

Applied Behavioral Analysis (ABA) Request Form

This form is used for both initial and concurrent requests. Indicate type of request and type of services requested. Include the number of units, hours per day and hours or days per week, as indicated. *Submit a complete treatment plan with this request.*

This form must be completed electronically, printed and faxed. No handwritten forms will be accepted. Please fax the completed form to 570-214-4539. If you have questions regarding this form, please call 888-839-7972.

Requested start date:

Request is for:

Initial assessment

Initial treatment

Concurrent request

Member's name:

Date of birth:

Male

Female

Other

Member's Health Plan ID:

Phone number:

Requesting provider (BCBA, LBA, LABA, other) name:

ABA provider type: BCBA State licensed/certified

Certification/license #:

State:

NPI:

Phone number:

Fax:

Contact name:

Contact phone number:

Servicing provider name:

NPI:

Address:

Contact name:

Contact phone number:

Fax:

SERVICES REQUESTED

(All units are 15 minutes; 4 units equals 1 hour)

Program setting and hours per week:

Home

Facility/clinic

School

Other:

Assessment/follow-up assessment 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.

97151 — Behavior identification assessment (initial or reassessment) administered by a physician/QHP; units are in 15-minute increments

Units requested:

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.

Units requested:

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; units are in 15-minute increments
Clinical justification required.

Units requested:

Treatment planning

H0032 — Treatment planning; units are in 15-minute increments

Units requested:

Direct 1:1 ABA therapy

97153 — Adaptive behavior treatment by protocol administered by technician under the direction of physician/QHP, receiving 1 hour of supervision for every 5 to 10 hours of direct treatment; units are in 15-minute increments

Hours per week: **Units requested:**

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; units are in 15-minute increments

Hours per day: **Days per week:** **Units requested:**

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; units are in 15-minute increments.

Clinical justification required.

Hours per week: **Units requested:**

Group adaptive behavior treatment

97154 — Group adaptive behavior treatment by protocol by technician under the direction of physician/QHP, face-to-face, with two or more patients; units are in 15-minute increments

Hours per day: **Days per week:** **Units requested:**

97158 — Group adaptive behavior treatment with protocol modification (social skills group) by physician/QHP, face-to-face, with two or more patients; units are in 15-minute increments

Hours per day: **Days per week:** **Units requested:**

H2014 — Skills training and development; units are in 15-minute increments

Hours per week: **Units requested:**

H2019 — Therapeutic behavioral services; units are in 15-minute increments

Hours per week: **Units requested:**

H2021 — Community-based wrap-around services; units are in 15-minute increments

Hours per week: **Units requested:**

Family adaptive behavior treatment guidance (family training) by physician/QHP, with or without member

97156 — With individual family; units are in 15-minute increments

Hours per week: **Units requested:**

97157 — With multiple family group; units are in 15-minute increments

Hours per week: **Units requested:**