



MERCY MANAGED BEHAVIORAL HEALTH
Applied Behavioral Analysis (ABA)
Non Initial ABA Treatment Request Form
[see separate Initial Assessment Request Form as needed]
[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: _____

Average number of ABA treatment hours per week provided during the past 6 months _____

Provider Information:

Provider Name: _____

Tax ID: _____

License/Certification: _____

Provider NPI: _____

Address: _____

Group NPI: _____

City/St/Zip: _____

Phone: _____

Email: _____

Fax: _____

Treatment 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
Safety: aggression, self-injury, property destruction, elopement			
Communication: expressive/receptive language, non verbal, stereotyped, repetitive			
Socialization: emotional reciprocity, shared social activity, play skills			
Maladaptive Behavior: self stimulating, stereotyped motions, repetition, preoccupations			
Self Care: 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	Units	T Code
Behavior Identification Assessment (1 Unit = 90 Minutes)		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
Adaptive Behavioral Treatment (1st 30 minutes)		0364T
- Each additional 30 minutes of tech time		0365T
Group Adaptive Behavior Treatment (1st 30 minutes) - Only for tech, paraprofessional, front line staff		0366T
- Each additional 30 minutes of tech time - Only for tech, paraprofessional, front line staff		0367T
Adaptive Behavior Treatment w/ Modification (1st 30 minutes)		0368T
- Each additional 30 minutes of face to face time		0369T
Family Adaptive Behavior Treatment Guidance (without patient present)		0370T
Multiple Family Group Treatment Guidance (without patient present. Not to exceed parents of more than 8)		0371T
Adaptive Behavior Treatment Social Skills Group (not to exceed 8 patients at a time). (Usually 90 – 105 minutes)		0372T
Exposure Adaptive Behavior Treatment w/ Modification (1st 60 minutes)		0373T
- Each additional 30 minutes of face to face tech time		0374T

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

Parents have received training on interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No provide separate explanation)
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To ensure appropriate and timely review and determination of your request **PLEASE INCLUDE** your recent:

- Diagnostic evaluation and assessment
- Full support and treatment plan info including targeted behaviors, detail symptoms, symptom/behavior intensity, and goals (to include active parental involvement in the treatment)
- 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 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**