**Submitted date:** Fax  Affiliate link

|  |  |  |
| --- | --- | --- |
| Patient Name: | DOB: | Kaiser Permanente Member Number: |
| Patient Address: | Age: | Male:  Female: |
| Caregivers: | Phone number: | Email: |

|  |  |  |
| --- | --- | --- |
| Primary Diagnosis: | Comorbidities: | Medications: |
| Diagnosing Provider: | Date of first diagnosis: | Current PCP: |

|  |  |  |
| --- | --- | --- |
| ABA agency: | BCBA: | RBT/CBT team: |
| Report date: | Current authorization dates: | Requested Authorization Dates: |
| Home based:  Center based:  Telehealth: | Lapses in service dates & reasons: | Comprehensive  Focused  Caregiver-Lead  Other: |
| BCBA email: | BCBA phone number: | Office manager number: |
| Length of time with current ABA provider: | | |

**AUTHORIZATION DATES (service hours per month)**

|  |  |  |
| --- | --- | --- |
| **CPT code** | **Hours** | **Description** |
| 97151 | **/auth (U/6M)** | Behavior Identification Assessment, administered by QHP, each 15 minutes of QHP’s time face-to-face with patient and/or guardian(s)/caregivers(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan |
| 97152 | **/auth (U/6M)** | Behavior Identification Supporting Assessment, administered by one technician under the direction of QHP, face-to-face with the patient, each 15 minutes |
| 97153 | **/mo (U/6M)** | Adaptive Behavior Treatment by Protocol, administered by technician under the direction of a QHP, face-to-face with one patient, each 15 minutes |
| 97153 w/HO modifier | **/mo (U/6M)** |
| 97154 | **/mo (U/6M)** | Group Adaptive Behavior Treatment by Protocol, administered by technician under direction of QHP, face-to-face with 2+ patients, each 15 minutes |
| 97155 | **/mo (U/6M)**  *(supervision)* | Adaptive Behavior Treatment with Protocol Modification, administered by QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes |
| **/mo (U/6M)**  *(program modification)* |
| 97156 | **/mo (U/6M)**  *(caregiver training)* | Family Adaptive Behavior Treatment Guidance, administered by QHP (with or without patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes |
| **/mo (U/6M)**  *(meetings with parents and other service providers)* |
| 97157 | **/mo (U/6M)** | Multiple-Family Group Adaptive Behavior Treatment Guidance, administered by QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes |
| 97158 | **/mo (U/6M)** | Group Adaptive Behavior Treatment with Protocol Modification, administered by QHP face-to-face with multiple patients, each 15 minutes |
| Total | | |

**Total number of hours requested for authorization term:**

**Clinical justifications for a higher/low/modified number of hours:**

BCBA signature and date:

Clinical director signature and date:

Parent signature and date: (date it was reviewed with the family)