**Submitted date:** Fax [ ]  Affiliate link [ ]  Evaluation attached [ ]

|  |  |  |
| --- | --- | --- |
| 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:  |
| Additional medical information:  |
| Prior ABA services:  |

|  |  |  |
| --- | --- | --- |
| ABA agency:  | BCBA: |  |
| Home based: [ ]  Center based: [ ] Telehealth: [ ]  |  | [ ]  Comprehensive[ ]  Focused [ ]  Caregiver-Lead[ ]  Other: |
| BCBA email:  | BCBA phone number:  | Office manager number:  |

**AUTHORIZATION REQUEST (service hours per auth)**

|  |  |  |
| --- | --- | --- |
| **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 |

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

BCBA signature and date:

Clinical director signature and date: