

Commercial Plans:

Applied Behavioral Analysis (ABA) Authorization Request Form

PO Box 66189
Virginia Beach, VA 23466

Call **757-552-7174** or **1-800-648-8420**
(option 2-2-1) to verify benefits

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date

Date Submitted: _____ ABA Evaluation Date: _____

Submit via the Provider Portal or fax completed ABA authorization request form to
Sentara Behavioral Health Services **757-431-7763** or **1-844-723-2096**

Member Information

Member Name: _____ DOB: _____ Member ID#: _____

Diagnosis Code(s): _____

Date of Diagnosis _____

Name of Licensed MD Making Diagnosis _____

BCBA Provider Information (Please Print):

Name: Last _____ First _____

State License#: _____

Sentara Provider#: _____ Tax ID#: _____ NPI#: _____

Contact Name: _____ Contact Phone #: _____ Contact Fax #: _____

Initial Request _____ or Continuation of Service Request _____ If continuation of services, attach current plan of treatment, including goals that have been met.

Applied behavioral analysis (ABA) treatment is appropriate in the treatment of autism spectrum disorders (ASDs), as indicated by **all** of the following:

1. Patient has diagnosis of autism spectrum disorder (ASD) and **all** of the following:

- moderate to severe psychiatric, behavioral, or other comorbid conditions Y N
- serious dysfunction in daily living for adult or serious dysfunction in daily living for child or adolescent Y N

2. Situation and expectations are appropriate for ABA, as indicated by **all** of the following:

- Recommended treatment is necessary and not appropriate for less intensive care (i.e., patient behavior, symptoms, or risk is inappropriate for routine outpatient office care). Y N
- Patient is assessed as not at risk of imminent danger to self or others. Y N
- Treatment is to be administered in setting (e.g., home vs specialized center) and by team (e.g., multidisciplinary) that is specifically designed and compatible with patient's needs and abilities. Y N

- Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified as appropriate for applied behavioral analysis. Y N
- Treatment plan addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers and community-based resources, as appropriate. Y N
- Treatment plan includes explicit and measurable recovery goals that will define patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued applied behavioral analysis. Y N
- Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate. Y N
- Treatment intensity (i.e., number of hours per week) and duration (i.e., length of service intervention) is individualized and designed to meet needs of patient and adjusted as is clinically appropriate; program selection impacts intensity and duration and may include one or more of the following:
 - comprehensive ABA for patients with ASD who are 1 to 12 years of age and require program designed to address multiple areas of behavioral and functional impairment in coordinated manner. Y N
 - focused ABA, as indicated by one or more of the following:
 - patients with ASD who are 1 to 12 years of age and one or more of the following:
 - Residual core ASD symptoms are still present, despite completion of course of comprehensive therapy.
Y N
 - Patient is currently enrolled in comprehensive ABA program but lacks significant progress toward treatment goals (i.e., focused ABA services are added as adjunct to comprehensive ABA program).
Y N
 - Focal deficits are present (e.g., isolated impairment in verbal communication) that are appropriate for targeted behavioral intervention in patients who are not enrolled in comprehensive ABA treatment program. Y N
 - patients with ASD who are 13 years of age or older and have focal deficits (e.g., isolated impairment in verbal communications) that are appropriate for targeted behavioral intervention Y N
 - Patient is expected to be able to adequately participate in and respond as planned to proposed treatment.
Y N

If answered yes to any of the above questions, please provide supporting clinical documentation and current treatment plan.

HCPC Code	Service	Hours per month
97151 (15 min)	Behavioral identification assessment, administered by QHP	
97152 (15 min)	Behavior identification supporting assessment, administered by technician under direction of QHP	
97153 (15 min)	Adaptive behavior treatment, administered by technician under direction of QHP	
97155 (15 min)	Adaptive behavior treatment with modification, administered by QHP which may include direction of technician	
97156 (15 min)	Family adaptive behavior treatment guidance, administered by QHP (with or without patient present)	
97157 (15 min)	Multiple family group adaptive behavior treatment guidance, administered by QHP (without patient present)	
97158 (15 min)	Multiple family group adaptive behavior treatment guidance, administered by QHP (without patient present)	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	