



**MERCY MANAGED BEHAVIORAL HEALTH**  
**Applied Behavioral Analysis (ABA)**  
**Initial Assessment and Treatment Request Form**  
**[Mercy Anthem Alliance EPO]**

**Patient Information:**

**Diagnosis:**

Name: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

DOB: \_\_\_\_\_

Licensed Professional making the initial

Insurance ID: \_\_\_\_\_

diagnosis: \_\_\_\_\_

Start Date for Current Request: \_\_\_\_\_

Date of initial diagnosis: \_\_\_\_\_

Average number of ABA treatment hours per week provided during the past 6 months (**Skip if this is an Initial Assessment request**) \_\_\_\_\_

**Provider Information:**

Provider Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

License/Certification: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

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

Group NPI: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**[For Initial Assessment Only; Skip this section if not requesting the Initial Assessment]**

**Initial Assessment Information: (completed by BCBA/BCaBA)**

Assessment	Units	CPT Code	MODIFIER
Functional Assessment and Treatment Plan (1 Unit = 15 Minutes)		<b>H0031</b>	<b>HP / HO / BCaBA</b>

Note: Standard Assessment authorization is 8 hours (approximately 32 H0031 units). Additional hours requested must be separately supported by medical necessity documentation, along with this request form.

**MODIFIERS: HP = Doctoral Level; HO = Master level;**

**[Complete the below 2 sections for post initial assessment ABA Treatment Requests]**

**Symptom Domain Information: (completed by BCBA/BCaBA)**

Level of severity and needed support for the below functional domains:

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, non verbal, stereotyped, repetitive			
<b>Socialization:</b> emotional reciprocity, shared social activity, play skills			
<b>Maladaptive Behavior:</b> self stimulating, stereotyped motions, repetition, preoccupation			
<b>Self Care:</b> recognition of danger, risk taking, self advocating, grooming, eating, toileting skills			

**Intervention Request: (include all units requested for full authorization term – typically 6 months/26 weeks)**

ABA Treatment	Total # Units	CPT Code	Provider Modifier
Functional Assessment for Treatment Plan Development (1 Unit = 15 Minutes)		H0031	HP / HO / BCaBA
Supervision and Treatment Planning (1 Unit = 15 Minutes)		H0032	HP / HO / BCaBA
Direct Treatment by a licensed/certified BCBA-D, BCBA, BCaBA (1 Unit = 1 Hour)		H2012	HP / HO / BCaBA
Direct Treatment by a technician, paraprofessional, front line worker (1 Unit = 15 Minutes)		H2019	

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

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

- Diagnostic evaluation and initial or a recent assessment
- Full support and treatment plan including targeted behaviors, detail symptoms, symptom/behavior intensity, and goals (to include active parental involvement in the treatment planning and their treatment goals)
- Progress highlights during the past 6 months (or explanation if no progress with any previously identified goals)
- Discharge plan (please avoid using 0 symptoms across all domains)
- List of other services / service providers you are coordinating care with

**Please fax completed ABA Treatment Request Form and additional information to Mercy Managed Behavioral Health at 314-729-4636 or call us at 314-729-4600 / 800-413-8008 with any questions.**