



ABA SERVICES PRE-AUTHORIZATION REQUEST FORM



For Member of: _____ WVCHIP _____ WVPEIA

Date of Request: ____ / ____ / _____ **From:** _____ **To:** _____

Pre-Authorization Request: _____ Initial (or Annual) ABA Plan _____ / ____ / ____ _____ / ____ / ____

_____ 3 month Progress Review (WVCHIP) _____ / ____ / ____ _____ / ____ / ____

_____ 6 month Progress Review (WVPEIA) _____ / ____ / ____ _____ / ____ / ____

_____ 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) _____ / ____ / ____
- _____ 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 or 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)
- _____ ABA Plan listing: **Goals, Objectives, Targeted Behaviors, Strategies and Activities** _____ / ____ / ____
(Copy Attached)
- _____ ABA Treatment Plan Progress Review (3 or 6 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.