

# ABA SERVICES PRE-AUTHORIZATION REQUEST FORM



Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**From:**

**To:**

Pre-Authorization Request: \_\_\_\_ Initial (or Annual) ABA Plan \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ 3 month Progress Review (WVCHIP) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ Annual Summary Progress Report \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member's Name: \_\_\_\_\_  
*Last* *First* *MI*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months

Member's Insurer ID/PIN Number: \_\_\_\_\_

Member's Qualifying Primary Diagnosis: \_\_\_\_\_ Date of Initial Diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Insert Codes only**

Request Must Include **Legible Copies** of the following clinical documentation:

\_\_\_\_ Qualifying Diagnostic Evaluation (Copy Attached) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Original Diagnostic Evaluation establishing the ASD diagnosis prior to age 8)

\_\_\_\_ Current Diagnostic Evaluation by Qualified MD (Copy Attached) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**(DSM 5 with specifiers of severity level) If the qualifying Diagnostic Assessment or Evaluation is more than 24 months old)**

\_\_\_\_ ABAS-II (Initial and/or the required annually thereafter) (Copy Attached) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ Current IEP or Parent/School Homeschool Agreement Letter \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional Assessments:

\_\_\_\_ \_\_\_\_\_ (Copy Attached) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ \_\_\_\_\_ (Copy Attached) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ Initial (or Annual) ABA Treatment Plan

By: \_\_\_\_\_, BCBA / BCaBA \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Copy Attached)

\_\_\_\_ Revised ABA Plan listing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Goals, Objectives, Targeted Behaviors, Strategies and Activities**  
 (Copy Attached)

\_\_\_\_ ABA Treatment Plan Progress Review (3 month review)  
 By: \_\_\_\_\_, BCBA / BCaBA \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Copy Attached)

\_\_\_\_ Progress Review with Revised ABA Treatment Plan:  
**Revised Goals, Objectives, Targeted Behaviors, Strategies and Activities**  
 By: \_\_\_\_\_, BCBA/BCaBA \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Copy Attached)

**It may take up to 15 days to complete the review for medical necessity. The pre-authorization start date will be provided to you in the HealthSmart PA Approval Letter, therefore you should not schedule services until the PA approval is received. PA's are not backdated.**