



CARELON BEHAVIORAL HEALTH 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 the 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 (Psychologist, BCBA-D, BCBA, other)

Name: _____

ABA Provider Type: Licensed/Certified Other: _____

Certification/License #: _____ State: _____

NPI #: _____ Provider ID (if known) _____

Phone Number: _____

Email Address: _____

Provider Group/Agency:

TIN #: _____ 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 - (Psychologist/ BCBA-D/BCBA). 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 Psychologist/ BCBA-D/BCBA. 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 BCaBA or RBT 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 2 or more BCaBAs/RBTs with Psychologist/BCBA- D/BCBA onsite, 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: _____

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. May also be administered by a Psychologist/BCBA-D/BCBA, BCaBA or RBT. 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 2 or more BCaBAs/RBTs with Psychologist/BCBA/ BCBA-D onsite physician/QHP who is for severe maladaptive behaviors. Units are in 15minute increments. **Clinical justification required.**
Hours per week: _____ **Units Requested:** _____

Group Adaptive Behavior Treatment

- 97154:** Group adaptive behavior treatment by protocol by Psychologist/ BCBA-D/BCBA BCaBA/RBT, face -to-face with two or more patient, limited to 2-8 participants. Units are in 15-minute increments. **Clinical justification required.**
Hours per day: _____ **Days per week:** _____ **Units Requested:** _____
- 97158:** Group adaptive behavior treatment with protocol modification by Psychologist/ BCBA-D/BCBA, face-to-face with two or more patients. Units are in 15-minute increments. Group limited to 2-8 ABA participants.
Hours per day: _____ **Days per week:** _____ **Units Requested:** _____

Family Adaptive Behavior Treatment Guidance (Family Training)

By Psychologist/ BCBA-D/BCBA/BCaBA, with individual family.

- 97156:** Without the child present
- 97156 (U2):** With the child present. 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:** _____