UTAH DEPARTMENT OF HEALTH MEDICAID

Applied Behavior Analysis (ABA) Services
Prior Authorization Request Form

Instructions

- Complete this form fully and legibly. All fields with an asterisk (*) are required.
- For questions, call **(801) 538-6155** or toll free **(800) 662-9651** and select options **3, 3, 4**.
- For Policy related to Applied Behavior Analysis click here.
- Submit the completed form and all supporting documentation for requested service to one of the options below:

Fax: 801-536-0162
Email: fax_allotherauth_prior@utah.gov

Address: Utah Medicaid Prior Authorization
PO BOX 14311
Salt Lake City, UT 84114-3111

Member Information

1. Name (First, Middle Initial, Last):*	2. Medicaid ID#: *	
3. Date of Birth:*	4. Age:*	5. Gender: ☐ Female ☐ Male
6. Does the member have other insurance? * ☐ No ☐Yes (If "Yes," fields 7-8 required)	7. Date of last verification:	
8. Is ABA therapy covered under the other insurance? ☐ No ☐Yes (If "Yes', field 9 is required)		
9. Are you a covered provider under the other insurance? ☐ No, provide details in field 27 below ☐Yes		

Provider Information

10. Requesting Provider:*	11. NPI:*
12. Address:*	
13. Contact person:*	14. Phone #:*
15. Contact information:* Fax #: Or Email address:	

Request Information

16. Date of submission:*	17. Requested date(s) of service: * _____ - _____	
18. Total pages:	19. Request a change to a previous PA? * ☐ No ☐ Yes, Previous PA#:	
20. Is this a retroactive request? * ☐ No ☐ Yes, provide details in field 27 below		
21. Will remote access technology be used? ☐ No ☐Yes	22. Will restrictive interventions be used: ☐ No ☐Yes	
23. If the request requires expedited review for medically necessary circumstances and delay of services may result in harm to the patient, attach substantiating justification **AND** call us at (801) 538-6155 or (800) 662-9651 (options 3, 3, 9).		

Assessment(s) Requested

☐ 97151 Behavior Identification Assessment (24 units)

☐ 97151 Functional Assessment (12 units)

24. Therapy Service(s) Requested*	25. Units/week	26. Total Units for 26-week period*
☐ 97153 Adaptive Behavior Treatment (per 15 min)		
☐ 97154 Group Adaptive Behavior Treatment (per 15 min)		
☐ 97155 Adaptive Behavior Treatment with Protocol Modification (per 15 min)		
☐ 97156 Family Adaptive Behavior Treatment Guidance (per 15 min)		
☐ 97157 Multiple-Family Group Adaptive Behavior Treatment Guidance (per 15 min)		
☐ 97158 Adaptive Behavior Treatment Social Skills Group (per 15 min)		
☐		

27. Additional Information