

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.

Licensed behavior analysts*: 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/guardian/caregiver 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: _____

Rationale for diagnosis:

Treatment recommendations (Check all that apply.)

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

*Effective Jan. 7, 2020, behavior analysts must be licensed by the state of Michigan to be reimbursed by Blue Cross or BCN.

**If determined

Signature

Date

Form updated June 2022