Behavioral Health Treatment
Applied Behavioral Analysis
Authorization Request Form

Please submit the completed form with requested documentation via fax to L.A. Care BH ASD Program Department: Fax: **(213) 438-5054**.
If the provider would like to discuss the request, please call **1-888-347-2264** or **213-438-5631.**

MEMBER INFORMATION		
Name:	Date of Birth:	Medi-Cal ID# (CIN):
Mailing Address:		
Caregiver Name:	Primary Phone Number:	Preferred Language:
DSM-V/ICD-10 Code(s)/Description: ☐ 299.00 ☐ F84.0 ☐ Other:		

REQUESTING PROVIDER INFORMATION		
Request date:	Requested Date of Services:	
Referring Organization Name:	Referring Individual Name:	
Organization Address:		
Phone number:	Fax number:	E-mail:

SERVICING PROVIDER INFORMATION (if different from requesting source)		
Date of referral:	Requested Date of Services:	
Referring Organization Name:	Referring Individual Name:	
Organization Address:		
Phone number:	Fax number:	E-mail:

SERVICE TYPE REQUEST	
Comprehensive Diagnostic Evaluation (CDE)/ 2nd Opinion	
☐ 90791: Psychological Diagnostic Evaluation	Total Hours:
Functional Behavioral Assessment (FBA) — **H0032** for initial ABA assessment ***ONLY***	
All 4 criteria must be met for approval: 1. Is the member under 21 years old: ☐ Yes ☐ No 2. Has a recommendation from a licensed physician, surgeon, or psychologist for evidence-based BHT services with documentation demonstrating medical necessity: ☐ Yes ☐ No 3. Is medically stable with documentation attached (e.g., licensed physician note indicating general health): ☐ Yes ☐ No 4. Does not have a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID): ☐ Does have a need ☐ Does not have a need **Requested services and hours:** *up to 12hours total (48 units) across modifiers*	
☐ H0032: HP (*BCBA-D, BCBA, Licensed MA/MS*): ***Required***	Total Hours:
☐ H0032: HP, HC (*BCaBA, MA/MS*): *2nd service code can be approved across modifiers*	Total Hours:
Direct ABA Services **Requested services and hours:**	
☐ H2019: HN, HN, HC, HP: *Direct Services*	Hours/month:
Case Supervision	
☐ H0031: HP *(BCBA-D, BCBA, Licensed MA/MS)*: ***Required***	Hours/month:
2nd service code can be approved across modifiers ☐ H0031: HP, HC *(BCaBA, MA/MS)* ***OR*** ☐ H0031: HP, HC, ***HN** *(BA/BS)*	Hours/month:
Parent Education Training	
☐ S5111: HP *(BCBA-D, BCBA, Licensed MA/MS)*: ***Required*** *for Parent Education Programs* **ONLY**	Hours/month:
2nd service code can be approved across modifiers ☐ S5111: HP, HC *(BCaBA, MA/MS)* ***OR*** ☐ S5111: HP, HC, ***HN** *(BA/BS)*	Hours/month:
Social Skills Group	
☐ H2014: HQ *(across modifiers) ONLY if listed under contract*	Hours/month:

HN- Supporting documents required: transcript & attestation

Clinical indication for request/additional information:		
Provider Name and Credentials:	Provider Signature:	Date:

AUTHORIZATION IS CONTINGENT UPON MEMBER'S ELIGIBILITY ON DATE OF SERVICE
Do not schedule services until authorization is obtained.