



**MERCY MANAGED BEHAVIORAL HEALTH  
Applied Behavioral Analysis (ABA)  
TREATMENT REQUEST FORM**

[All MMBH Plans with ABA Benefit Coverage]

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Licensed Professional making the initial diagnosis? \_\_\_\_\_  
 Insurance ID: \_\_\_\_\_ Date of initial diagnosis: \_\_\_\_\_  
 Date patient began ABA treatment services with you? \_\_\_\_\_  
 Average number of ABA treatment hours per week provided during the past 6 months \_\_\_\_\_  
 Is patient receiving school provided ABA services (please detail service hours in your report) \_\_\_Yes \_\_\_No

**PROVIDER INFORMATION:**

Group/Practice Name: \_\_\_\_\_ BCBA Provider: \_\_\_\_\_  
 License/Certification Type: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
 Individual NPI: \_\_\_\_\_ Billing NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Complete UNITS per WEEK for Initial and/or Ongoing requests, [Unless noted below]:**

| ABA Treatment Description  | Code  | Time Frame     | PROVIDER TYPE | PROVIDER TYPE | PROVIDER TYPE | PROVIDER TYPE | PROVIDER TYPE |   |
|--|-------|----------------|---------------|---------------|---------------|---------------|---------------|---|
|  |       |                | HP            | HO            | HN            | HM            | HL            |   |
|  |       |                | BCBA-D        | BCBA          | BCaBA         | RBT           | Non RBT       |   |
| Behavior Identification Assessment (QHP).                                      | 97151 | Total Units    |               |               |               |               | X             | X |
| Behavior Identification Supporting Assessment (Technician).                    | 97152 | Total Units    |               |               |               |               |               |   |
| Behavior Identification Supporting Assessment (2 Techs; QHP).                  | 0362T | Total Units    | X             | X             | X             |               |               |   |
| Adaptive Behavior Treatment (QHP or Technician).                               | 97153 | Units Per Week |               |               |               |               |               |   |
| Adaptive Behavior Treatment (2+ Techs and QHP on site).                        | 0373T | Units Per Week | X             | X             | X             |               |               |   |
| Adaptive Behavior Treatment (QHP, Tech, Caregiver).                            | 97155 | Units Per Week |               |               |               |               | X             | X |
| Group Adaptive Behavior Treatment (2+ Clients, Tech or QHP).                   | 97154 | Units Per Week |               |               |               |               |               |   |
| Group Adaptive Behavior Treatment (2+ Clients, QHP).                           | 97158 | Units Per Week |               |               |               |               | X             | X |
| Family Adaptive Behavior Treatment Guidance (Caregiver and QHP; face to face). | 97156 | Units Per Week |               |               |               |               | X             | X |
| Multiple Family Group Treatment Guidance (Caregiver and QHP; face to face).    | 97157 | Units Per Week |               |               |               |               | X             | X |

**SYMPTOM SEVERITY RATING: (completed by QHP FOR ONGOING TREATMENT REQUESTS)**

Level of severity and needed support for the below functional domains: (must be supported by documentation)

| Check one box per Domain →  | Support Required | Substantial Support Required | Very Substantial Support Required |
|---|------------------|------------------------------|-----------------------------------|
| <b>Safety:</b> aggression, self-injury, property destruction, elopement                                   |                  |                              |                                   |
| <b>Communication:</b> expressive/receptive language, nonverbal, stereotyped, repetitive                   |                  |                              |                                   |
| <b>Socialization:</b> emotional reciprocity, shared social activity, play skills                          |                  |                              |                                   |
| <b>Maladaptive Behavior:</b> self stimulating, stereotyped motions, repetition, preoccupations            |                  |                              |                                   |
| <b>Self Care:</b> recognition of danger, risk taking, self advocating, grooming, eating, toileting skills |                  |                              |                                   |

**Total number of hours per week of ABA Treatment being requested:** \_\_\_\_\_

**START DATE OF AUTHORIZATION REQUEST:** \_\_\_\_\_

|  |  |
|--|--|
| Parents have received regular training on interventions? | <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, provide separate explanation why not) |
|--|--|

**Provider Additional Comments:**

To ensure appropriate and timely review and determination of your request **PLEASE INCLUDE** your recent:

- Diagnostic evaluation (initial request only) or BCBA assessment including baseline measures, symptom detail, progress made over the past 6 months of treatment, and graphed data demonstrating frequency & intensity of behavior occurrence compared to baseline measures.
- Current treatment plan including targeted behaviors, treatment goals, statement of medical necessity, parental involvement in the treatment, behavioral plan (if recommended), and indicators for discharge.
- If you are requesting 30 hours a week or more of direct services, provide a schedule of ABA services including the location of service delivery and member specific indicators for the titration of services.
- Identify other service providers (including school based) and demonstrate how this member’s care is being coordinated between providers.

Please call with any questions at 314-729-4600 / 800-413-8008.

**Please fax most recent completed ABA Treatment Request Form to Mercy Managed Behavioral Health at 1-314-729-4636 (Attention ABA Coordinator)**