

# 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 \_\_\_\_\_  
Provider NPI \_\_\_\_\_ Tax ID # \_\_\_\_\_  
Provider Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_  HSPP/Psychiatrist  Physician

## Supervising Provider: BCBA-D, BCBA, HSPP

Provider Name \_\_\_\_\_ Credentials \_\_\_\_\_  
Provider 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 services?  Yes  No  
Describe other services received in addition to the ABA requested, including but not limited to PT, OT, ST or mental health services:  
\_\_\_\_\_  
Is this an initial authorization request?  Yes  No 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](http://LouisianaHealthConnect.com)



## Authorization Information

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Billing Codes

CODE	MODIFIER	DESCRIPTION	UNITS	SERVICE LIMITS	TOTAL UNIT
0359T	TG	Assessment (LBA*)	1 <i>(Not a timed service)</i>	Only 1 for a specific date of service.	
0359T	TF	Assessment (SCABA**)			
0360T	TG	Follow-up assessment (LBA) – Additional 30 minutes	30 minutes	1 every 6 months	
0360T	TF	Follow-up assessment (SCABA) – Additional 30 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 0364T 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 minutes	1 unit per day	
0366T	TF	Group adaptive behavior (SCABA) – First 30 minutes			
0366T		Group adaptive behavior (Tech) – First 30 minutes			
0367T	TG	Group adaptive behavior (LBA) – First 30 minutes	30 minutes	Approved as medically necessary	
0367T	TF	Group adaptive behavior (SCABA) – First 30 minutes			
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**