ABA AUTHORIZATION REQUEST

*Use this form for both initial and concurrent **Commercial** 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: _____