ABA SERVICES PRE-AUTHORIZATION REQUEST FORM

Date of Request://	From:	То:
Pre-Authorization Request: Initial (or Annu	<i>ual)</i> ABA Plan / /	//
3 month Progr	ress Review (WVCHIP) / /	//
Annual Summ	nary Progress Report / /	//
Member's Name:		
Last	First	МІ
Date of Birth://	Age: Years Mon	ths
Member's Insurer ID/PIN Number:		
Member's Qualifying Primary Diagnosis:		//
Qualifying Diagnostic Evaluation ((Original Diagnostic Evaluation establishing th		//
Current Diagnostic Evaluation by (DSM 5 with specifiers of severity level) If the or Evaluation is more than 24 months old)	he qualifying Diagnostic Assessment	//
ABAS-II (Initial and/or the required annually	y thereafter) (Copy Attached)	//
Current IEP or Parent/School Hor	meschool Agreement Letter	//
Additional Assessments:		
	(Copy Attached)	//
	(Copy Attached)	//
Initial (or Annual) ABA Treatment Pla	an	
By:	, BCBA / BCaBA (Copy Attached)	//
Revised ABA Plan listing: Goals, Objectives, Targeted Behaviors	(Copy Attached)	//
ABA Treatment Plan Progress Re	eview (3 month review)	
Ву:	(Copy Attached)	//
Progress Review with Revised AE Revised Goals, Objectives, Targeted B		
Ву:	BCBA/BCaBA (Copy Attached)	//

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