PHP

1700 Magnavox Way, Ste 201
Fort Wayne, IN 46804

Applied Behavioral Analysis (ABA)
Prior Authorization Request

Provider Information **Date of Submission:**_____

ABA Clinic Name				**Contact Name**	
Clinic NPI		**Phone**		**Fax**	

Member Information

Last Name		**First Name**	
Member ID		**Date of Birth**	
Date of Initial Eval*		**Eval Completed by:** ***(Name, credentials)***	
Testing Instrument		**Diagnosis Code(s)**	
Start Date of Service			
if more than 3 years since evaluation, a new evaluation must be completed			

Request Type

☐ Initial Authorization Request ☐ Continue Authorization Request

Treatment Plan & Progress Noted-*per ABA standards*

Attach relevant clinical documentation as appropriate.

- Baseline to date progress
- Dates that goals are met
- Date new goals were developed
- Discharge criteria
- School status-*no school, full-time, part-time*
- Hours/sessions of parent training completed

Number of hours that direct treatment was provided during review period:

Codes	Description	# of hours	Setting (Clinic, Home, Community)
97151	**Behavior identification assessment, by a physician or other qualified healthcare professional, per 15 minutes** *Time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and nonface- to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan*	_____ Per week/month/auth (please circle frequency)	
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	_____ Per week/month/auth (please circle frequency)	
97153	**Adaptive behavior treatment by protocol, per 15 minutes** *Administered by technician under the direction of a BCBA, face-to-face with one patient*	_____ Per week/month/auth (please circle frequency)	

Please submit the completed form(s) to PHP at medmanfax@phpni.com or by fax@ (260) 436-4809

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97154	**Group adaptive behavior treatment by protocol, per 15 minutes** *Administered by technician under the direction of a BCBA, face-to-face with two or more patients*	_____ Per week/month/auth (please circle frequency)	
97155	**Adaptive behavior treatment with protocol modification, per 15 minutes** *Administered by BCBA, which may include simultaneous direction of technician*	_____ Per week/month/auth (please circle frequency)	
97156	**Family adaptive behavior treatment guidance, per 15 minutes** *Administered by BCBA, with or without patient present, face-to-face with guardian(s)/caregiver(s)*	_____ Per week/month/auth (please circle frequency)	
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	_____ Per week/month/auth (please circle frequency)	
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	_____ Per week/month/auth (please circle frequency)	

Verify that the above information is complete and required supporting documentation is included. After a clinician reviews the information, we'll notify you of the determination via fax. Coverage is subject to the member's specific benefits.

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