

ANTHEM BLUE CROSS AND BLUE SHIELD BEHAVIORAL HEALTH  
PERVASIVE DEVELOPMENTAL DISORDERS



Fax Form to: 1-866-582-2287

Anthem  
UM Services, Inc.

## Behavior Therapies such as Applied Behavior Analysis Adaptive Behavior Assessment Request Form

### Patient Information:

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_

### Diagnostic info:

Diagnosis: \_\_\_\_\_

Subtype: \_\_\_\_\_

Specifier: \_\_\_\_\_

### Provider Information:

Psychosocial Context: \_\_\_\_\_

\_\_\_\_\_  
Name of Provider (Include Licensure/Certification)

Diagnosed by whom: \_\_\_\_\_

Diagnosed date: \_\_\_\_\_

\_\_\_\_\_  
Federal Tax ID#/ NPI #

\_\_\_\_\_  
Street Address City State Zip

Please attach diagnostic assessment report if available.

\_\_\_\_\_  
Telephone # Email Address Fax #

Referral for ABA services made by?

Family ☐ Advocacy Group

☐ Provider \_\_\_\_\_

☐ Other \_\_\_\_\_

### Assessment, Treatment Information and Recommendations:

(Completed by BCBA/BCaBA/licensed provider according to state mandate)

Has an Intake Session Taken Place? \_\_\_\_ Yes \_\_\_\_ No (Attach notes if intake has taken place)

Date of Intake Session: \_\_\_\_\_

Reason for referral and purpose of assessment/testing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessments Tool being used (i.e., ABBLs, VB-MAPP, FBA, etc.) \_\_\_\_\_

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(Continued)

Assessment Type	Units	CPT code	Mark the box next to assessment being requested
Behavior Identification Assessment	1	0359T	<input type="checkbox"/>
Observational Behavioral Follow-Up Assessment		0360T	<input type="checkbox"/>
- Each additional 30 minutes of technician time		0361T	<input type="checkbox"/>
Exposure Behavioral Follow-up Assessment		0362T	<input type="checkbox"/>
- Each additional 30 minutes of technician(s) time		0363T	<input type="checkbox"/>

The typical authorization does not exceed 8 hours for an assessment. If you are requesting additional units, please submit documentation to support the medical necessity for the additional hours.

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

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