

Behavioral Health Treatment/Applied Behavioral Analysis/Autism Services Recommendation Form

This form is designed to meet the Department of Health Care Services (DHCS) requirement for a medical necessity recommendation for behavioral health treatment (BHT) or applied behavioral analysis (ABA) services. A physician or licensed psychologist should complete this form.

Give this completed form to the family or the identified BHT/ABA provider. The rendering BHT/ABA provider will submit this form with a preauthorization request.

Member information			
Full name:			
Date of birth:	Age:	Phone:	
Member ID:			
Preferred language:			
Evaluating provider information			
Provider name:			
License number:		Type:	
Street address:			
City:		State:	ZIP:
Office number:		Fax:	
Evaluation/assessment details			
Behavioral health diagnoses:			
Secondary:			
Primary:			
Medical diagnoses:			
Summary of identified behavioral excesses and/or deficits (select all that apply):			
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Aggression	<input type="checkbox"/> Elopement	
<input type="checkbox"/> Speech delay	<input type="checkbox"/> Sensory-seeking behaviors	<input type="checkbox"/> Echolalia	
<input type="checkbox"/> Nonverbal	<input type="checkbox"/> Rigid adherence to routines	<input type="checkbox"/> Repetitive behaviors	
<input type="checkbox"/> Food selectivity/rigidity	<input type="checkbox"/> Lacks social skills	<input type="checkbox"/> Lacks ADL skills	
Other issues/concerns:			
Is BHT/ABA treatment assessment recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the family/caregiver(s) chosen a BHT/ABA agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, refer the family to an Anthem Blue Cross case management program by faxing a copy of this form to 1-855-473-7902 or by emailing a copy of this form to bhcmreferrals@anthem.com . Ensure the member has the original copy of the form. Please indicate specific case management need below:			
For providers with questions, contact the intake line at 1-888-831-2246 option 1, option 2 . For members with additional questions, contact Customer Service at 1-888-285-7801 for Los Angeles County or 1-800-407-4627 for all other counties.			
Provider signature:		Date:	

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