



## ABA AUTHORIZATION REQUEST

Use this form for both initial and concurrent requests. Please indicate the type of request, as well as the type of services requested. Include the number of requested units as well as hours per day, and hours or days per week, as indicated. Please submit a complete treatment plan with this request.

**Requested Start Date for this Authorization:** \_\_\_\_\_

**Request for:**

- Initial Assessment       Initial Treatment       Concurrent Request

**Patient's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F  Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Patient's Insurance ID#: \_\_\_\_\_

Patient's Employer/Benefit Plan: \_\_\_\_\_

### Provider/Supervisor (BCBA, LBA, LABA, other)

Name: \_\_\_\_\_

ABA Provider Type:  BCBA  State Licensed/Certified

Certification/License #: \_\_\_\_\_ State: \_\_\_\_\_

NPI #: \_\_\_\_\_ Beacon Provider ID # (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Provider Group/Agency:** \_\_\_\_\_

TIN #: \_\_\_\_\_ Beacon Provider Group ID # (if known): \_\_\_\_\_

Service Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### SERVICES REQUESTED

(All units are 15 minutes; 4 units equal 1 hour)

**Program setting and hours per week:**

- Home \_\_\_\_\_  Facility/Clinic \_\_\_\_\_  School \_\_\_\_\_  Other: \_\_\_\_\_

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Patient's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

### Assessment / Follow-up Assessment

By physician or other qualified health care professional (QHP). Behavior identification assessment, administration of tests, detailed behavioral history, observation, caretaker interview, interpretation, discussion of findings, recommendations, preparation of report, development of treatment plan. Assessment of strengths and weaknesses of skill areas across skill domains (e.g., VB-MAPP, ABLLS-R, Functional Behavior Assessment, Functional Analysis) and follow-up assessments.

**97151:** Behavior identification assessment (initial or reassessment) administered by a physician/QHP. Units are in 15-minute increments; up to 32 units max for initial, up to 12 units max for reassessment.

**Units Requested:** \_\_\_\_\_

**97152:** Behavior identification supporting assessment administered by technician under direction of physician/QHP, face to face with patient. Units are in 15-minute increments. **Clinical justification required.**

**Units Requested:** \_\_\_\_\_

**0362T:** Behavior identification supporting assessment for severe behaviors administered by a physician/QHP who is on-site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to a patient's behavior. Units are in 15-minute increments. **Clinical justification required.**

**Units Requested:** \_\_\_\_\_

### Treatment Planning

**H0032:** Treatment planning. Units are in 15-minute increments, up to 4 units per treatment week.

**Units Requested:** \_\_\_\_\_

### Direct 1:1 ABA Therapy

**97153:** Adaptive behavior treatment by protocol administered by technician under the direction of physician/QHP, receiving 1 hour of supervision for every 5 to 10 hours of direct treatment. Units are in 15-minute increments.

**Hours per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_

**97155:** Adaptive behavior treatment with protocol modification, administered by physician/QHP. May be used for **Direction of Technician (Supervision)** face-to-face with one patient. Units are in 15-minute increments.

**Hours per day:** \_\_\_\_\_ **Days per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_

**0373T:** Adaptive behavior treatment with protocol modification implemented by physician/QHP who is on-site with the assistance of two or more technicians for severe maladaptive behaviors. Units are in 15-minute increments. **Clinical justification required.**

**Hours per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_

### Group Adaptive Behavior Treatment

**97154:** Group adaptive behavior treatment by protocol by technician under the direction of physician/QHP, face-to-face with two or more patients. Units are in 15-minute increments.

**Hours per day:** \_\_\_\_\_ **Days per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_

**97158:** Group adaptive behavior treatment with protocol modification (**Social Skills Group**) by physician/QHP, face-to-face with two or more patients. Units are in 15-minute increments.

**Hours per day:** \_\_\_\_\_ **Days per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_

### Family Adaptive Behavior Treatment Guidance (Family Training)

By physician/QHP, with or without the patient.

**97156:** With individual family. Units are in 15-minute increments.

**Hours per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_

**97157:** With multiple family group. Units are in 15-minute increments.

**Hours per week:** \_\_\_\_\_ **Units Requested:** \_\_\_\_\_