



# HealthChoice

2401 N. Lincoln Blvd., Ste. 300, Oklahoma City, OK 73105  
Phone 405-717-8879 or 800-543-6044, ext. 8879  
Fax 405-949-5459 or 405-949-5501

## Applied Behavioral Analysis Request

**This form must be completed and accompany all requests. Incomplete forms will not be reviewed.**

Billing provider \_\_\_\_\_ Date \_\_\_\_\_

Billing address \_\_\_\_\_

TIN \_\_\_\_\_ Contact person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Referring physician \_\_\_\_\_

Submit written, signed and dated prescription from physician. **Annual prescription is required.**

Patient \_\_\_\_\_ DOB \_\_\_\_\_

Member \_\_\_\_\_ Member ID \_\_\_\_\_

ICD-10 diagnosis codes \_\_\_\_\_

Date of autism spectrum disorder diagnosis \_\_\_\_\_

Name and credentials of person making diagnosis \_\_\_\_\_

Clinical assessment from diagnosing provider must be submitted for initial ABA request.

Treatment \_\_\_\_\_

Name and credentials of the provider who will be directly providing ABA therapy \_\_\_\_\_

Place of service \_\_\_\_\_ Center based \_\_\_\_\_ School \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

### Initial review

Submit assessment by ABA provider and ABA treatment plan \_\_\_\_\_

### Concurrent review

Submit current ABA treatment plan and documentation of progress in treatment

CPT/HCPC code \_\_\_\_\_ Start date \_\_\_\_\_ Frequency of sessions \_\_\_\_\_

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Services provided in the school are not covered by HealthChoice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* All information is required for review. Information provided is private and confidential. \*\***

**NOTE:** These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

**MEDICARE PATIENTS:** If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.