Connecticut BHP
Supporting Health and Recovery

ASD REGISTRATION / AUTHORIZATION TEMPLATE

Facility/Provider Name:

Name of contact who filled out this form:

Contact # & Ext:

Member Name:

Medicaid/Consumer ID#: **DOB:** **and/or SSN:**

ABA Service	CPT Code	Maximum Unit / Hour Allowed	Requested Start Date	Requested Hrs/Week	Location of Services (Home, Office, Community, etc.)	Who is Providing the Service? (BCBA, LCSW, APRN, Technician, etc.)
Behavior Assessment (ABA)	**H0031**	10 hours total (10 units)				
Treatment Plan Development (APB)	**H0032**	1 hour (1 unit)				
Program Book Development (APB)	**H0032 TS**	3 hours (3 units)				
ABA Therapy (ABB) *Direct services by technician*	**97153**	*1 unit= at least 15 minutes**				
ABA Therapy (ABB) *Direct services by BCBA or Licensed Clinician*	**H2014**	*1 unit= at least 15 minutes**				
Direct Observation and Direction (AOD)	**H0046**	At least 10% of ABB (1 unit = 15 min)				
Group Treatment Services (ASG)	**97158**	1 unit = 15 min Max 12 units/day				

*Must meet medical necessity