

Applied Behavior Analysis (ABA) Prior Authorization Form

To request an Applied Behavior Analysis (ABA) prior authorization, please complete and email this form along with an individualized treatment plan to ABA@Evernorth.com* (preferred), or fax it to 860.687.9230. Once a determination has been made, you will be notified by telephone or fax. In the event of a decision of non-support or partial authorization, options to initiate a reconsideration or appeal will be available to you.

Please note: For standard requests, ABA assessment Current Procedural Terminology (CPT®) codes (97151, 97152, and 0362T) no longer require prior authorization. To request a network exception, please complete and submit the [Applied Behavior Analysis \(ABA\) Network Exception Request for Initial Assessment form](#).

ADDITIONAL INFORMATION AND IMPORTANT CONSIDERATIONS FOR TIMELY PROCESSING

- This form should be completed by a provider who has thorough knowledge of the patient's current clinical presentation and treatment history. Be advised that the information contained in this form may be released to the patient or the patient's representative.
- For legibility reasons, typed responses and submissions by email are preferred. If completing this form by hand and faxing, please use blue or black ink.
- Ensure that start dates and hours/units for ongoing care match what is in the treatment plan. If there is conflicting information, the information provided on this form will be considered the official request.
- If you reference the treatment plan, please ensure you indicate the page number where the information can be found.
- Decisions of approval or non-support are based on the treatment plan details and the [Evernorth Behavioral Health coverage policy for Intensive Behavioral Interventions - \(EN0499\)](#).
- If you experience any issues with submitting your request, please call the Autism Care Coordinator Team at 877.279.7603. Our regular business hours are Monday through Friday, from 8:30 a.m. to 5:00 p.m. Central Time.
- As a reminder, always submit the most updated forms, which are accessible by visiting the Evernorth Provider website (Provider.Evernorth.com) > Resources > Forms Center > [Behavioral Health Forms](#).
- For additional information, please visit our dedicated web page for [Autism Information and Resources](#).

ALL FIELDS ARE REQUIRED

Please indicate the type of request you are seeking authorization for:		
A.) Initial/continued stay request <input type="checkbox"/>		
<u>If yes, you are required to submit supporting clinical information.</u>		
B.) Reconsideration request <input type="checkbox"/>		
<u>If yes, you are required to submit any additional or new clinical information that was not considered at the time of the initial review.</u>		
Requested start date for new authorization: _____		
Patient Information		
Patient Name:	Patient ID:	Date of Birth MM / DD / YYYY
Address:		
Patient/Caregiver Contact Information:		
Is the patient diagnosed with Autism Spectrum Disorder (F84.0)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please include the following:		
1. Date of most current diagnostic evaluation: _____		
2. Evaluator's name and credentials: _____		
Please list any other relevant diagnosis and their diagnostic codes:		

Provider Contact Information

Contact for administrative questions, or if request is approved:		Phone Number: () Ext:
Is Voicemail confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	Fax Number: ()
Contact for clinical questions, or if request is not approved:		Phone Number: () Ext:
Is Voicemail confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:	Fax Number: ()
Supervising provider's name:		Tax Identification Number (TIN):

Is the provider above providing all supervision for the patient's ABA treatment?
 Yes No - If No, please list who else is providing supervision and their credentials.

Please check what applies. The supervising provider is credentialed or licensed as:
 BCBA BCBA-D LBA Licensed Psychologist Other Licensed (Please specify)

Clinic Name:

Clinic/Practice Address:

Please indicate level of benefit requested:

I am a participating provider with Evernorth Behavioral Health and am requesting an in-network authorization.

I am a nonparticipating provider and am requesting an out-of-network authorization.

I am an nonparticipating provider and am requesting an in-network exception. If yes, please answer A and B:
A.) How many ABA assessment units are you requesting during the authorization period:
97151: _____ units | 97152: _____ units | 0362T: _____ units
B.) If a network exception has not already been established for this patient, describe any treatment specialties that are clinically relevant and may not be available with an in-network provider:

Treatment History and Coordination of Care

Date the patient began receiving ABA treatment from the provider or your clinic: _____

For ongoing care requests, have there been any significant breaks in treatment or changes with the supervising provider since the last request? Yes No

If yes, please provide information below:

Other treatment:

Is the patient receiving any additional services? Yes No If yes, (check all that apply)

- Speech Therapy Mental Health Services Services through the school system
 Occupational Therapy Physical Therapy Other: _____
 Medication Management Primary Care (Pediatrician) _____

Is coordination of care taking place with the additional services and providers above? Yes No

If no, please explain the reason and if there is a plan to coordinate care:

Standardized Assessment

Please indicate which standardized assessment(s) were administered (or indicate page numbers in the treatment plan where this information can be found):

1. Name of Assessment: _____
 a. Current Score: _____ Date: _____
 b. Previous Score: _____ Date: _____
 c. Baseline Score: _____ Date: _____
2. Name of Assessment: _____
 a. Current Score: _____ Date: _____
 b. Previous Score: _____ Date: _____
 c. Baseline Score: _____ Date: _____

If additional assessments were used, please include the assessment, dates of administration, and scores.

Current ABA Treatment Information

Place of Service: Clinic Home School Community Other _____

Current Requested Treatment

INSTRUCTIONS FOR USE - PLEASE READ

- Ensure that start dates and hours/units for ongoing care match what is in the treatment plan. If there is conflicting information, the information provided on this form will be considered the official request.
- For 'frequency' section, indicate if you are requesting per week or per month for the applicable code.
- For approvals, authorizations are written under ABA CPT code 97155 and interchange with ongoing treatment codes 97153 - 97158, and 0373T.
- For frequency of treatment, approvals are written to pay on a per month basis between all ABA CPT codes requested.
- ABA CPT code hours requested per week are multiplied by 4.33 to determine monthly averages.

BCBA/Supervisor Hours			
Code	Amount	Hours / Units	Frequency - Week or Month
97155*		<input type="text"/>	
97156		<input type="text"/>	
97157		<input type="text"/>	
97158		<input type="text"/>	
0373T		<input type="text"/>	

Technician/RBT Hours			
Code	Amount	Hours / Units	Frequency - Week or Month
97153		<input type="text"/>	
97154		<input type="text"/>	

***For CPT code 97155, is any of the time requested being used for direct treatment by the supervising provider?**

Yes No

If yes, how many units/hours are being used per week or month?

Supervisor's Signature/eSignature: _____

Date: _____

*Evernorth Behavioral Health assumes no responsibility for the protection of electronically transmitted information prior to its actual receipt of that information. It is your responsibility to take any steps necessary to protect the email or documents prior to receipt.

All Evernorth products and services are provided exclusively by or through operating subsidiaries of Evernorth, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. The Evernorth name, logo, and other Evernorth marks are owned by Evernorth Intellectual Property, Inc. © 2023 Evernorth.

© 2023 Evernorth. Some content provided under license.