



ABA Prior Authorization Request Form

Provider Information			
Provider Name:			
Date Submitted:		Contracted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider NPI:		Tax ID (TIN):	
Provider Medicaid ID:			
Contact Name:		Email Address:	
Provider Phone:		Fax Number:	
Provider Address:			
Member Information			
Member Name:		Date of Birth:	
CareSource PASSE ID Number:		Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code:		Diagnosis Description:	
Type of Request			
Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Retrospective <input type="checkbox"/>			
Start Date:		End Date:	

INSTRUCTIONS:

- 1.) All services should be reflected in the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing carecoordination@caresourcePASSE.com.
- 2.) The following are the current methods for submitting an authorization. Completed form is required.
 - a. Email: ServiceDeterminations@caresourcepasse.com
 - b. Fax: 1-844-542-2605
- 3.) The CareSource Provider Portal is not available for submission of these services; however, can use the portal for viewing the status of an authorization.

Authorization Time Period: Up to 6 months		Limits/Guidelines:	Please visit CareSource PASSE Provider Policies – MM-1227	
97151 EP	Physician or BCBA	Total hrs:		Total units: (1 unit = 15 min)
97152 EP	RBT or BCaBD	Total hrs:		Total units: (1 unit = 15 min)
97153 EP	Direct Therapy (1:1)	# of hours per wk.		Total units: (1 unit = 15 min)
97154 EP	Group Adaptive	# of hours per wk.		Total units: (1 unit = 15 min)
97155 EP	BCBA Supervision	# of hours per wk.		Total units: (1 unit = 15 min)

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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97155 EP	Direct Therapy (telehealth)	# of hours per wk.		Total units: (1 unit = 15 min)	
97156 EP	Parent / family training	# of hours per wk.		Total units: (1 unit = 15 min)	
97157 EP	Multi-family adaptive behavior	# of hours per wk.		Total units: (1 unit = 15 min)	
97158 EP	Multi-family group	# of hours per wk.		Total units: (1 unit = 15 min)	
Recommended Documentation	<ul style="list-style-type: none"> • Screening/evaluation from medical professional with Autism Diagnosis; Behavioral Assessment (i.e., ADOS, ADI-R) • Behavior assessment and treatment plan performed by independent practitioner. • Definitive primary diagnosis of autism made by a practitioner independent of the ABA provider. • ABA order from provider • Assessment to include behavioral, psychological, developmental, and medical history. • IEP when ABA hours will be performed in school setting. • Treatment plan to include the following: measurable SMART goals, Functional skills, assessments, caregiver family training plan, # of hours per wk., • Continued Care requests: updated progress reports to show response to treatment from baseline 				

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