

Member Information

First Name	Last Name					
Medicaid ID #	Date of Birth (mm/dd/yyyy)					
Phone	_ Age	Gender:	□ Male	🗆 Female		
Billing Provider: HSPP or PHYSICIAN						
Provider Name	_ Credentials					
Provder NPI	Tax ID #					
Provider Address						
Phone	_ Fax					
Contact Name	_ □ HSPP/Psychiatrist	□ Physician				
Supervising Provider: BCBA-D, BCBA, HSPP						
Provider Name	_ Credentials					
Provder NPI	_ Tax ID #					
Group/Facility Name						
Address						
Phone	_ Fax					
Diagnostic and Treatment Information						
Primary Diagnosis (Required)						
Secondary Diagnosis						
Prior Treatment Relative to Diagnosis						
Standardized Tools Used for Diagnosis						
Diagnosis Date	_ Member in School?	□ Yes	□ No			
Does member have an IEP or 504 plan? \Box Yes \Box No	Receiving early intervention s	services?	□ Yes	□ No		
Describe other services received in addition to the ABA requested,	including but not limited to PT,	OT, ST or me	ntal health s	ervices:		
Is this an initial authorization request?	Date of ABA Treatment					
Date of most recent assessment						



8585 Archives Avenue, Suite 310 Baton Rouge, LA 70809

1-866-595-8133 Hearing Loss: 711 Monday–Friday, 7 a.m. to 7 p.m.

LouisianaHealthConnect.com

Additional Information

Please submit the information noted below with all treatment requests. If documentation is not received, the request will be reviewed based on information available at the time of review.

CURRENT PRESENTATION/SYMPTOMS	MILD	MODERATE	SEVERE
Safety risk to self/others:			
Aggression:			
Disruptive behavior:			
Destruction of property:			
Mood issues:			
Other:			

ADDITIONAL CLINICAL DESCRIPTION

For initial assessment, please submit comprehensive diagnostic information including standardized measures and referral from diagnosing provider for ABA services to include estimated duration of care.

For initial treatment plan, please submit:

- CDE
- Behavioral treatment plan
- Objective testing showing significant behavioral deficit
- Description of coordination of services with other providers (school, PT, OT, ST)
- Proposed treatment schedule including the provider type who will render services
- · Proposed functional and measureable treatment goals with expected timeframes which target identified behavior deficits
- Proposed plan for parent involvement and training and parent's goals for outcomes
- Any medical conditions that will impact outcomes of treatment
- Copy of IEP or IFSP if applicable
- Copy of waiver Plan Profile Table and the Schedule page from the certified plan of care

For subsequent treatment requests, please submit:

- Objective measures of *current status*
- Objective measures of clinically significant progress (measureable and functional improvement) toward each stated treatment goal
- Updated plan for treatment including updated goals and timeline for achievement
- Any necessary changes to the treatment plan
- Developmental testing which should have occurred within the first two months of treatment

PLEASE NOTE: Information older than 30 days will be considered outdated and will not be accepted for review.

Authorization Information

Start Date _____ End Date _____

Billing Codes

CODE	MODIFIER	DESCRIPTION	UNITS	SERVICE LIMITS	TOTAL UNI
0359T	TG	Assessment (LBA*)	1 (Not a	Only 1 for a specific date of service.	
0359T	TF	Assessment (SCABA**)	timed service)		
0360T	TG	Follow-up assessment (LBA) – Additional 30 minutes	30 minutos	1 every 6 months	
0360T	TF	Follow-up assessment (SCABA) – Additional 30 minutes	minutes		
0360T		Follow-up assessment (Tech***) – Additional 30 minutes			
0361T	TG	Follow-up assessment (LBA) – Additional 30 minutes	30 minutes	7 every 6 months; more if medically necessary	
0361T	TF	Follow-up assessment (SCABA) – Additional 30 minutes			
0361T		Follow-up assessment (Tech) – Additional 30 minutes			
0364T	TG	Adaptive behavior treatment by protocol (LBA) – First 30 minutes	30 minutes	Once daily as prior authorized	
0364T	TF	Adaptive behavior treatment by protocol (SCABA) – First 30 minutes			
0364T	HN	Adaptive behavior treatment by protocol (Tech with Bachelor's degree) – First 30 minutes			
0364T		Adaptive behavior treatment by protocol (Tech) – First 30 minutes			
0365T	TG	Adaptive behavior treatment by protocol (LBA) – First 30 minutes	30 minutes	Approved as medically necessary	
0365T	TF	Adaptive behavior treatment by protocol (SCABA) – First 30 minutes			
0365T	HN	Adaptive behavior treatment by protocol (Tech with Bachelor's degree) – First 30 minutes			
0365T		Adaptive behavior treatment by protocol (Tech) – First 30 minutes			
0368T	TG	Supervision (LBA) – First 30 minutes (can bill with 0364T TF, 0364T and 0365T TF, 0365T)	30 minutes	Approved as medically necessary	
0368T	TF	Supervision (SCABA) – First 30 minutes (can bill with 0354T and 0365T)			
0369T	TG	Supervision (LBA) – Additional 30 minutes (can bill with 0364T TF, 0364T and 0365T TF, 0365T)	30 minutes	Approved as medically necessary	
0369T	TF	Supervision – Additional 30 minutes (SCABA) (can bill with 0364T and 0365T)			
0366T	TG	Group adaptive behavior (LBA) – First 30 minutes	30	1 unit per day	
0366T	TF	Group adaptive behavior (SCABA) – First 30 minutes	minutes		
0366T		Group adaptive behavior (Tech) – First 30 minutes			
0367T	TG	Group adaptive behavior (LBA) – First 30 minutes	30	Approved as medically	
0367T	TF	Group adaptive behavior (SCABA) – First 30 minutes	minutes	necessary	
0367T		Group adaptive behavior (Tech) – First 30 minutes			

Billing Codes (continued)

CODE	MODIFIER	DESCRIPTION	UNITS	SERVICE LIMITS	TOTAL UNIT
0370T	TG	Adaptive behavior treatment (LBA) - Family adaptive behavior treatment guidance. Patient not present. Guardians and caregivers present.	1 hour	Approved as medically necessary	
0370T	TF	Family adaptive behavior treatment guidance (SCABA) - Patient not present. Guardians and caregivers present.			
0371T	TG	Multiple-family group (LBA) - Adaptive behavior treatment guidance. Without patient.	1 hour	Approved as medically necessary	
0371T	TF	Multiple-Family Group (SCABA) - Adaptive behavior treatment guidance. Without patient.			
0372T	TG	Adaptive Behavior Treatment (LBA) - Social skills group. With patient.	1 hours	Approved as medically necessary	
0372T	TF	Adaptive Behavior Treatment (SCABA) - Social skills group. With patient.			

* Licensed Behavioral Analyst

** State-Certified Assistant Behavioral Analyst

*** Technician

By signing below, I attest that all professionals and paraprofessionals rendering service(s) under the proposed treatment plan have the appropriate training and education required to render service(s).

Rendering Provider Signature

Date

Please submit form via fax to:

Louisiana Healthcare Connections Behavioral Health Utilization Management Department **1-888-725-0101**