

Government Programs: Board Certified Behavior Analyst (BCBA) Change Request Form

Instructions: This form must be completed by the current Applied Behavioral Analysis (ABA) provider when requesting a change in the rendering BCBA on an active authorization. Submit the completed form via the provider portal or fax to 757-963-9620 or 1-844-895-3231. Do not use this form to request new ABA services.

1. Member Information

Member Full Name:

Date of Birth (MM/DD/YYYY):

Subscriber/Medicaid ID:

Group Number (if applicable):

2. Current Authorization Details

Authorization ID:

Authorization Dates:

From	To
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Current BCBA Full Name:

NPI:

Phone:

Email:

End Date of Treatment with Member:

3. New BCBA Information

New BCBA Full Name:

NPI:

State of Licensure:

Group/Agency Name and NPI:

Phone:

Email:

Start Date of Treatment with Member:

4. CPT Code/Units

Include CPT Codes and Units remaining for authorization period:

CPT Code:	Units:
97151	
97152	
97153	
97154	
97155	
97156	
97157	
97158	
97159	

5. Reason for Change

Brief explanation of why the BCBA is being changed:

6. Fax number of where the new authorization should be sent

7. Provider Attestation

I certify that the information provided is accurate and that the member's care will continue without interruption.

Authorized Provider Signature:

Printed Name:

Date:

8. Parent/Guardian Acknowledgment (if applicable)

I certify that the information provided is accurate and that the member's care will continue without interruption.

Parent/Guardian Signature:

Printed Name:

Date: