Provider Information for Prior Authorization Request
ABA Intervention 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
97153 Adaptive Behavior Treatment administered by Professional
97155 Adaptive Behavior Treatment administered by Technician
97156 Adaptive Behavior Treatment Modification administered by Professional
97158 Family Adaptive Treatment Guidance
0373T Adaptive Behavior Treatment Modification administered by a Professional with two or more technicians

Initial Request
A review of these prior authorization requests requires:
1. A report from the ABA assessment describing the probable **functional relations for identified target behaviors**,
2. The **baseline** for the behaviors to be targeted for intervention, both those for acquisition, those for reduction (if needed), and
3. An initial **treatment plan describing goals and intervention strategies** to be implemented.

This report should be dated and signed by the qualified professional providing or supervising the intervention services.

Continued Service Requests
A review of these continued service requests requires:
1. Both the current intervention plan **(revised from the initial plan)** describing the intervention strategies to be implemented during the requested authorization period, **AND**
2. Data from the services provided **during the prior authorization period**.

Standards for ABA interventions include a graphic display of data with measures that are of the dimensions of the target behavior(s).
Statistics, indirect measures, percentages for standard assessments/curricula, and statements of goals met **are not** consistent with standards for ABA interventions and **do not** provide a demonstration of the effects of services rendered.

Special note for 0373T:
This type of service request requires **clinical** rationale to be provided.

See the **Provider Manual** for additional information.