

Applied Behavioral Analysis (ABA) Request Form

This form is used for both initial and concurrent requests. Indicate type of request and type of services requested. Include the number of units, hours per day and hours or days per week, as indicated. Submit a complete treatment plan with this request.

Fax the completed form and clinical documentation to 570-214-3573. If you have questions regarding this form, call 888-839-7972.

*Required Information. Incomplete forms will be returned unprocessed.

Still faxing? If so, you may be missing out on timesaving benefits, including automatic approvals and guided submission only available when using the Cohere portal to manage authorizations. Registration only takes a few minutes and unlocks access for all users at your practice organization. **Visit www.coherehealth.com/register to begin.**

*Requested start date:

*Completion date:

*Request is for:

Initial assessment

Initial treatment

Concurrent review

Member information:

*Name:

*DOB:

*Health plan ID:

Phone:

[Check here if requesting provider and servicing provider are the same:](#)

Submitter information:

*Name:

*Phone:

Email:

Fax Number:

Requesting provider information:

*Name:

Provider type:

Cert./license #:

State:

*NPI:

*TIN:

Agency:

Address:

City:

State:

Zip:

Phone:

Fax:

Servicing provider information (if different):

*Name:

Provider type:

Cert./license #:

State:

*NPI:

*TIN:

Agency:

Address:

City:

State:

Zip:

Phone:

Fax:

DSM-5 Diagnosis/ICD-10 Code:

Program setting and corresponding hours:

Home:

School:

Facility/clinic:

Other:

Home:

School:

Facility/clinic:

Other:

Home:

School:

Facility/clinic:

Other:

Services requested

Assessment/follow-up assessment by physician or other qualified healthcare professional (QHP)

Behavior identification assessment, administration of tests, detailed behavioral history, observation, caretaker interview, interpretation, discussion of findings, recommendations, preparation of report, development of treatment plan, assessment of strengths and weaknesses of skill areas across skill domains (e.g., VB-MAPP, ABLLS-R, functional behavior assessment, functional analysis) and follow-up assessments.

97151 – Behavior identification assessment (initial or reassessment) administered by a physician/QHP; units are in 15-minute increments.

Hours requested:

Total units (hours x 4 x 26):

97152 – Behavior identification supporting assessment administered by technician under direction of physician/QHP, face to face with patient; units are in 15-minute increments. Clinical justification required.

Hours requested:

Total units (hours x 4 x 26):

0362T – Behavior identification supporting assessment for severe behaviors administered by a physician/QHP who is on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to a patient's behavior; units are in 15-minute increments. Clinical justification required.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

Treatment planning

H0032 – Treatment planning; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

Direct 1:1 ABA therapy

97153 – Adaptive behavior treatment by protocol administered by technician under the direction of physician/QHP, receiving 1 hour of supervision for every 5 to 10 hours of direct treatment; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

97155 – Adaptive behavior treatment with protocol modification, administered by physician/QHP; may be used for direction of technician (supervision) face-to-face with one patient; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

0373T – Adaptive behavior treatment with protocol modification implemented by physician/QHP who is on-site, with the assistance of two or more technicians, for severe maladaptive behaviors; units are in 15-minute increments. Clinical justification required.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

Group adaptive behavior treatment:

97154 – Group adaptive behavior treatment by protocol by technician under the direction of physician/QHP, face-to-face, with two or more patients; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

97158 – Group adaptive behavior treatment with protocol modification (social skills group) by physician/QHP, face-to-face, with two or more patients; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

H2014 – Skills training and development; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

H2019 – Therapeutic behavioral services; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

H2021 – Community-based wraparound services; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

Family adaptive behavior treatment guidance (family training) by physician/QHP, with or without member:

97156 – With individual family; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____

97157 – With multiple family group; units are in 15-minute increments.

Hours requested: _____ **Total units (hours x 4 x 26):** _____
