral Analysis/Autism Services Recommendation Form completed and signed by a physician, licensed psychologist, or QHCP; or • MD progress note confirming the diagnosis, if identified, and recommending ABA; or • Letter on letterhead confirming the diagnosis, if identified, and recommending ABA from physician, licensed psychologist, or QHCP 		

Treatment

Treatment plan should be dated within 30 days of 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 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 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 2 hours of supervision for every 10 hours of direct treatment. Units are in 15-minute increments.		97153	Per week
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 physician/QHCP. May be used for 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 physician/QHCP, with or without the patient present. Units are in 15-minute increments.		97156	Per authorization period

Adaptive Behavior Treatment	Units	CPT® Code	Timeframe
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 physician/QHCP, face-to-face with two or more patients. Units are in 15-minute increments.		97158	Per week
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	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 unable to submit through Availity Essentials at <https://Availity.com>, treatment plans may be faxed to **855-473-7902**.