



# Treatment Plan Request Form for Applied Behavioral Analysis

Washington | Medicaid

## Instructions:

- Care providers can submit requests online using our preferred method at <https://Availity.com>.
- Center of Excellence provider evaluations are required for all requests for ABA services.
- Fax forms and supporting documentation to **844-442-8012**.
- Print clearly. Incomplete or illegible forms may delay processing and may be returned.

## Member information

Member name:	
Date of birth:	Member ID:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Member state of residence:	
Services conducted in the same state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, in what state are services conducted?
Caregiver name:	
Phone:	Email:
Diagnosis:	Diagnosed by whom:

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.

WA-WP-CD-000137-25-S170 | December 2025

### Agency information

Agency name:	
TID No.:	NPI No.:
Agency phone:	Is voicemail confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ax for approval:	
Are you in network with Wellpoint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Servicing address:	
Contact person name:	
Phone:	Email:

### BCBA or rendering provider information

Provider name:	
TID #:	NPI #.:
Phone:	Is voicemail confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Address (if different from above):	

### Assessment

- Copy of referral/diagnostic evaluation for ABA services from a COE provider
- **ABA Level of Support Document**

Note: Center of Excellence provider evaluation is required.

### Treatment

- Copy of treatment plan with recent standardized assessments, summary of progress made in the last six months, data collected on goals for the last six months, new proposed goals, mastered goals, plans for maintenance, and generalization

**The treatment plan should be dated within 30 days of the start date.** We recommend including the following in your request:

- Statement of any previous interventions for ASD and outcomes
- Current behavioral support plan and treatment plan, including symptoms and behaviors requiring treatment
- Cumulative graphs/charts of baseline data and current progress
- Description of progress on goals since last review
- Baseline and updated assessments (for example, Vineland, VB Mapp, ABLLS-R) to show progress toward goals are occurring
- List of any other services the member is receiving (for example, physical therapy, occupational therapy, speech therapy, school, behavioral health) and coordination of care with other care providers noted
- Description of treatment setting(s)
- Individualized schedule of treatment (hours per day/week)
- Documentation of changes in parental/caregiver/guardian situation, if applicable, since the last review, plus measurable goals for parent training
- Measurable, client-specific plans for generalization:
  - If home and community generalization is not possible, then describe the behaviors that are preventing generalization.
- **Measurable**, client-specific, discharge/transition plan:
  - May address the plan for transition from comprehensive to focused ABA treatment

Age of first ABA treatment	
Start date of current request	

### Adaptive behavior treatment

	CPT® code	Total units	Requested start date
Functional assessment and analysis/ treatment plan development			
Behavior identification assessment (initial or reassessment) administered by a physician/QHCP. Units are in 15-minute increments. Limit 28 units per assessment, two assessments per calendar year.	97151		

Treatment Plan Request Form for Applied Behavioral Analysis

	CPT® code	Total units	Requested start date
<p>Behavior identification supporting assessment for severe behaviors administered by a physician/QHCP who is on-site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to a patient's behavior.</p> <p>LBAT and two or more CBT's 15-minute units. LBAT must be on-site; clients exhibit destructive behaviors; provided in a customized environment. Limit two-hour assessments, three assessments per calendar year, per client, per provider</p>	0362T		
Individual treatment codes			
Adaptive behavior treatment by protocol administered by a technician under the direction of a physician/QHCP. Units are in 15-minute increments. Do not bill at the same time as H2020	97153		
Adaptive behavior treatment with protocol modification, administered by a physician/QHCP. Units are in 15-minute increments.	97155		
Adaptive behavior treatment by a technician. LBAT and two or more CBTs — 15-minute units. LBAT must be on-site; clients exhibit destructive behavior, provided in a customized environment	0373T		
Caregiver treatment codes			
Family Adaptive Behavior Treatment Guidance — administered by a physician/QHCP, with or without the patient present. Units are in 15-minute increments.	97156		
Multiple-Family Group Adaptive Behavior Treatment Guidance — multiple family group, administered by the physician/QHCP. Units are in 15-minute increments.	97157		
ABA group home- and community-based treatment			

Treatment Plan Request Form for Applied Behavioral Analysis

	CPT® code	Total units	Requested start date
Group adaptive behavior treatment by CBT. Two or more clients. Units are in 15-minute increments.	97154		
Group adaptive behavior treatment with protocol modification) by a physician/QHCP, face-to-face with two or more patients. Units are in 15-minute increments.	97158		
Day treatment services			
Adaptive day treatment services are provided in accordance with ABA Program Billing Guide	H2020		
Team conference			
Team conference with client and/or family, face-to-face, 30 minutes or more	99366		
Team conference without a client or family, face-to-face, 30 minutes or more	99368		

\_\_\_\_\_  
 Provider name (print)

\_\_\_\_\_  
 License information

\_\_\_\_\_  
 Provider signature

\_\_\_\_\_  
 Date

*My signature confirms that any paraprofessional under my supervision has the appropriate education and training.*