Behavioral Health ABA Authorization Request Form

Applicable ABA codes:

- Codes : 97153, 97154, 97155, 97156, 97157, 97158
- Authorization required after 48 units per calendar year for ABA therapy (cumulative of 97153, 97154, 97155, 97156, 97157, 97158)

Type of Request:

- **Initial**
- **Continuation**
- **End Date Extension (List Authorization number and end date)**

Original Start Date of Services:

Member Information

Member Name:	Member Medicaid ID#:
Member Date of Birth:	

Provider Information

Provider Name:	Provider NPI:	Provider TIN:
Requestor Information:		
Name:	Phone:	Fax:

Dates of Service for the Service(s) being Requested		Service Code
Start Date:		
End Date:		

Code	Total # of Units for Requested Date Span
97153 1:1 Direct Therapy (CBT)	
97154 1 CBT with 2 or more clients	
97155 Behavior Treatment Modification: LBAT with client	
97156 Family adaptive behavior treatment guidance	
97157 Adaptive Behavior Treatment Procedures.	
97158 Group adaptive behavior treatment with protocol modification	

When submitting your request, the following information is required per Regulation AND clinical guidelines:

Medical Status; History of alcohol, tobacco, or other drug use, including any interventions; Acute intoxication and withdrawal potential; Current or history of psychological problems or psychiatric disorders and treatment received, including:

- Previous psychiatric admissions;
- History of suicidal or homicidal ideation and attempts;
- Outpatient psychiatric treatment; and
- Psychotropic medications;

OR

- Biopsychosocial assessment and treatment plan*

Any legal proceedings; Psychosocial issues; Employment status Readiness to change; *Biopsychosocial assessment including:

- Diagnosis as made by a clinician operating within the clinician's professional scope of practice, in accordance with the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Screening for other co-occurring disorders;
- The ASAM level of care determination (if applicable); and
- Referral for a full diagnostic evaluation and treatment planning, if appropriate.

Treatment Plan including:

- Description of the services to be provided , including frequency.
- Measurable goals to achieve, including the expected date of the achievement for each goal
- Description of functional abilities and limitations, or diagnosis listed in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders
- Specify each staff member assigned to work with the individual
- Identify methods of involving family or significant others if indicated.
- Specify criteria to be met for termination of treatment
- Include the date schedule for review of the plan
- Creation of plan of care for individuals receiving substance use disorder treatment in accordance with the plan of care requirements set forth in applicable KAR.

Any other pertinent information to support ABA services:

<u>To submit your request to the UM Department :</u>

- **UTILIZE AVAILITY TO SUBMIT YOUR REQUEST**
- **FAX THE CLINICAL REQUEST TO: (833) 454-0641**
- **CALL THE REQUEST: (800) 578-0775**

You may also utilize the Universal Fax form located on our Website