

**This form is optional.** Approved autism evaluation centers and individual providers involved in evaluating the member may:

- Record the patient's diagnosis on this form, whether or not it is an autism spectrum disorder diagnosis.
- Give the member or parent/guardian a copy of this form along with the comprehensive diagnostic evaluation results. The member takes the results and the form, if completed, to a treatment provider for use in requesting prior authorization for the services recommended below.

## Provider information

Name of provider/facility: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider PIN: \_\_\_\_\_ Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_

## Member information

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/guardian/caregiver name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Member's contract number: \_\_\_\_\_

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

**Important:** A diagnostic re-evaluation is not required. It's optional, based on clinical need.

**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: _____		

\*If determined

\*\*Effective Jan. 7, 2020, behavior analysts must be licensed by the state of Michigan to be reimbursed by Blue Cross or BCN. For Medicare Advantage members, ABA must be performed by a Medicare-approved provider type for whom ABA is within their scope of practice.

Signature

Date