

# Applied Behavioral Analysis (ABA) Authorization

## Member information

Today's date (mm/dd/yyyy)		Medicaid ID #	
First name		Last name	
Gender:	Male	Female	Age
			Date of birth (mm/dd/yyyy)
Is there a primary payor?    Yes    No			
Member address			
City	State		ZIP code
Legal guardian name			
Member or guardian phone number			

## Board Certified Behavioral Analyst (BCBA) and BCBA information

Provider name		Credentials	
Provider NPI		Tax ID #	
Provider address			
Phone		Fax	
Contact name		QHCP <sup>1</sup> /Psychiatrist    Physician	

## Group/Facility Provider: BCBA-D<sup>2</sup>, BCBA, QHCP

Provider name		Credentials	
Provider NPI		Tax ID #	
Provider Address			
Phone		Fax	

**Humana**  
Healthy Horizons®  
in Louisiana

Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.  
899906LA1225 LAHMFVEN\_1125

# Applied Behavioral Analysis (ABA) Authorization

## Diagnostic and treatment information

ICD-10<sup>3</sup> and DSM DX<sup>4</sup> code (required)

Secondary diagnosis

Prior ABA treatment

Diagnosis date

Member in School?    Brick and mortar    Home school    No

Services being provided in the school?    Yes    No

If yes, do you have the IEP<sup>5</sup>?    Yes    No

If yes, please provide the month and year of last update:

If services are being rendered in school and you selected no, please explain why:

Does member have an IEP or IAP<sup>6</sup> (504)?    Yes    No

Receiving early intervention services?    Yes    No

Describe other services received in addition to the ABA requested, including but not limited to Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST) or mental health services:

Type of request:    Assessment only    Initial treatment    Continuation of treatment

Date of most recent assessment

## Additional information

Please submit the information noted below with all treatment requests. If documentation is not received, the request will be reviewed based on information available at the time of review.

Current presentation/symptoms	Mild	Moderate	Severe
Safety risk to self/others:			
Aggression:			
Disruptive behavior:			
Destruction of property:			
Mood issues:			
Other:			

# Applied Behavioral Analysis (ABA) Authorization

For initial assessment, please submit comprehensive diagnostic information including standardized measures and referral from diagnosing provider for ABA services to include estimated duration of care.

- Prior authorization form
- CDE<sup>7</sup>
- Prescription for ABA ordered by a QHCP if ABA is not recommended in CDE

## For initial treatment request, please submit:

Behavioral treatment plan including measurable treatment goals and parent training;  
Proposed treatment schedule including the provider type who will render services

Proposed functional and measurable treatment goals with expected time frames which target identified behavior deficits; Dated copy of IEP or IFSP, if applicable

Copy of waiver, Plan Profile Table and the Schedule page from the certified plan of care, if applicable; Objective testing showing significant behavioral deficit

Description of coordination of services with other providers (school, PT, OT, ST); Any medical conditions that will impact outcomes of treatment

Individualized measurable titration plan; Individualized measurable discharge plan

Schedule of services planned, including location, the individual providers responsible for delivering the services, and Functional Behavioral Assessment (Please advise the assessment tool utilized and include baseline data graph and progress.)

## For subsequent treatment requests, please submit:

Objective measures of clinically significant progress (measurable and functional improvement) toward each stated treatment goal

Updated plan for treatment including updated goals and timeline for achievement;  
Any necessary changes to the treatment plan

Is there coordination of care with other providers? If yes, please include coordination of care in attached supporting clinical documents

Include progress or lack-of with any previous treatment interventions

Dated copy of IEP, IFSP, IAP plan, if applicable; Individualized measurable titration plan; Individualized measurable discharge plan

Schedule of services planned, including location, and the individual providers responsible for delivering the services, and Functional Behavioral Assessment (Please advise the assessment tool utilized and include baseline data graph and progress.)

# Applied Behavioral Analysis (ABA) Authorization

## Authorization Information

Start date \_\_\_\_\_ End date \_\_\_\_\_

**Please note:** A service authorization period shall not exceed 180 days for ABA services.

## Billing codes

Codes	Description	Unit interval	Weekly # of units requested	Total # of units requested
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional	15 min.		
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional	15 min.		
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional	15 min.		
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional	15 min.		
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional	15 min.		
97156	Family adaptive behavior treatment guidance, administered by physical or other qualified healthcare professional	15 min.		
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present)	15 min.		

# Applied Behavioral Analysis (ABA) Authorization

Codes	Description	Unit interval	Weekly # of units requested	Total # of units requested
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional	15 min.		
0362T	Behavior identification supporting assessment, administered by the physician or other	15 min.		
0373T	Adaptive behavior treatment with protocol modification, administered by the physician or other	15 min.		

\*\*\*Modifiers should be used in billing to reflect the credentials of staff delivering services and allow for proper claims payment.

By signing below, I attest that all professionals and paraprofessionals rendering service(s) under the proposed treatment plan have the appropriate training and education required to render service(s).

\_\_\_\_\_  
Rendering provider signature

\_\_\_\_\_  
Date

Submit completed form electronically using our preferred method at **Availity.com** or by fax to **1-833-974-0059**.

## Terms

<sup>1</sup>QHCP stands for Qualified Health Care Professional

<sup>2</sup>BCBA-D stands for Board Certified Behavior Analyst - Doctoral

<sup>3</sup>ICD-10 stands for International Classification of Diseases 10th Revision

<sup>4</sup>DMS DX stands for Diagnostic and Statistical Manual of Mental Disorders Diagnosis

<sup>5</sup>IEP stands for Individualized Educational Plan

<sup>6</sup>IAP stands for Individualized Accommodation Plan, also known as a 504 plan

<sup>7</sup>CDE stands for Comprehensive Diagnostic Evaluation