

Early Intervention Intensive Services Autism Service Request (Massachusetts Only)

Note: To bill for these services the member and the member's parent/legal guardian must be present.

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.

Note: The information contained in this form may be released to the member or the member's representative.

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| Date of Request: |
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|--------------|--------------|------|------|
| Member Name: | Member ID #: | DOB: | Age: |
|--------------|--------------|------|------|

*Please note Early Intervention services will cover the member up to the member's third birthday.

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| 1. Name of Early Intervention program/provider: | | |
| Provider ID/ NPI # | Phone #: | |
| Mailing address: | Apt/Suite #: | |
| City: | State: | Zip: |
| Name of person at provider's office to notify with the decision (and phone number if different from above): | | |

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| 2. Code(s) Requested (check all that apply): | <input type="checkbox"/> H0031 | Mental health assessment, by non-physician – Assessment and treatment planning by a BCBA |
| Check the number of ABA Intensive Service hours, per week , as indicated in the member's Early Intervention Service Plan (for code H2019): | <input type="checkbox"/> H0032 | Mental health service plan development by non-physician -Direct Supervision of paraprofessional by a BCBA |
| | <input type="checkbox"/> H2012 | Behavioral health day treatment, per hour –Direct service by a BCBA |
| | <input type="checkbox"/> H2019 | Therapeutic behavioral services, per 15 minutes – Paraprofessional direct service supervised by a BCBA |
| | <input type="checkbox"/> 1 hour <input type="checkbox"/> 5 hours <input type="checkbox"/> 10 hours <input type="checkbox"/> 15 hours <input type="checkbox"/> 20 hours | |

| | |
|---|-------------|
| Signature of Early Intervention professional: _____ | Date: _____ |
| Fax: 617.673.0314 | |
| Mail: Mental Health Department Tufts Health Plan 705 Mt. Auburn Street Watertown MA 02472 | |

[Provider Services](#)