

Applied Behavioral Analysis (ABA) Treatment Request for a Functional Assessment Form



Please print clearly. Incomplete or illegible forms will delay processing. Please return the completed form to AmeriHealth Caritas Louisiana's Behavioral Health (BH) Utilization Management (UM) team at **1-855-301-5356**. For assistance, please call **1-855-285-7466**.

Member information	
Patient name:	Legal guardian:
Member date of birth:	Medicaid/health plan #:

Provider information		
Group/agency name:	<input type="checkbox"/> In network <input type="checkbox"/> Out of network <input type="checkbox"/> In credentialing process	
Provider name:	Provider credential: <input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> LMHP <input type="checkbox"/> LBA <input type="checkbox"/> SCABA <input type="checkbox"/> Tech	
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Physical address:	Phone number:	Fax number:
Medicaid/provider/NPI #:	Contact name:	

DSM diagnosis:		
Primary Dx:	Secondary Dx:	Medical Dx:

Assessment and clinical documentation requirements:

All required clinical information is the responsibility of the referring and/or requesting provider to obtain and provide to AmeriHealth Caritas Louisiana BH UM for a medical necessity determination.

1. Comprehensive Diagnostic Evaluation (CDE).

Treatment request:

ABA services	Units	CPT code	Time frame (weekly/monthly)	Limitation reminders
Behavior identification assessment (ABA)		O359T		4 units per authorization 1 hour units



Comments/additional information:

Provider signature

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

Provider signature

Credentials

Date