

Referral for Applied Behavior Analysis

Tennessee | Medicaid

Please fax to the appropriate precertification number: 888-881-6309

Please do not use this form if you're an applied behavior analysis (ABA) provider or there's already an identified ABA provider for your patient. If you're an ABA provider, please complete the [Request for Applied Behavior Analysis Form](#).

Please note, ABA referrals must accompany a provider's order for ABA services to initiate a provider search.

Member information

Member name:

Phone:

Member ID:

DOB:

Street address:

City, State, ZIP:

Guardian information

Guardian name:

Phone:

Street address:

City, State, ZIP:

By selecting this box, I understand that I agree to participate in this program.

Referring provider information

Name of MD/NP ordering service:

Address:

Phone number:

Fax number:

provider.wellpoint.com/tn

Medicaid coverage provided by Wellpoint Tennessee, Inc.

comply with the applicable federal and state civil rights laws, rules, and regulations and do not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call 833-731-2154. Information about the civil rights laws can be found at tn.gov/tenncare/members-applicants/civil-rights-compliance.html.

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NPI:

Diagnostic information

Date when request was initiated for this service:

Pertinent diagnoses, including DSM 5-TR code: (autism, intellectual disability, traumatic brain injury):

Secondary diagnoses:

Previous and current services (psych meds, prior ABA services, outpatient therapies, psych acute, respite, including dates of service and provider):

Please note: If no treatment attempts are documented, then the behaviors documented below must present a health/safety risk to self/others (injuries requiring medical attention or imminent risk, such as eloping in traffic).

Diagnostic information (continued)

Referral behaviors occurring within the past 1 to 2 months documenting specific examples and severity level (self-injurious behavior like headbanging that leaves bruises; eloping into traffic; physical aggression like biting that leads to bleeding; injuries resulting from behaviors):

Additional information:

Completion date:

Ordering clinician and credentials:

Phone:

Completed by:

Email:
