



Applied Behavior Analysis — Authorization Request

Submit completed form using our preferred method online at <https://providers.healthybluela.com> or by fax to **1-844-432-6027**. If you have any questions, please call **1-844-521-6942**. The Applied Behavior Analysis (ABA) team for Healthy Blue can be reached at **1-844-406-2389**.

Request date:		Request type: <input type="checkbox"/> Initial <input type="checkbox"/> Continued service	
Recipient information			
First name:		Last name:	
Healthy Blue ID:		Medicaid ID:	
DOB:		Date of CDE completion:	
Diagnosis (list):			
Diagnosing practitioner(s) and credentials:			
Diagnosis date:			
Requesting provider			
Practitioner's name:	Practitioner's NPI:	Credentials:	
Provider group name:	Provider group NPI:	Provider group TIN:	
Provider email:		Phone:	Fax:
Servicing provider	<input type="checkbox"/> Check if servicing provider is the same as requesting provider.		
Practitioner's name:	Practitioner's NPI:	Credentials:	
Provider group name:	Provider group NPI:	Provider group TIN:	
Provider email:		Phone:	Fax:
Responsible party			
Parent/guardian name:		Phone:	
Relationship to recipient:			
Recipient's living arrangements: <input type="checkbox"/> At home with legal guardian(s) <input type="checkbox"/> Group home <input type="checkbox"/> Foster home <input type="checkbox"/> Other (explain): _____			

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLAPEC-1989-20 August 2020

Signature:	Date:
Treatment plan and care coordination	
<i>Check all that apply.</i>	
<input type="checkbox"/> Treatment interventions are consistent with ABA techniques. <input type="checkbox"/> The treatment plan and requested services are based upon the functional assessment/reassessment care coordination involving appropriate entities that are currently occurring. <input type="checkbox"/> The licensed psychologist or board-certified behavior analyst (BCBA) is responsible for all aspects of clinical direction supervision and case management, and this includes evaluation of discharge requirements.	
ABA services may not be duplicative of services under an Individualized Family Service Plan (IFSP) or an Individualized Educational Program (IEP).	
The recipient's IFSP or IEP has been reviewed, and the proposed treatment and treatment plan are not duplicative. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

An implementation plan must include the following demographic information: member's name, member's address, member's date of birth, member's 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 practitioner of the healing arts including scope, amount and duration of services.

Coverage of ABA services	
<i>By signing below, the provider ensures the following:</i> Treatment interventions are consistent with ABA 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; 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 dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.

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Services requested							
Authorization is a two-fold process. A prior authorization is first requested for approval to perform a functional assessment and to develop a behavior treatment plan. A second prior authorization is needed for approval to provide the ABA-based derived therapy services. Providers may request review for up to 180 days, which represents an authorization span of six months. The requested services are based upon either a focused or comprehensive service delivery model. The provider is to indicate which delivery model is being utilized. Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request.							
Code	Modifier	Code description	Start date	End date	Hours requested per week	Units requested per week	Total units requested
97151		Behavior identification assessment administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan					
97152		Behavior identification — supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes					
97153		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes					
97154		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes					
97155		Adaptive behavior treatment with protocol modification, administered by physician or					

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Code	Modifier	Code description	Start date	End date	Hours requested per week	Units requested per week	Total units requested
		other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes					
97156		Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes					
97157		Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes					
97158		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes					