Applied Behavioral Analysis (ABA) Authorization



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? ☐ Yes ☐ No	Receiving early intervention	n services?	□ Yes	□No
Describe other services received in addition to the ABA requeste	ed, including but not limited to PT	T, OT, ST or me	ntal health	services:



☐ Yes ☐ No

8585 Archives Avenue, Suite 310 Baton Rouge, LA 70809

Date of ABA Treatment _

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

Is this an initial authorization request?

Date of most recent assessment.

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:

- 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.

Start Date	End Date

Billing Codes

CODE	MODIFIER	DESCRIPTION	UNITS	SERVICE LIMITS	TOTAL UNIT
0359T	TG	Assessment (LBA*)	1 Only 1 for a specific date of service.		
0359T	TF	Assessment (SCABA**)	timed service)	or service.	
0360T	TG	Follow-up assessment (LBA) – Additional 30 minutes	30	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	7 every 6 months; more if	
0361T	TF	Follow-up assessment (SCABA) – Additional 30 minutes	minutes medically necessary		
0361T		Follow-up assessment (Tech) – Additional 30 minutes	-		
0364T	TG	Adaptive behavior treatment by protocol (LBA) – First 30 minutes	30 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 1 unit per week minutes		
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 perday s	
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		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

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).	

Rend	ering	Provider	Signature

Please submit form via fax to:

Louisiana Healthcare Connections Behavioral Health Utilization Management Department

1-844-466-1277

About Louisiana Healthcare Connections

Louisiana Healthcare Connections is a Healthy Louisiana plan based in Baton Rouge, Louisiana, providing quality health insurance to more than 475,000 people across the state who qualify for Medicaid or LaCHIP. Established to deliver quality healthcare through local, regional and community-based partners, Louisiana Healthcare Connections improves the health of its members through focused, compassionate and coordinated care. Because Louisiana Healthcare Connections believes healthy is a way of life, its members benefit from programs and services designed for their personal well-being. For more information, visit www.LouisianaHealthConnect.com.

^{**} State-Certified Assistant Behavioral Analyst

^{***} Technician