

Provider Information for Prior Authorization Request Assessment for Intervention Planning Services

If you are receiving this document, an authorization request has been found to be missing one or more of the required elements:

For service Codes

97151 Behavior Identification Assessment

97152 Behavior Identification Supporting Assessment

0362T Behavior Identification Assessment administered by professionals with two or more technicians

Initial Request

A review of these prior authorization requests requires one of the following types of information to be submitted:

1. If the child is seeking services under the diagnostic qualification ASD -Proof of Diagnosis of ASD by a Missouri licensed professional (physician or psychologist) who has been trained and is qualified to assess for Autism diagnosis.
2. If the child is seeking services under EPSDT- Information from a medical or licensed professional (physician or psychologist) who has determined that problems are likely to be remediated by Applied Behavior Analysis Services.

Re-assessment

These requests require a statement describing the clinical rationale for the repeated assessment from the qualified professional providing or supervising the intervention.

Per the [Provider Manual](#), the clinical rationale **can include** the following: readministering tools, new behavior observed, new environment and the participant is responding differently, or lack of adequate progress. The clinical rationale **does not include** “BACB says to reassess every 6 months”.

Special note:

For **0362T**, there needs to be a specific clinical rationale provided for why functional analysis/exposure assessment is indicated as necessary or appropriate if these will be used.