**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: