

Applied Behavior Analysis Request to Perform Evaluation & Treatment Planning

This form should be completed by the Board Certified Behavior Analyst (BCBA) who will be rendering and/or supervising the services. Please complete all parts as clearly and as specifically as possible. Omissions, generalities, and illegibility will result in the form being returned for completion or clarification.

Date of Initial Request:

Member Name:	Member ID #:	DOB:
		Age:

Name of BCBA professional who will perform/supervise service:		
Provider NPI#:	Is the Provider: <input type="checkbox"/> Contracted <input type="checkbox"/> Non-Contracted with PHP	
Tax ID:	Phone #:	FAX #:
Mailing Address:		
City:	State:	Zip:
Name of person at provider's office to notify with the Authorization decision (and phone # if different than above)	Who referred patient to you?	

Clinical Information:
 Has a comprehensive diagnostic evaluation by a physician been completed? (If so, please attach a copy to this form.) Yes No
 If yes, by whom? _____ Date evaluation complete: _____

What is the member's definitive diagnosis:

Is the patient receiving Early Intervention Services (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Will the parent/legal guardian be present at all treatment visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the patient been evaluated by a school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the patient receiving services from a school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hrs. per day/wk. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

What is the date span for the assessment? _____

****Providers of the services must supply codes associated with the assessment**

Code	Description	Frequency	Units

Request to Perform Behavior Health Analyst Assessment & Treatment Planning

 Signature of Certified Behavior Health Analyst

 Date

**FAX TO: MEDICAL MANAGEMENT DEPARTMENT
 (260) 436-4809**