

**EMPIRE BLUECROSS BLUESHIELD TREATMENT PLAN REQUEST FORM FOR
AUTISM SPECTRUM DISORDERS**



An Anthem Company

Fax Treatment Plans to: 1-866-560-4858

Demographics Member's Name _____ _ Member's ID # _____ Date of Birth: _____ Age _____ Gender: M F Reference # _____ _____ (Document only)	Physician Provider's Name _____ Provider's Tax ID # _____ Address: _____ Phone: _____ Fax: _____
Diagnostic Information Diagnosis: _____ Subtype: _____ Specifier: _____ Psychosocial Context: _____ Other Relevant History/Symptoms: _____ Diagnosed by whom: _____ Diagnosed date: _____	BCBA/Licensed Provider Name: _____ Tax ID/NPI Number: _____ Address: _____ Phone: _____ Fax: _____ Name: _____ Tax ID/NPI Number: _____ Address: _____ Phone: _____ Fax: _____
Assessment and Treatment	

Standardized Assessment Tool used: _____

In addition to the information on this form, please attach:

- Full Behavior Support Plan/Treatment Plan including the symptoms/behaviors requiring treatment (as indicated by the assessment tool)
 - Describe desired outcomes/alleviation of problems and/or symptoms in specific, behavioral and measurable terms.
- Diagnostic evaluation/report (initial request only)
- List any other services the member is receiving (i.e PT/OT/ST/school)
- Coordination of care with other providers.
- Cumulative graphs of progress/standard celeration charts
- A sample schedule of treatment
- Documentation of parental involvement, parent goals

Information older than 30 days will not be accepted for concurrent review

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Authorization Request

Start Date of Treatment Plan: _____

Adaptive Behavior Treatment	Units	CPT code	Timeframe (weekly/monthly)
Adaptive Behavior Treatment by Protocol (first 30 minute)		0364T	
- Each additional 30 minutes of technician time		0365T	
Group Adaptive Behavior Treatment by Protocol (first 30 minute)		0366T	
- Each additional 30 minutes of technician time		0367T	
Adaptive Behavior Treatment w/ Protocol Modification (first 30 minute)		0368T	
- Each additional 30 minutes of patient face-to-face time		0369T	
Family Adaptive Behavior Treatment Guidance		0370T	
Multiple-Family Group Adaptive Behavior Treatment Guidance		0371T	
Adaptive Behavior Treatment Social Skills Group		0372T	
Exposure Adaptive Behavior Treatment with Protocol Modification (first 60 minutes)		0373T	
- Each additional 30 minutes of technician(s) time face-to-face with patient		0374T	

Provider Signature _____ License Information _____ Date _____

My signature confirms that any paraprofessional under my supervision has the appropriate education and training.