

Approved autism evaluation centers and individual providers involved in evaluating the member should:

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

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: Starting Jan. 1, 2024, 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: _____		

*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