

Autism Spectrum Disorder Services Prior Authorization Form

- Massachusetts Commercial Products (including Tufts Health Direct) must use this [Standard Form](#) beginning 4/15/2024:
 - For Tufts Health Plan, fax to 617-673-0314
 - For Tufts Health Direct, fax to 888-977-0776
 - For Harvard Pilgrim Health Care, fax to 800-232-0816
- For Tufts Health RITogether, PA is no longer required
- For Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), fax to 888-977-0776

Today's date / / Date range of requested sessions / / to / /

You may request services for 6-month timeframe

Autism spectrum disorder (autism) services require one of the following prior authorization approvals:

Request for Initial Evaluation: Submit pages 1-3 with copies of the following:

- Individualized Education Program (IEP) (specific to Tufts Health Together – MassHealth MCO Plan and ACPPs)
- Comprehensive diagnostic evaluation completed by a neurologist, pediatrician, psychiatrist, psychologist, or other licensed physician experienced in autism treatment

Request for Continued Services: Submit pages 1-6

The Board-Certified Behavioral Analyst (BCBA) rendering and/or supervising the autism services should complete this form. Point32Health Plans will not approve the request if completed by a non-BCBA provider. Submission of this form does not guarantee authorization of your request.

Member Information

Member name

Member ID #

Date of birth / /

Member address (*street, city, state, ZIP*)

Phone

Provider Information

Agency name

NPI #

BCBA NPI #

BCBA License #

Name of BCBA professional who will perform/supervise services

Provider address (*street, city, state, ZIP*)

Tax ID #

Fax

How many times have you seen this patient?

Date of most recent contact / /

Estimated duration of ABA Services (Planned time from initiation to completion), in months

Name and phone number of person to contact with questions and/or authorization decision information:

Requested Services:

ABA Codes for THP and HPHC Commercial Products in the following states: NH, ME, RI.

Code	Description 1 unit = 15 minutes, 4 units = 1 hour Please do <i>NOT</i> request units per week, instead request units per authorization period.	# of UNITS requested over 6-month time period
97151	Behavior identification assessment, administered by physician or other qualified healthcare professional (15-minute unit)	
97152	Behavior identification – supporting assessment by a technician (15-minute unit)	
97153	Adaptive behavior treatment by technician (15-minute unit)	
97154	Group adaptive behavior treatment protocol technician (15-minute unit)	
97155	Adaptive behavior treatment with protocol administered by physician or other qualified healthcare professional (15-minute unit)	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professionals (15-minute unit)	
97157	Multiple – family group adaptive behavior treatment guidance administered by physician or other qualified healthcare professional (15-minute unit)	
97158	Group adaptive behavior with protocol administered by physician or other qualified healthcare professional (15-minute unit)	
*0362T	Behavior identification supporting assessment, each 15 minutes of technician time face-to-face with a patient, administered by a physician or other qualified healthcare professional, on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior (15-minute unit)	
*0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technician time face-to-face with a patient, administered by a physician or other qualified healthcare professional, on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior (15-minute unit)	

*T codes are used for patients who need two clinicians to provide services.

Please provide clinical rationale for 0362T and 0373T in a separate attachment.

ABA Codes for Tufts Health Together (see page 2 for Commercial codes)

Code	Description 1 unit = 15 minutes, 4 units = 1 hour (except H2019); Please do <i>NOT</i> request units per week, instead request units per authorization period.	# of UNITS requested over 6-month time period
H0031-U2	Treatment planning by a BCBA (15-minute unit)	
97151	Behavior identification assessment, administered by physician or other qualified healthcare professional (15-minute unit)	
97153	Adaptive behavior treatment by technician (15-minute unit)	
97154	Group adaptive behavior treatment protocol technician (15-minute unit)	
97155	Adaptive behavior treatment with protocol administered by physician or other qualified healthcare professional (15-minute unit)	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professionals (15-minute unit)	
97157	Multiple – family group adaptive behavior treatment guidance administered by physician or other qualified healthcare professional (15-minute unit)	
Note: For Tufts Health Together members, use the modifier U2.		

Clinical Information

Please specify the services your patient has already received.

Individualized Education Program (IEP)

Individualized Service Plan (ISP)

Early intervention services

Comprehensive diagnostic evaluation Date completed / /

Provider who completed the diagnostic evaluation:

Licensure (*select one of the following*):

Neurologist/Pediatric neurologist

Developmental pediatrician

Psychiatrist

Psychologist

Other licensed physician experienced in the diagnosis and treatment of autism:

For Requests for Continued Services

Please list the providers, including yourself, from whom your patient has received autism services.

Autism services provider	Start date	End date (if applicable)
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Is your patient receiving any special services at school or in the community? Yes No
 If yes, which ones?

ABA treatment should include parent/guardian development of behavior management skills that support effective generalization of the member in-session training. Describe parent/guardian participation.

Indicate other providers (e.g., occupational, physical, or speech therapist) involved in your patient's care and any communication you have had with those providers.

Provider and specialty	Communication
Provider name Specialty: Primary Care Provider	Date / / Description of care coordination:
Provider name Specialty: Behavioral Health Provider	Date / / Description of care coordination:

Provider and specialty	Communication
Provider name Specialty: School based services	Date / / Description of care coordination:
Provider name Specialty: Occupational Therapist <i>Please specify:</i>	Date / / Description of care coordination:

Current medications

If requesting continued services, please describe your patient's medication plan.

Has your patient received a medication consultation? Yes No

If yes, by whom?

Is your patient receiving medications? Yes No If yes, please list the medications below:

Medication	Dosage	Treatment length and patient response	Prescribing Provider

Treatment Goals: If requesting continued services, please identify behaviors you are working with your patient to change. Please attach additional pages if needed. You may attach treatment plan in lieu of this page as long as it contains all of the below information.

Behavior (identify if it is targeted for increase or reduction)	Date behavior identified	Goal	Current level of functioning	Target completion date
	/ /			/ /
	/ /			/ /
	/ /			/ /
	/ /			/ /
	/ /			/ /
	/ /			/ /

Signature of treating BCBA professional

Date / /