

Applied Behavior Analysis Authorization Request



Complete this form for both Initial and Concurrent Applied Behavior Analysis (ABA) Authorization Requests.

Include the service requested, the specific treatment, the number of requested units, and the units per month.

The following documentation must be included when submitting this Request:

- Original report of the Autism Spectrum Disorder (ASD) diagnosis and evaluations
- Individualized Education Program (IEP) or educational information
- IQ reports
- Treatment plan, and progress notes and reports
- Primary Care Physician collaboration

Submit this completed Request and documentation to MVP by: Email bhservices@mvphealthcare.com Fax 1-855-853-4850

Requested Authorization

Start Date

End Date

Request Type

Initial Assessment

Initial Treatment

Concurrent Treatment

Section 1: MVP Member Information

Member Name		Gender		Date of Birth	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:			
Phone No.	MVP Member ID No.	Plan Type			
City of Residence		State	Zip Code		

Section 2: Provider Information

Provider/Supervisor Name <i>(BCBA, LBA, LABA, Other)</i>		ABA Provider Type		Certification/License No.	State
		<input type="checkbox"/> BCBA <input type="checkbox"/> State Licensed/Certified			
NPI No.	Phone No.	Email			
Service Street Address			City	State	Zip Code

If the individual above is part of a Group, provide the Group information below.

Provider Group/Agency Name		Provider Group ID No. <i>(if known)</i>	Tax ID No.		
Phone No.	Provider Group Email				
Service Street Address			City	State	Zip Code

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MVP Member Name	MVP Member ID No.
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Section 3: Applied Behavior Analysis Services Requested

Program Setting <i>(select only one)</i> <input type="checkbox"/> Home <input type="checkbox"/> Facility/Clinic <input type="checkbox"/> School <input type="checkbox"/> Other: _____	Hours Per Week of ABA Services Requested
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Service Types

Each time unit equals 15 minutes.

Assessment and Follow-Up Assessment Service

Conducted by physician or other qualified health care professional (QHP). Behavior identification assessment, administration of tests, detailed behavioral history, observation, caretaker interview, interpretation, discussion of findings, recommendations, preparation of report, development of treatment plan. Assessment of strengths and weaknesses of skill areas across skill domains (e.g., VB-MAPP, ABLLS-R, Functional Behavior Assessment, Functional Analysis) and follow-up assessments.

<input type="checkbox"/> CPT 97151 Behavior identification assessment (initial or reassessment) administered by a physician/QHP. Up to 32 units maximum for initial assessment, up to 12 units maximum for reassessment.	15-Minute Units per Week	Total 15-Minute Units Requested
<input type="checkbox"/> CPT 97152 Behavior identification supporting assessment administered by technician under direction of physician/QHP, face-to-face with patient. Units are in 15-minute increments. Clinical justification required.	15-Minute Units per Week	Total 15-Minute Units Requested
<input type="checkbox"/> CPT 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. Clinical justification required.	15-Minute Units per Week	Total 15-Minute Units Requested

Treatment Planning Service

<input type="checkbox"/> HCPCS H0032 Treatment planning.	15-Minute Units per Week	Total 15-Minute Units Requested
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Direct One-to-One Applied Behavior Analysis Therapy Service

<input type="checkbox"/> CPT 97153 Adaptive behavior treatment by protocol administered by technician under the direction of physician/QHP, receiving one hour of supervision for every 5–10 hours of direct treatment.	15-Minute Units per Week	Total 15-Minute Units Requested
<input type="checkbox"/> CPT 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.	15-Minute Units per Week	Total 15-Minute Units Requested
<input type="checkbox"/> CPT 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. Clinical justification required.	15-Minute Units per Week	Total 15-Minute Units Requested

Group Adaptive Behavior Treatment Service

<input type="checkbox"/> CPT 97154 Group adaptive behavior treatment by protocol by technician under the direction of physician/QHP, face-to-face with two or more patients.	15-Minute Units per Week	Total 15-Minute Units Requested
<input type="checkbox"/> CPT 97158 Group adaptive behavior treatment with protocol modification (Social Skills Group) by physician/QHP, face-to-face with two or more patients.	15-Minute Units per Week	Total 15-Minute Units Requested

Family Adaptive Behavior Treatment Guidance (Family Training) Service

<input type="checkbox"/> CPT 97156 With individual family	15-Minute Units per Week	Total 15-Minute Units Requested
<input type="checkbox"/> CPT 97157 With multiple family group.	15-Minute Units per Week	Total 15-Minute Units Requested