

ABA SERVICES PRE-AUTHORIZATION REQUEST FORM



Submit for Pre-Authorization at <https://careconnectionwv.kepro.com> and Fax/email this form to 1-866-438-1360 or wvchip@kepro.com

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 on the KEPRO website, <http://careconnectionwv.kepro.com>, therefore you should not schedule services until PA approval is received.

ABA PA's Requests will not be backdated.