Prior Authorization Review Request FEP
for Applied Behavior Analysis FEP - Washington

Instructions

- Handwritten faxes not accepted.
- Download this form to complete it.
- Use the following FEP fax number: **866-948-8823**
- This form must be the first two pages of the fax submission.

A. Member/patient information

Member/patient name	Date of birth
Member ID number	Enrollment code

B. Provider information: Every field in this section is required.

Name of requesting provider		Contact person	
Address	City	State	ZIP code
Phone number with area code		Fax number with area code	
Tax ID		NPI number	

C. Service Request: Initial or Ongoing treatment

Code & Description	Units per week	Hours per week	Units per week per location of service		
			Home	Clinic	School[i]
0362T assessment, professional			n/a	n/a	n/a
97151 assessment, professional			n/a	n/a	n/a
97155 program modification, professional					n/a
97156 family treatment, professional					n/a
97158 group treatment, professional					n/a
97153 direct treatment, technician					
97154 group treatment, technician					

Note: Unless specifically requested elsewhere in this document, do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

Confidentiality Notice: The information contained in this fax message is privileged or confidential and intended only for the individual or entity named above. If the reader isn't the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you're hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you've received this communication in error, please call us immediately at 877-342-5258.

[i] Benefits are **not** available for ABA performed as part of an educational program; or provided in or by a school/educational setting. Please see the member's Blue Cross & Blue Shield Service Benefit Plan, Section 6 – General Exclusions; fepblue.org/plan-brochures