

## Applied Behavioral Analysis (ABA) Autism Service Request

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.

**Note:** Omissions, generalities and illegibility will result in the form being returned for completion or clarification.

Please fax the completed form to the plan listed below:

- Tufts Health Plan Commercial Products and Tufts Health Freedom Plan products: Fax: 617.673.0314

Date of request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name of BCBA professional who will perform/supervise service: \_\_\_\_\_

Provider ID/NPI#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Name of person at provider's office to notify with the decision (and phone # if different from above):  
\_\_\_\_\_

**Note:** When services are approved, number of units/hours approved are intended to cover a 3-month period.

If these units are exhausted prior to completion of the timeframe, additional units will not be covered without authorization, and may not be approved. Shortly before the completion of the approved three month period it is necessary to submit an updated request if additional services are needed.

Code(s) requested (check all that apply) and the frequency:

- 97151 Behavior identification assessment, administered by physician or other qualified healthcare professional; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

- 97152 Behavior identification supporting assessment by a technician; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

- 97155 Adaptive behavior treatment with protocol administered by physician or other qualified healthcare professional; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

- 97153 Adaptive behavior treatment by technician; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

- 97154 Group adaptive behavior treatment protocol technician; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

- 97158 Group adaptive behavior with protocol administered by physician or other qualified healthcare professional; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

97156 Family adaptive behavior treatment guidance administered by physician or other qualified healthcare professionals; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

97157 Multiple - family group adaptive behavior treatment guidance administered by physician or other qualified healthcare professional; authorizations are in 15 minute increments

**Average number of units weekly:** \_\_\_\_\_

\*0362T Behavior identification supporting assessment, each 15 minutes of technician time face to face with a patient, administered by a physician or other qualified health professional, on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior.

**Average number of units weekly:** \_\_\_\_\_

\*0373T Adaptive behavior treatment with protocol modification, each 15 minutes of technician time face to face with a patient, administered by a physician or other qualified health professional, on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior.

**Average number of units weekly:** \_\_\_\_\_

\*T codes are used for patients who need two clinicians to provide services.

**Please provide clinical rationale for 0362T and 0373T in a separate attachment.**

Estimated duration of ABA services (planned time from initiation to completion), in months: \_\_\_\_\_

If this is an initial request with Tufts Health Plan, proceed to Question 1.

If this is a continued request, disregard Question 1 and proceed to Question 2.

**1. Has a comprehensive diagnostic evaluation been completed?**

Yes\* (include a copy)  No

\*If yes, by whom: \_\_\_\_\_

Date evaluation completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's definitive diagnosis: \_\_\_\_\_

Member name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**2. Describe how treatment is being coordinated with other providers involved in the member's care:**

Provider Type	Part of member's treatment team?	Date last contacted	Description of care coordination
Primary care physician			
Occupational therapist			
Physical therapist			
Speech therapist			
Behavioral health therapist			
School based services			
Other			

**3. Tufts Health Plan requires that in order to be covered, ABA treatment includes parent/guardian development of behavior management skills that support effective generalization of the member in-session training. Describe parent/guardian participation:**

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Member name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**4. Behaviors Targeted for Reduction:**

Date Target Behavior Identified	Behavior (e.g., bolting from caregiver)	Goal (e.g., stay with caregiver 90% of time when out)	Current Progress Towards Goal (e.g., bolts from caregiver 50% when out)	Target Date for Completion

Member name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

**5. Behaviors Targeted for Increase:**

Date Target Behavior Identified	Behavior (e.g., uses words/signs when requesting food instead of tantrums )	Goal (e.g., request food using appropriate words/signs)	Current Progress Towards Goal (e.g., uses words/signs when requesting food 50% of the time )	Target Date for Completion

**Signature of treating BCBA professional:** \_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fax:** 617.673.0314

**Mail:** Behavioral Health Department, Tufts Health Plan, 705 Mount Auburn Street, Watertown, MA 02472

Member name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

[Provider Services](#)