



Applied Behavioral Analysis (ABA)



Instructions:

To be completed by a Certified Behavioral Analyst or TRICARE-authorized provider whose scope of licensure includes ABA and who has first hand knowledge of the patient’s condition. Only ABA services rendered by a **certified behavioral analyst** are payable under the Extended Care Health Option (ECHO) program.

Patient’s Name:	Sponsor SSN:
Completed By:	Date Completed:
Provider Name:	License Type:
Provider Telephone:	Fax:
Please attach the following: <ul style="list-style-type: none"> • Treatment plan, which includes measurable behavioral goals • Description of recommended services, including frequency of services. 	

TriWest ECHO Case Management Hub Office Fax Numbers:

- | | |
|---|----------------|
| Northwest Hub - Washington, Oregon, Alaska, N. Idaho | 1-866-269-5881 |
| Southwest Hub - California, Nevada, Yuma Arizona | 1-866-269-5828 |
| Mountain Hub - Arizona, El Paso Texas, New Mexico, Utah, Montana, S. Idaho | 1-866-269-5819 |
| Central Hub - Colorado, Nebraska, Minnesota, Iowa, N. Dakota, S. Dakota, Wyoming,
Missouri, Kansas | 1-866-312-5840 |
| Hawaii Hub - Hawaii | 1-866-269-5814 |

I understand that a written updated treatment plan and documentation of treatment progress are required every 6 months. This information will be evaluated for medical necessity in order for TriWest to authorize continued treatment.

Provider Signature: _____ Credentials: _____