



MERCY MANAGED BEHAVIORAL HEALTH

Applied Behavioral Analysis (ABA)

Behavioral **Initial Assessment** Request Form

[Mercy PPO and Other Non Missouri Benefit Plans with ABA Coverage]

Patient Information:

Diagnosis:

Name: _____

Diagnosis Code: _____

DOB: _____

Licensed Professional making the initial

Insurance ID: _____

diagnosis: _____

Start Date for Current Request: _____

Date of initial diagnosis: _____

Has patient received ABA treatment in the past? Yes or No

Provider Information:

Provider Name: _____

Tax ID: _____

License/Certification: _____

Provider NPI: _____

Address: _____

Group NPI: _____

City/St/Zip: _____

Phone: _____

Email: _____

Fax: _____

Assessment Information: (completed by BCBA/BCaBA)

Assessment	Units	CPT Code
Behavioral Identification Assessment (1 Unit = 90 Minutes)	1	0359T
Observational Behavioral Follow Up Assessment (30 Minutes)		0360T
Each additional 30 minutes		0361T
Exposure Behavioral Follow Up Assessment (30 Minutes) **Requires clinical rationale addressing procedural safety measures		0362T
Each additional 30 minutes		0363T

Note: Standard Assessment authorization is 8 hours. Additional hours requested must be separately supported by medical necessity documentation submitted with this request form.

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

Please fax completed Assessment Request Form to Mercy Managed Behavioral Health at
1-314-729-4636