

# Referral for Applied Behavior Analysis Services

Patient name: \_\_\_\_\_

DOB (mm-dd-yyyy): \_\_\_\_\_ Member Subscriber #: \_\_\_\_\_

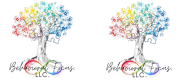
Referring provider: \_\_\_\_\_

NPI: \_\_\_\_\_ Initial ASD diagnosis date: \_\_\_\_\_

**Service(s) requested:**

| <i>Units</i> | <i>Frequency per authorization period</i> | <i>CPT Code</i> | <i>Description</i>   |
|--------------|---|-----------------|--|
|              |   | 97153           | *Direct treatment for the child/youth is limited to a total of 8 hours per day, inclusive of procedure codes 97153, 97154, 97155, 97158.   |
|              |   | 97154           | *Direct treatment for the child/youth is limited to a total of 8 hours per day, inclusive of procedure codes 97153, 97154, 97155, 97158.   |
|              |   | 97155           | *Direct treatment for the child/youth is limited to a total of 8 hours per day, inclusive of procedure codes 97153, 97154, 97155, 97158.   |
|              |   | 97156           | *ABA parent/caregiver/family education and training.   |
|              |   | 97158           | *Direct treatment for the child/youth is limited to a total of 8 hours per day, inclusive of procedure codes 97153, 97154, 97155, 97158.   |
|              |   | 99366           | *Limited to diagnosis code F840-Autism and is contingent upon prior authorization of ABA evaluation, re-evaluation, or treatment team. May be reimbursed for interdisciplinary team meetings attended by qualified non-physician healthcare providers. |

I am referring \_\_\_\_\_ for ABA Services from Behavioral Focus, LLC.



| DSM-5 criteria  | Autism Spectrum Disorder        |                                 |                                 |
|---|---------------------------------|---------------------------------|---------------------------------|
| <b>Note:</b> If the individual has a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or PDD-NOS, please check this box. Complete the below checklist to reclassify the previous diagnosis to Autism Spectrum Disorder.   | _____                           |                                 |                                 |
| <b>A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (all 3 must be met):</b>   | <b>Present</b>                  | <b>Not present</b>              |                                 |
| 1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.   | —                               | —                               |                                 |
| 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication. | —                               | —                               |                                 |
| 3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.   | —                               | —                               |                                 |
| <b>Social communication domain severity rating (check one)[see DSM-5 page 52 for severity description]):</b><br>(1) Requires support (2) Substantial support (3) Very substantial support   | (1)<br><input type="checkbox"/> | (2)<br><input type="checkbox"/> | (3)<br><input type="checkbox"/> |
| <b>B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:</b>  | <b>Present</b>                  | <b>Not present</b>              |                                 |
| 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).  | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).  | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).   | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).                                     | <input type="checkbox"/>        | <input type="checkbox"/>        |                                 |
| <b>Restricted, repetitive behaviors domain severity rating (check one)[see DSM-5 page 52 for severity description]):</b>  | (1)<br><input type="checkbox"/> | (2)<br><input type="checkbox"/> | (3)<br><input type="checkbox"/> |



| (1) Requires support   (2) Substantial support   (3) Very substantial support   |                                  |                                     |
|---|----------------------------------|-------------------------------------|
|   | Yes                              | No                                  |
| C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life). | <input type="checkbox"/>         | <input type="checkbox"/>            |
| D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.   | <input type="checkbox"/>         | <input type="checkbox"/>            |
| E. These disturbances are not better explained by intellectual disability or global developmental delay.  | <input type="checkbox"/>         | <input type="checkbox"/>            |
| <b>DSM-5 criteria</b>   |                                  |                                     |
| Autism Spectrum Disorder criteria met?  | Yes<br><input type="checkbox"/>  | No<br><input type="checkbox"/>      |
| With or without intellectual impairment?  | With<br><input type="checkbox"/> | Without<br><input type="checkbox"/> |
| With or without language impairment?  | With<br><input type="checkbox"/> | Without<br><input type="checkbox"/> |

Referring Provider name: \_\_\_\_\_

Provider credentials and NPI: \_\_\_\_\_

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