Regence

Regence BlueShield of Idaho is an Independent Licensee
of the Blue Cross and Blue Shield Association

Behavioral Health Utilization Management

Applied Behavioral Analysis (ABA)

Please fully complete all sections. Once finished please attach this form and any supporting documents to your Availity submission. You may also submit this form and supporting documents via email: FAXBHRepository@regence.com or Fax: 888-496-1540.

Request for:

☐ ABA Assessment [only required for (FEP) Federal Employee Program]
☐ Initial Treatment Request (Prior Authorization)
☐ Continuation of Treatment Request (Re-Authorization). Existing Authorization Number: _____.

Expedited request ☐ No ☐ Yes

Defined as: when the member or his/her provider believes that waiting for a decision within the standard timeframe could place the member's life, health, or ability to regain maximum function in serious jeopardy. If yes, explanation required:

Member information		
Member Name:		Member ID:
Date of birth:	Age:	Gender: ☐ M ☐ F
Note: There is very little evidence to support the efficacy of ABA for people 13 years and older. If you are requesting ABA for someone 13 or older, please provide additional justification for this (e.g., severe risk of injury to self or others related to ASD or self-injurious stereotypical movement disorder).		

Agency Information			
Agency name:			
Tax ID:		NPI:	
Address:			
Phone #:		Fax #:	
Contact person:	Phone #:	Confidential voicemail ☐ Yes ☐ No	Fax #:

BCBA or rendering provider information. ☐ Same as Agency above	
Provider name:	
Tax ID:	NPI:
Address:	
Phone #:	Fax #:

Required Documentation

Please attach the treatment plan and / or progress report that includes:

☐ ASD diagnosis and documentation of functional impairment

☐ ABA recommendation/prescription from qualified provider

☐ Individualized Treatment Plan (ITP) includes:
- Target behaviors (ASD-related, functionally impairing)
- Baseline / current functioning with objective data including date(s)
- ≥1 standardized assessment (required; curriculum-based alone is insufficient)
- Evidence-based interventions linked to targets
- Caregiver training / participation
- Requested services (CPT codes, units, hours) with clinical justification
- Measurable discharge / transition goals

☐ Progress & continuation (if applicable):
- Data for skill, behavior, and caregiver goals
- Same measures used for baseline and progress
- Progress demonstrated across settings
- Ongoing need for current intensity of services

Definitions
- Baseline: measurable current level of functioning (e.g.,frequency, duration), including date(s).
- Standardized assessment: administered and scored using a consistent, standardized process (e.g., Vineland-3, ABAS-3).
- Curriculum-based assessment: used for treatment planning and demonstration of progress, strongly encouraged (e.g., VB-MAPP, ABLLS-R, PEAK); Does not replace standardized requirement.

Request Details

Authorization start date: _____.

- Please note that the CPT codes below are the Regence approved codes for ABA services.
- Authorizations are for 6 months (26 weeks).
- Please list requested units for 6 months. Each unit is for 15 minutes.
  Example: Services for 97153 are provided for 10 hours per week. This would total 40 units per week and 1040 units per 6 months (26 weeks).
- Place of Service:
  ☐ Office. ☐ Home. ☐ Telehealth. ☐ Community setting. ☐ Other (please specify): _____
  NOTE: School is not an eligible place of service for Federal Employee Program (FEP) policies.

Adaptive Behavior Treatment	CPT Code	Units: 15 min=unit	Timeframe: 6 Months
Behavioral Identification Assessment	97151		
Observational Behavioral Follow-Up Assessment	97152		
Adaptive Behavior Treatment by Protocol	97153		
Group Adaptive Behavior Treatment w/ protocol	97154		
Adaptive Behavior Treatment w/Protocol Modification	97155		
Family Adaptive Behavior Treatment Guidance	97156		
Multiple-Family Group Adaptive Behavior Treatment Guidance	97157		

Adaptive Behavior Treatment	CPT Code	Units: 15 min=unit	Timeframe: 6 Months
Adaptive Behavior Treatment Social Skills Group	97158		
Exposure Behavioral Follow-Up Assessment	0362T		
Exposure Adaptive Behavioral Treatment w/Protocol Modification (first 60min)	0362T		

Provider name (print):	License information:
Provider signature:	Date: