



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"> • Request type: Behavior Health Service Request • Place of service: 03-School; 11-Office; 12-Home • Review type: Initial • Servicing and Facility Providers: Add the ABA provider as both the servicing provider and facility • Diagnosis: Add code or description • Procedure: 97151 <p>After you submit your request, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: As needed • Units: Select units • Frequency: As prescribed • Start date: Enter requested start date for service <p>Notes</p> <ul style="list-style-type: none"> • If the member has an ongoing authorization, please attach your current request for additional codes to the existing authorization on file, and the UM team will add the additional codes. • If the member has an existing authorization on file that has been inactive for 6 months prior to your request, please create a new authorization. • Attach the ABA form or clinical documentation when prompted. • 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. <div style="text-align: center; margin-top: 20px;"> <p>Requesting Provider Same as Servicing Provider</p> <p><input checked="" type="radio"/> YES <input type="radio"/> NO</p> </div>

RELATED RESOURCES

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

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