

50-1 Treatment Authorization Request Form

This treatment authorization request form should be used for psychological testing, neuropsychological testing, initial requests to start ABA (after a Functional Behavioral Assessment has been completed), and requests to continue ABA services.

This form can be sent via fax or the secure link below.

Please note that the Provider Portal is the preferred method for a quicker review.

USE THIS FORM FOR (Please select one)

- Treatment Authorization Request for **Psychological Testing**
↳ Submit with CenCal's Psychological/Neuropsychological Pre-Service Authorization Request Form
- Treatment Authorization Request for **Neuropsychological Testing**
↳ Submit with CenCal's Psychological/Neuropsychological Pre-Service Authorization Request Form
- Treatment Authorization Requests for **Initial Request to start ABA Treatment**
↳ Submit with CenCal's Functional Behavioral Assessment Template or an approved template
- Treatment Authorization Request to **Continue ABA Treatment**
↳ Submit with CenCal's 6 month Progress Report Template or on an approved template AND a signed service log.

URGENT** **ROUTINE** **RETRO***

Behavioral Health FAX (805) 681-3070 or send via secure link: <https://gateway.cencalhealth.org/form/bh>

*** IN ORDER TO PROCESS YOUR REQUEST, FORM MUST BE COMPLETE AND LEGIBLE ***

**** URGENT is only when normal time frame for authorization will be detrimental to patient's life or health; jeopardize patient's ability to regain maximum function; or result in loss of life, limb, or other major bodily function. URGENT requests are addressed within 72 hours.**

PATIENT INFORMATION

Patient Name: _____
Last First

Member ID# (CIN): _____ D.O.B: _____ Age: _____

Diagnosis: _____ ICD-10: _____

REFERRING AND SERVICING PROVIDER INFORMATION

Referring Provider:

MD NPI#: _____ Group NPI#: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____

Phone: _____ Fax: _____

Is the Referring Provider the PCP? YES NO

Provider Rendering Service (Physician, Facility, Vendor):

Required for all submissions, please locate a provider at [CenCalHealth.org](https://gateway.cencalhealth.org) Provider Directory

MD NPI#: _____ Group NPI#: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Contact: _____

Phone: _____ Fax: _____

Is the Rendering Provider CCS Paneled? YES NO

Not required for Mental Health Authorization Requests

To prevent delays, please fax all medical documents to support your request with this form.

[List Procedures Requested on next page](#)

Behavioral Health Provider Line (805) 562-1600 • Behavioral Health FAX (805) 681-3070

4050 Calle Real, Santa Barbara, CA 93110

