



Applied Behavior Analysis (ABA) Therapy Request Form

To process your request without delays, this form must be completely filled out and necessary documentation attached.

Information shared with PHP by a provider, will be released to the member or member's representative upon their request.

Fax all requests to 517.364.8409 between 8 a.m. and 5 p.m. EST, Monday through Friday

Patient Information		BCBA Provider Information	
Today's Date:		BCBA Provider Name:	
Member Name:		Office Contact Person:	
Member's PHP ID# (19 digits):		Office Phone:	
Date of Birth:		Office Fax:	
Required Information			
Has a diagnosis of Autism/Autism Spectrum Disorder been established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year diagnosis established:	Is documentation of diagnosis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	ICD-10 Diagnosis Code (F84.0):
PHP requires documentation of an autism diagnosis established by autism testing before authorizing the evaluation and treatment planning.			
Initial Request for Service			
Start Date:		End Date:	
<input type="checkbox"/> Behavior identification assessment (0359T)	# of units		
<input type="checkbox"/> Observational behavioral follow-up assessment (0360T)	# of units		
<input type="checkbox"/> Observational ... each additional 30 minutes (0361T)	# of units		
Request for Treatment and/or Extension of Services			
Authorization #		Start Date:	End Date:
<input type="checkbox"/> Adaptive behavior treatment by protocol (0364T)	# of units		
<input type="checkbox"/> Adaptive behavior treatment by protocol, each additional 30 mins (0365T)	# of units		
<input type="checkbox"/> Adaptive behavior treatment with protocol modification (0368T)	# of units		
<input type="checkbox"/> Adaptive behavior treatment with protocol modification, each additional 30 mins (0369T)	# of units		
<input type="checkbox"/> Family adaptive behavior treatment (0370T)	# of units		
<input type="checkbox"/> Multiple-family group adaptive behavior treatment (0371T)	# of units		
Crisis Interventions			
<input type="checkbox"/> Exposure behavioral follow-up assessment (0362T)	# of units		
<input type="checkbox"/> Exposure behavioral follow-up, each additional 30 mins (0363T)	# of units		
OUTCOME (PHP use only)			
Authorization #		Approved date range:	
PHP Reviewer:		Date:	