



REQUEST FOR APPLIED BEHAVIOR ANALYSIS

When requesting precertification of Applied Behavior Analysis (ABA) services, fax the form and required documentation to the Behavioral Health Help Desk at (573) 635-6516 or mail to the address in the instructions on reverse. For questions call (866) 771-3350.

Participant Information

Participant Name	Date of Birth	MO HealthNet ID Number
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Billing Provider Information

Billing Provider Name	NPI	Taxonomy Code (if required)
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Service Type Request

☐ Assessment for Intervention Planning	Total Hours		Precertification Start Date	
☐ ABA Intervention	Total Hours (Six Months)		Precertification Start Date	
☐ Continued ABA Intervention	Total Hours (Six Months)		Precertification Start Date	

List relevant behavioral health diagnostic code(s):

Assessment for Intervention Planning Worksheet

Code	Description	Units Requested	Unit Size	Number of Hours
97151	Behavior identification assessment by qualified health care professional		15 min	
97152	Behavior identification assessment by one technician under direction of qualified health care professional		15 min	
0362T	Behavior identification supporting assessment, by professional with two or more techs (Attach clinical justification)		15 min	
Total Hours to Complete Assessment:				0

Intervention/Continued Intervention Worksheet

Code	Description	Units Requested	Unit Size	Number of Hours
97153	Adaptive behavior treatment by protocol		15 min	
97154	Group adaptive behavior treatment by protocol		15 min	
97155	Adaptive behavior treatment with protocol modification		15 min	
97156	Family adaptive behavior treatment guidance		15 min	
97157	Multi-family adaptive behavior treatment guidance		15 min	
97158	Group adaptive behavior treatment with protocol modification		15 min	
0373T	Adaptive behavior treatment with protocol modification, by professional with two or more techs (Attach clinical justification)		15 min	
Total Hours Requested for Six Month Period:				0

Performing Provider Information

Performing Provider Name	NPI	Phone Number
Performing Provider Signature	Date	Fax Number

Instructions	
Participant Name	Participant's Name as it appears on the MO HealthNet ID Card
Participant MO HealthNet ID Number	Participant's MO HealthNet ID Number as it appears on the MO HealthNet Card
Date of Birth	Participant's date of birth as it appears on the MO HealthNet ID Card
Billing Provider Name	Billing Provider Name
NPI	Billing Provider National Provider Identifier
Taxonomy Code	Billing Provider Taxonomy (required if NPI is associated with multiple provider types)
Service Requested	Select the service requested, enter total number of hours requested to complete assessment or total intervention hours for six-month period
Precertification Start Date	Indicate the date for precertification to begin – the authorized start date is the date of receipt or noted subsequent date
Diagnostic Code(s)	List relevant behavioral health diagnostic code(s) per the current edition of the International Classification of Diseases (ICD)
Performing Provider Name	Performing Provider Name
NPI	Performing Provider NPI
Phone Number	Performing Provider telephone number
Fax Number	Performing Provider fax number
Performing Provider Signature/Date	The provider of services must sign and indicate the date the form was completed

Worksheets
Complete appropriate worksheet section to determine total hours requested (for assessment) or total hours requested for a six-month precertification period (for intervention): • Enter the number of units for each procedure code in the Units Requested column • Use number of units requested and Unit Size to calculate the Number of Hours requested per procedure code • Enter the number of hours requested in the Number of Hours column • Add up the Number of Hours column to find the Total Hours for each type of service requested • Enter the total hours per service type in the Service Type Request section

Required Documentation	
Documentation required varies by service type and must be submitted with the Request for ABA Precertification form. Required documentation for each service type is listed below:	
Service Type Requested	Required Documentation
ABA Assessment for Intervention Planning (Initial)	Diagnostic Evaluation
ABA Assessment for Intervention Planning (periodic re-assessment)	Clinical Rationale (e.g., readministration of tools, new behavior observed, new environment and participant is responding differently or lack of adequate progress)
ABA Intervention (Initial)	Assessment for Intervention Planning, Intervention Plan
ABA Intervention (continued)	Current Intervention Plan, Progress Data/Graphs (If progress is not evident, include identification of barriers and strategies to improve effectiveness of interventions.)

For code(s) 0362T or 0373T, attach clinical justification.

Submission of Form
Precertification requests may be faxed to (573) 635-6516 or mailed to the address below: Wipro Infocrossing PO Box 4800 Jefferson City MO 65102 An approved precertification approves only the medical necessity of the service and does not guarantee payment.