



APPLIED BEHAVIOR ANALYSIS SERVICE REQUEST FORM

For Initial Assessment and Treatment

Please fax this completed form to: **1-617-246-4281**

For BCBSMA employees and dependents, fax to: **1-888-608-3693**

[Applied Behavior Analysis Medical Policy \(#091\)](#)

Is this an initial assessment request?

if yes, then...

Complete sections **A** and **B** only

Is this a treatment request?

if yes, then...

Complete sections **A**, **C**, and **D**

Section A. Member and agency information

Member name:

Requested auth start date:

Member ID#:

Date of birth:

Age:

Name of Licensed Applied Behavior Analyst (LABA):

LABA license #:

Agency name:

Agency NPI:

Agency address:

Agency phone #:

City, State, ZIP:

Agency fax #:

Contact person at agency:

Contact phone #:

Section B. Initial assessment request only

How many **hours** and **units** are you requesting for **CPT 97151 – assessment** (must meet Autism payment policy requirements) by the LABA

Hours:

Units:

Notes: CPT 97151 is not reimbursed for behavior technicians.

Please attach documentation of autism spectrum disorder signed by a licensed physician or licensed psychologist.

Section C. Service information

Does the agency named in Section A employ or reimburse behavior technician for ABA services?

Yes No

If no, please explain:

Has everyone who works with the member and family completed a background check? (CORI/SORI)?

Yes No

If no, please explain:

If a behavior technician is employed, has he/she received specific ABA-related training?

Yes No

If yes, # of hours?

Member's diagnosis:

continued

Patient name:
 Member ID#:

Requested authorization start date:
 Date of birth:

Section C. Service information, *continued*

Indicate services the member receives from other providers, including Individualized Education Program (IEP) services.

Provider type	Hours/week	Does this provider collaborate with Licensed Applied Behavior Analyst?	If no, please explain:
Occupational therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speech therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental health provider(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pediatrician/primary care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours per week is the member in school/pre-school/early intervention?			

Please provide information on number of ABA service hours per day and location of services.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location H = home O = office C = community							
How many hours?							

Use the table below to indicate **hours** and **units per week** of services requested (must meet Autism payment policy requirements). **All units are in 15 minute increments.**

Code	Services rendered by a				Code	Services rendered by a			
LABA		...behavior technician		LABA		...behavior technician	
	Hours	Units	Hours	Units		Hours	Units	Hours	Units
0362T (per authorization)			not required		97154				
0373T			not required		97155			not reimbursed	
97151 (per authorization)			not reimbursed		97156			not reimbursed	
97152 (per authorization)					97157			not reimbursed	
97153					97158			not reimbursed	

Section D. Treatment plan

Please attach an individualized, updated treatment plan. (For our *Treatment Plan Guidelines for Applied Behavior Analysis*, log into [Provider Central](#) and open the *Autism Payment Policy* at **Office Resources>Policies & Guidelines>Payment Policies**.) The plan should include:

- measurable goals,
- data related to progress within individual treatment goals,
- goal status (met, progressing, regressing), and
- plan for supervision.

Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. © Registered Marks of the Blue Cross and Blue Shield Association. ©2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.