

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)
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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)		