**Behavioral Analysis Services**
**PRIOR AUTHORIZATION REQUEST**
**Return to Fax:** 866-821-0082
**Attention MDT Pilot Program**

## I. GENERAL INFORMATION

| Recipient Number | Last Name | First Name | Date of Birth |
|---|---|---|---|
| | | | |

**Type of Request**: ☐ New (prior to service) ☐ Retrospective (after service due to retroactive eligibility)
☐ Modification of existing eQHealth PA ☐ Continuation of services

**Summary**: Please refer to the applicable Medicaid Handbook for required supporting documentation and covered services. Please check the applicable fee schedule to verify if the service requires prior authorization. If you are submitting a retrospective request, please indicate the reason why.

## II. DIAGNOSIS

**ICD10 DX code(s):**

## III. SERVICES

| HCPS Code | Modifier 1 | Modifier 2 (if applicable) | Start Date | End Date | Units | |
|---|---|---|---|---|---|---|
| H0031 (Behavior Assessment) | BA | | / / | / / | 1 unit = 1 assessment | |
| H0032 (Behavior Reassessment) | BA | | / / | / / | 1 unit = 1 reassessment | |
| H2012 (Assistant Analyst) | BA | | / / | / / | 1 unit = 15 minutes | |
| H2014 (Technician) (For group therapy add "GK" modifier) | BA | | / / | / / | 1 unit = 15 minutes | |
| H2019 (Lead Analyst) | BA | | / / | / / | 1 unit = 15 minutes | |

## IV. PHYSICIAN/PROVIDER INFORMATION

**Physician Name**: **Medicaid Number:**

**Physician Phone:**

**Provider Name:** **Medicaid Number:**

**Contact Name**: **Contact Phone**: **Contact Fax:**

**Preferred Method for Contact to receive PA#:** ☐ Call Back ☐ Fax

I hereby attest that, as the provider or provider representative, an order for services has been received for the recipient. In addition, I attest that the treatment plan has been approved by the provider. A provider who knowingly or willfully makes, or causes to be made, any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the application of sanctions, which include, but are not limited to, fines, suspensions, and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fine.