

To: Medi-Cal PCPs
From: IEHP – BH
Date: December 23, 2025
Subject: **REMINDER: ABA Therapy Request Form Requirement**

The following update has been made to the **Behavioral Health Treatment (BHT) Request Form**:

BHT Referral Form – Please choose the provider, NOT the group - choosing the group will cause a delay

- a. Per APL 23-010, initial requests for ABA therapy must be from a licensed physician, surgeon, or psychologist. If the requesting Provider is not qualified, ABA therapy will not appear as an option. Ex: (PCP, but not an LCSW)**

BH Referral Request Form

Prior authorization is not required for many behavioral health services, including initial

Requesting Provider

Search

Dr. Jane Doe

Choose provider, not group

Fantastic Pediatrics

- b-c. Referral Request > Behavioral Health > Service Requested > ABA therapy**

Service Requested

BH Psychotherapy

BH Medication Consult

BH Medication Consult & Treatment

Evaluation for Need for BH Neuro/Psychological Testing

BH Neuro/Psychological Testing

BH Evaluation for Suspected Autism Spectrum Disorder

B Behavioral Health Treatment for Individuals With Special Developmental and Behavioral Needs (0-21) ▾

C **ABA Therapy**

Occupational Therapy (only for confirmed ASD Diagnosis)

Other

Physical Therapy (only for confirmed ASD Diagnosis)

Speech Therapy (only for confirmed ASD Diagnosis)

- d. Initial requests will auto-populate with the CPT code H0031 with 40 units and without the option to add a modifier.**

CPT Codes

* CPT 1:

H0031

* Qty:(numeric only)

40

Helpful Reminders:

- Service Priority to be Standard Pre-Service.
- Next appointment date is not a required field.
- “None” can be chosen as the second ICD code.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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