

Please submit the completed Intake Form and the required documentations including a copy of the BA Therapy Schedule

Behavior Analysis Intake Form

For inquiries or status of pending Fax this request to: requests call - (888) 550-8800 x2 or visit our web portal at therapynetwork.com/BA

(855) 470-4490

| Routine Urgent (MUST include qualifying medical reasons for this Urg | gent request) |
|--|---------------|
|--|---------------|

Type of Request: New Assessment

Continuation of Care (Reassessment)

| Facility / Group Name | | TIN Number | | | |
|---|-----------------------------|---------------------------|--------------------------|------------------------|--|
| Facility / Group Address (Where services will be rendered) City | | | Facility / Grou | Facility / Group NPI | |
| | | | State | Zip Code | |
| Contact Person | Phone | Phone | | Fax | |
| Treating Provider | | Treating Prov | Treating Provider NPI | | |
| Referring Provider Name | | | Referring Pro | Referring Provider NPI | |
| Patient Last Name | Patient First Name | Patient First Name | | Patient ID | |
| Patient County | | Patient DOB (| Patient DOB (mm/dd/yyyy) | | |
| Line of Business: Medicare | edicaid Healthy Kids | 6 Other | | | |
| Place of Service: Office Ho | me School (*) | Other | | | |
| (*) If convices are requested in school place | include in the decuments su | hmittad Mambar's IED or E | 04 plan and the Estimate | d timeframe of when | |

(*) If services are requested in school, please include in the documents submitted Member's IEP or 504 plan and the Estimated timeframe of when an IEP or 504 plan will be updated or compled.

Primary Diagnosis Description:

| ICD Code 1 | ICD Code 2 | ICD Code 3 | ICD Code 4 |
|----------------------|------------|------------|------------|
| Cortification Poriod | | | |

Certification Period

Start Date: _____

End Date: _____ Total Number of Weeks: _____

| Procedure Code & Modifier | Service Description | Weekly Hours | Total Units for this Certification Period |
|------------------------------|---|--------------|--|
| | Assessment/Reassessment Codes | | |
| 97151 | Behavior identification - assessment (Lead Analyst only) | | |
| 97151 - TS | Behavior identification - reassessment (Lead Analyst only) | | |
| 97152 | Behavior identification - supporting reassessment (BCaBA or RBT) | | |
| 0362T | Assessment add-on practitioner | | |
| | Treatment Codes | | |
| 97153 | Behavior treatment by protocol (RBT, BCaBC or a Lead Analyst) | | |
| 97153 - XP | Behavior treatment by protocol under supervision | | |
| 97155 | Behavior treatment with protocol modification (Lead Analyst only) | | |
| 97155 - XP | Behavior treatment with protocol modification under supervision | | |
| 97155 - HN | Behavior treatment with protocol modification (BCaBA) | | |
| 97154Add Modifier | Group Services (RBT, BCaBC or a Lead Analyst) | | |
| 97158Add Modifier | Group Services with Protocol modification (BCBA or BCaBA) | | |
| 0373T | Treatment add-on practitioner | | |
| 97156 | Family training by Lead Analyst (Lead Analyst only) | | |
| 97156 - GT | Family training via telemedicine (Lead Analyst only) | | |
| 97156 - HN | Family training by assistant (BCaBA) | | |