



# AUTHORIZATION MANAGER TIPS

- Applied Behavior Analysis (ABA)

## INTRODUCTION

Use these tips when you submit an applied behavior analysis (ABA) request using Authorization Manager. To correctly complete an authorization request, providers are required to include certain information in their request.

## REQUIRED INFORMATION FOR CERTAIN PROVIDER TYPES

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Applied Behavior Analysis	<ul style="list-style-type: none"> <li>• <b>Request type:</b> Behavior Health Service Request</li> <li>• <b>Place of service:</b> 11-Office; 12-Home</li> <li>• <b>Review type:</b> Initial</li> <li>• <b>Servicing and Facility Providers:</b> Add the ABA provider as both the servicing provider and facility</li> <li>• <b>Diagnosis:</b> Add code or description</li> <li>• <b>Procedure:</b> 97151; do not add any other codes here, only 97151</li> </ul> <p>After you submit your request, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> <li>• <b>Quantity:</b> As needed</li> <li>• <b>Units:</b> Select <b>units</b></li> <li>• <b>Frequency:</b> As prescribed</li> <li>• <b>Start date:</b> Enter requested start date for service</li> </ul> <p><b>Notes</b></p> <ul style="list-style-type: none"> <li>• For an initial assessment, use CPT code 97151. <b>Do not submit any other codes</b> on your ABA Service Request Form for this initial request.</li> <li>• If you need to request additional treatment after the initial assessment, submit another request for 97151 in Authorization Manager. This time, <b>include the treatment codes</b> that you are requesting approval for on your ABA Service Request Form.</li> <li>• Attach the ABA form or clinical documentation when prompted.</li> <li>• If you are signed in as the ABA provider who will bill for the service, select “yes” for the question below, and you will only be required to enter the ABA provider with the type being facility.</li> </ul> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> <p style="font-size: small; margin: 0;">Requesting Provider Same as Servicing Provider</p> <p style="margin: 0;"> <input checked="" type="radio"/> YES         <input type="radio"/> NO       </p> </div> <ul style="list-style-type: none"> <li>• Be sure to use your Behavior Analysis Group (BAG) number and <i>not</i> your Board Certified Behavior Analyst (BCBA) number or Licensed Applied Behavior Analyst (LABA) number when submitting your request. This will ensure consistency with your other cases and prevent potential delays in processing.</li> </ul>

**RELATED  
RESOURCES**

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[Applied Behavior Analysis Service Request Form for Initial Assessment and Treatment](#)

Visit our [Authorization Manager](#) page for additional resources, including the Authorization Manager Guide.

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