



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

AAEC Evaluation Results Form

For Blue Cross PPO (commercial) and BCN HMOSM (commercial)

AAECs: Regardless of diagnosis, please fax the completed form as follows:
For BCN members, fax to 1-866-364-7145. For Blue Cross members, fax to 1-877-357-1116.

BCBAs: For BCN members, fax the completed form to BCN Behavioral Health at 1-866-364-7145. For Blue Cross members, fax to New Directions at 1-816-237-2372.

IMPORTANT! Please record the patient's diagnosis on this form, whether or not it is an autism spectrum disorder.

Provider information

Name of facility: _____ NPI: _____
Provider PIN: _____ Phone number: _____ Fax number: _____
Address: _____

Member information

Member name: _____ Date of birth: _____
Parent name: _____ Phone number: _____
Member's health plan (check one): Blue Cross BCN Contract number: _____

Check one: This is an initial evaluation a re-evaluation

Date(s) of evaluation: _____

Diagnostic impression of PRIMARY disorder

Autism Spectrum Disorder (299.00)

— OR —

Other: _____

Treatment recommendations (Check all that apply.)

	Procedure	No. hours per week*	Duration*
<input type="checkbox"/>	Applied behavior analysis (ABA)		
<input type="checkbox"/>	Speech therapy		
<input type="checkbox"/>	Occupational therapy		
<input type="checkbox"/>	Physical therapy		
<input type="checkbox"/>	Nutritional counseling		
<input type="checkbox"/>	Social skills		
<input type="checkbox"/>	Parent education / support		
<input type="checkbox"/>	Behavioral health services (psychotherapy, psychiatry / medication management)		
<input type="checkbox"/>	Other therapeutic services: _____		

*If determined

Signature

Date

Form updated March 2018