

Behavioral Analysis Authorization

Submit completed form online at www.availity.com—our preferred method—or by fax to **813-321-7220**.

Today's date:	
Contact at provider's office:	Secure fax:
Requesting provider:	Phone:
Note: Please provide appropriate contact information, including best working phone number, to contact you if we need clarification or additional information to complete your request.	

Member information			
Last name:		First name:	
Humana ID:	Medicaid ID:	Date of birth:	
Parent/guardian name:		Phone:	
Member's living arrangements:			
At home with guardian		Group home	Foster home

Requesting provider/facility		
Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

Treating/servicing provider		
Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

Diagnosis code(s) and date(s) of service (DOS)			
ICD-10*:	ICD-10*:	ICD-10*:	ICD-10*:
Start date of service:		End date of service:	
Type of request:	Initial request	Treatment request	Concurrent request

*ICD-10 codes are from the International Classification of Diseases, Tenth Edition.

Humana Healthy Horizons® in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.
663004FL0225 FLHMK5UEN

Service code(s)

Code:	Total units:	Hours per week:	Frequency:
Code:	Total units:	Hours per week:	Frequency:
Code:	Total units:	Hours per week:	Frequency:
Code:	Total units:	Hours per week:	Frequency:
Code:	Total units:	Hours per week:	Frequency:
Code:	Total units:	Hours per week:	Frequency:
Code:	Total units:	Hours per week:	Frequency:

Assessment/Follow-up assessment

97151	Behavior identification assessment (initial or reassessment) administered by a physician/ QHP. Units are in 15-minute increments.
97152	Behavior identification supporting assessment administered by technician under direction of physician/ QHP, face to face with patient. Units are in 15-minute increments.
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.

Treatment planning

Direct 1:1 Behavior analysis 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.
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.
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.

Group adaptive behavior treatment

97154	Group adaptive behavior treatment by protocol, face-to-face with at least 2 patients. Services may be provided by Lead Analyst, BCaBA or RBT. Units are in 15-minute increments.
97158	Group adaptive behavior treatment by protocol by modification, face-to-face with at least 2 patients. Services may be provided by Lead Analyst or BCaBA. Units are in 15-minute increments.

**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.

Initial assessment required clinical documentation

Please attach the following documents:

Comprehensive diagnostic evaluation

Individualized Education Plan (IEP) including behavioral analysis (BA) services/504 plan

Treatment services required clinical documentation

Behavior plan including treatment goals, parent/caregiver goals, transition plan, crisis management plan, and discharge plan

Clinical documentation regarding member's medical/developmental history, family history and care coordination

Supervision plan

Vineland-3 Comprehensive Parent Interview Form for all recipients, plus the Maladaptive Behavior Domain for recipients age 3 years and older (initial assessment and every 12 months)

Behavior Assessment System for Children, Third Edition, Parenting Relationship Questionnaire (BASC-3 PRQ), for all recipients ages 2 years through 18 years (initial assessment and every 12 months)

Provide clinical recommendation for services, outlining rationale for quantity in hours per week/day

Concurrent Requests: Session notes, data table and graph reflecting progress of all behaviors targeted for treatment, discussion of progress or explanation for why progress was not made, statement of justification for continuation of care

Treatment plan and care coordination (Check all that apply.)

Treatment interventions are consistent with BA techniques.

Treatment plan and requested services currently occurring are based upon the functional assessment/reassessment care coordination involving appropriate entities.

Licensed psychologist or board-certified behavior analyst (BCBA) is responsible for all aspects of clinical direction, supervision and case management, including evaluation of discharge requirements.

BA services may not be duplicative of services under an individualized family service plan (IFSP), 504 plan or IEP.

Recipient's IFSP, 504 plan or IEP has been reviewed, and the proposed treatment and treatment plan are not duplicative. Yes No N/A

An implementation plan must include the following demographic information: member's name, address, date of birth and Medicaid state identification number; behavioral health intervention services; provider's name; and date the plan was developed and revised.

The plan must include the diagnosis and treatment order from the licensed provider including scope, amount and duration of services.

Coverage of BA services

By signing below, the provider ensures: Treatment interventions are consistent with BA techniques; care coordination involving appropriate entities is occurring; the licensed psychologist or BCBA is responsible for all aspects of clinical direction, supervision and case management; and the treatment plan and requested services are based upon the functional assessment.

Signature:**Date:**

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits, and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any duplication, dissemination or distribution of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify the sender immediately and destroy all information received.