



Behavioral Health Treatment/Applied Behavioral Analysis/Autism Services Recommendation Form

This form is designed to meet the Department of Health Care Services (DHCS) *All Plan Letter (APL) 18-006* requirement for a medical necessity recommendation for behavioral health treatment (BHT) or applied behavioral analysis (ABA) services. A physician or licensed psychologist should complete this form.

Give this completed form to the family or the identified BHT/ABA provider. The rendering BHT/ABA provider will submit this form with a preauthorization request.

Member information		
Full name:		
Date of birth:	Age:	
Member ID:		
Phone:	Preferred language:	
Evaluating provider information		
Provider name:		
License number:	Type:	
Street address:		
City:	State:	ZIP:
Office number:	Fax:	
Evaluation/assessment details		
Behavioral health diagnoses:		
Secondary:		
Primary:		
Medical diagnoses:		
Summary of identified behavioral excesses and/or deficits (select all that apply):		
<input type="checkbox"/> Self-injury <input type="checkbox"/> Speech delay <input type="checkbox"/> Nonverbal <input type="checkbox"/> Food selectivity/rigidity	<input type="checkbox"/> Aggression <input type="checkbox"/> Sensory-seeking behaviors <input type="checkbox"/> Rigid adherence to routines <input type="checkbox"/> Lacks social skills	<input type="checkbox"/> Elopement <input type="checkbox"/> Echolalia <input type="checkbox"/> Repetitive behaviors <input type="checkbox"/> Lacks ADL skills
Other issues/concerns:		
Is BHT/ABA treatment assessment recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the family/caregiver(s) chosen a BHT/ABA agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, refer the family to an Anthem Blue Cross case management program by faxing a copy of this form to 1-855-473-7902 or by emailing a copy of this form to bhcm@anthembluecross.com . Ensure the member has the original copy of the form. Please indicate specific case management need below: _____ _____		

<https://mediproviders.anthem.com/ca>

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For providers with questions, contact the intake line at **1-888-831-2246 option 1, option 2.**
For members with additional questions, contact Customer Service at **1-888-285-7801** for Los Angeles County or **1-800-407-4627** for all other counties.

Provider signature:

Date: