Molina Healthcare of Washington

2023 Applied Behavior Analysis (ABA) Therapy Marketplace - Prior Authorization Form

Phone Number: (855) 322-4082
Fax Number: (833) 552-0030

MEMBER INFORMATION

Plan: ☐ Marketplace Date of Request: _____ Original Start Date of Services: _____

Request Type: ☐ **Initial** ☐ **Continuation of Services**

Member Name: _____ **DOB:** _____

Member Phone: _____ **Provider One# or Molina ID#:** _____

Service Is: ☐ Elective/Routine ☐ Expedited/Urgent*

*A service request designation is defined as Expedited/Urgent when the treatment requested is required to prevent serious deterioration of the member's health, or if not received could jeopardize the member's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

PROVIDER INFORMATION

Name of Person/Facility Sending Request: _____

Phone #: _____ **Fax #:** _____

Treating Provider Name: _____ **Phone #:** _____

Fax #: _____ **Address:** _____

Treating Provider NPI/Provider Tax ID# (number to be submitted with claim): _____

_____

UM Contact Name of Treating Provider: _____

UM Phone #: _____ **UM Fax #:** _____

Dates of Service Requested (Start and End Dates): _____ _____

Diagnosis code and description _____

CPT Code(s)	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 guidance (LBAT)	
97157: Multiple-family group adaptive behavior treatment (LBAT, two or more caregivers/families)	
97158: Behavior Treatment Modification: LBAT with 2 or more clients	
H2020: Day Treatment	

- **Please submit the general information for authorization form, ABA level of support form, signed prescription for ABA, Diagnostic Evaluation, and behavior change plan along with this authorization request.**
- **For reauthorization requests, please submit a continued treatment plan 3 weeks prior to end of authorization. Data submitted for continuation of services should be within the last 6 months.**

CLINICAL DOCUMENTATION INFORMATION

If providing these services or requesting services on behalf of a facility or provider, please submit this information. If applicable, provide rationale for utilizing out-of-network provider.*

Please provide the appropriate clinical information with the request for review: Applied Behavior Analysis (ABA):

- An ABA Level of Support Requirement Form
- An Assessment and Behavior Change Plan prepared by the board-certified behavior analyst (BCBA)
- A copy of a signed prescription for ABA therapy services from a COE or QHP.
- A copy of the diagnostic evaluation confirming the member's diagnosis from a COE or QHP.

For initiation and continuation of services for Day Support (H2020) please provide the following information:

- **Start date**
- **Level of Support form**
- **An Assessment and Behavior Change Plan**
- **Assessments—**assessment tools/procedures used during treatment
- **Functional activities for daily living—**weekly documentation of programs/goals implemented during the treatment. This can be presented in graphs.
- **Speech therapy—**weekly documentation or 12 encounters on individualized speech therapy with an SLP. This can be presented through a table providing dates, amount of time spent, and feedback/coordination with ABA staff.
- **Parent training—**weekly documentation or 12 encounters showing times of parent training. This can be presented through a table providing dates, amount of time spent, topics discussed, and staff leading the training.
- **Collaborating/coordinating with other services—**This can be presented through a table providing dates, type of service/provider you coordinated with, and a brief statement on rationale for coordination
- **Discharge/transition to other care—**a discussion on discharge planning and its relation with transitioning to future services for the member
- **Functional behavior assessment section—**if challenging behaviors are excessive and detrimental to progress, please write out your FBA and any strategies utilized to reduce challenging behaviors