



# 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 UMR PA Approval Letter, therefore you should not schedule services until the PA approval is received. PA's are not backdated.**