

Applied Behavior Analysis (ABA) Therapy Services Assessment Request Form

*** Any additional documentation to support request may be attached to this form (optional) Please submit any additional documentation to support your request.**

Member Name: _____ Date of Birth: _____

Member ID: _____

Member Phone Number: _____

Parent/Guardian Name: _____

Provider Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Fax Number: _____

Provider ID, NPI Number or Tax ID Number: _____

Diagnosis (please provide diagnostic confirmation like diagnostic reports, doctor's orders, etc.): _____

Severity Level: Level 1 Level 2 Level 3

List prior therapies and dates of service (ex: clinical child and family therapy, residential treatment or previous ABA therapies):

What improvement(s) are expected in the individual's behavior with ABA therapy?

Has a parent/caregiver been identified and able to participate in the program?

Yes No

Name: _____

Relationship to member: _____

Living arrangements: _____

Does the member attend and/or participate in an early intervention program

(ex. preschool or school) and on what basis? Yes _____

No

Full time Part time

If no, please explain: _____

Medical Conditions: _____

ABA therapy will be provided between the qualified practitioner and the individual member and/or caregiver at the following proposed location(s):

Certification Period

ABA Assessment will begin: _____

ABA Assessment will end: _____

Complete this section for an Assessment for ABA Therapy Services

Code	Service Description	Hours per Week

Provider Signature: _____

Provider Name: _____

Credentials: _____ Date: _____

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request, and you're requesting the decision be made based on information provided in your submission.

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®. If you have questions about submitting a prior authorization request, please call (423) 535-5717, option 2, or contact your eBusiness Network Manager.