



of Tennessee

Applied Behavior Analysis (ABA) for the Assessment of Autism Spectrum Disorder

# Assessment Request Form for ABA Therapy Services

**Submit request online through [Availity.com](https://www.availity.com) or fax to: 1-800-496-9600**

**\* Any additional documentation to support request may be attached to this form (optional)**

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_

Member Parent's/Guardian's Name: \_\_\_\_\_

Member Current Telephone Number: \_\_\_\_\_

Provider of ABA Services Name: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Provider ID, NPI Number, or Tax ID Number: \_\_\_\_\_

Diagnosis and Severity Level: \_\_\_\_\_

Diagnostic confirmation is required. (i.e., Diagnostic report, doctor's order, etc.)

Level 1

Level 2

Level 3

Prior therapies (e.g. Clinical Child & Family Therapy, Residential Treatment, or previous

ABA therapies). Most recent date span(s):

Improvement(s) expected in the individual's behavior with ABA therapy:

Parent/caregiver has been identified and is available to participate in the ABA therapy program:

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

Relationship to Member: \_\_\_\_\_

Living Arrangements: \_\_\_\_\_

Member attends and/or participates in early intervention program: pre-school or school on what basis:

Full time          Part time          Not enrolled

Not able to attend (explain): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

ABA therapy will be provided between the qualified practitioner and the individual member and/or caregiver at the following proposed location(s):

## Certification Period

ABA Assessment will begin: \_\_\_\_\_

ABA Assessment will end: \_\_\_\_\_

Complete this section for an Assessment for ABA Therapy Services

Code	Service Description	Hours per Week

Provider Signature: \_\_\_\_\_

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

Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.

Contact the eBusiness Marketing team for all your Availity.com registration and/or training needs by calling 423-535-5717, option 2.