

Applied Behavior Analysis (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. Provider Portal: ProviderPortal.CareSource.com/
 - b. Fax: 1-844-542-2608

Authorization Time Period: Up to six months	Limits/Guidelines:	Please visit Applied Behavioral Analysis for Autism Spectrum Disorder- MM -1127		
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)
97155 EP	Direct Therapy (telehealth)	# 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.

Confidentiality: The information contained in the transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient and use, distribute, or copying is strictly prohibited. If you have received this document in error, please notify us immediately and destroy the document.

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. • Individualized Education Plan (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 week. • <i>Continued Care requests</i>: updated progress reports to show response to treatment from baseline. 				

AR-PAS-P-2417200b

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

Confidentiality: The information contained in the transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient and use, distribute, or copying is strictly prohibited. If you have received this document in error, please notify us immediately and destroy the document.